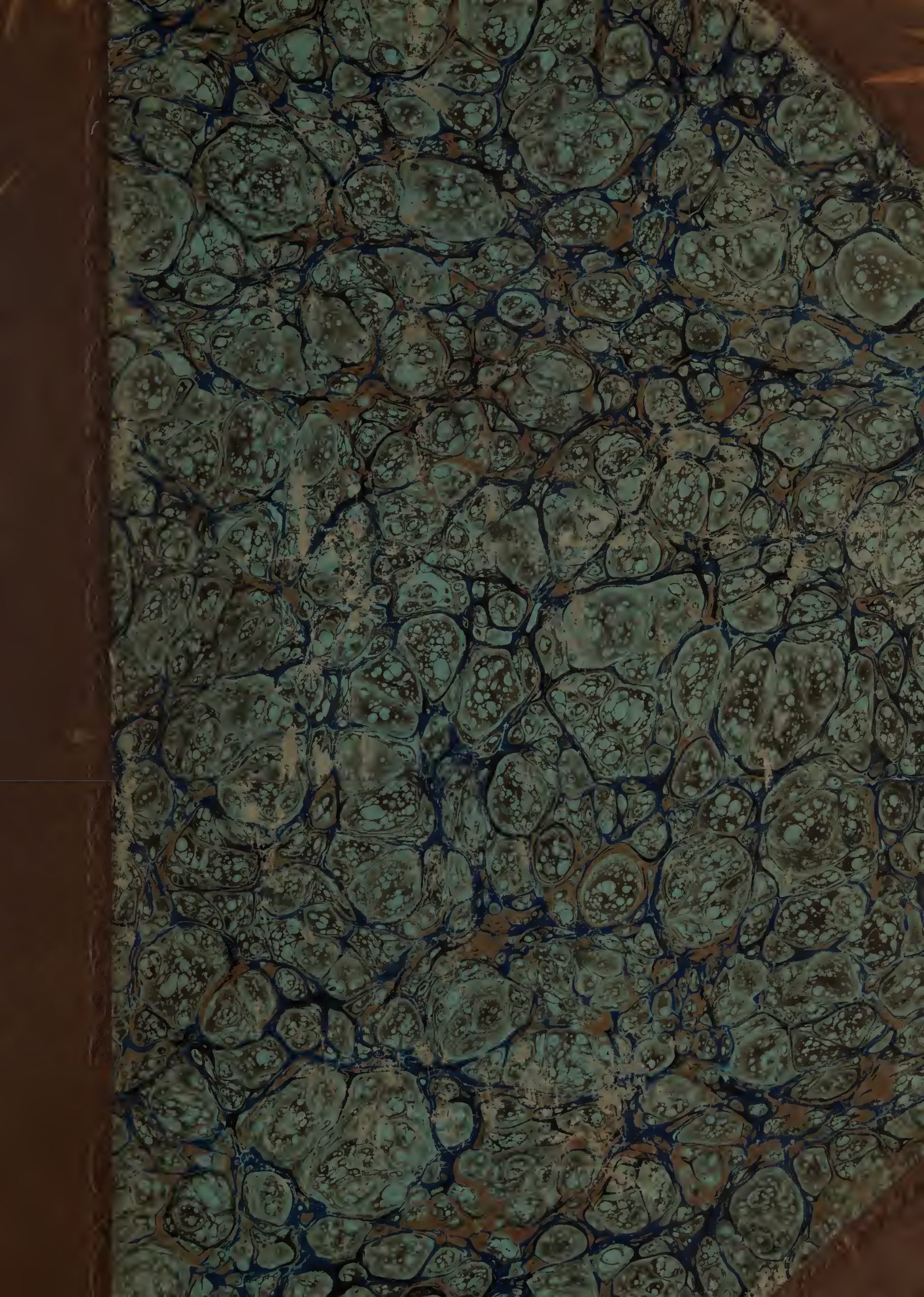

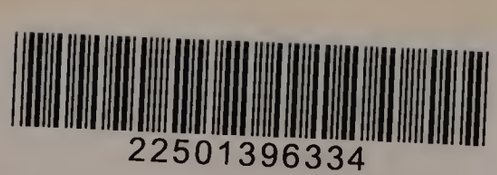
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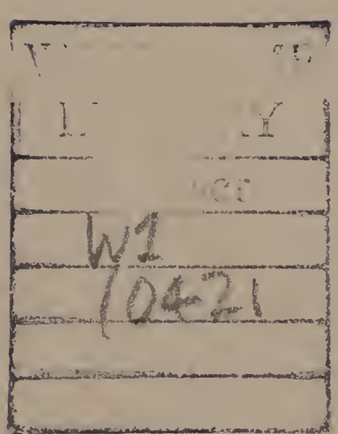
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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XVII.

On Coccyodynia, and the Diseases and Deformities of the Coccyx.

Gentlemen,—In the first bed at the right hand corner as you enter the ward for female diseases there lies a patient, whose history is interesting and instructive in more than one respect. But I call your attention to her case now inasmuch as she presents you with a well-marked instance of a disease of which you will find, I believe, no description in any book, and on account of which I have deemed it necessary to subject her to an operation, such as has not before, so far as I am aware, been performed, at least under similar circumstances. I shall, first of all, briefly relate to you the history of this case; then take occasion from it to make some observations on the nature and symptoms of the disease from which the patient suffers; and, lastly, try to point out to you how it may be most successfully treated.

E. F. a married female, of 40 years of age, has never had any children, but menstruated regularly and painlessly, and enjoyed good general health until about two years ago. At that time her menstrual discharges began to be more profuse and frequent than usual, and to be attended at times with pain. This she for a long time disregarded, believing the phenomena to be due to the "change of life;" but as she was becoming gradually weakened by the excessive losses of blood, she applied at my house for advice, about six or eight months ago, just after recovering from a severe attack of menorrhagia of three weeks' duration. In addition to the bloody discharges, and at the intervals between them, she suffered from a constant, fœtid leucorrhœa; and she also complained of occasional shooting pains in the back and lower parts of the abdomen. She was much emaciated, and had a very cachectic appearance; and my nephew, Dr. Alexander Simpson, who then saw her, found the cervix uteri to be very much enlarged, indurated, and ulcerated; and it felt rough and irregular, like a commencing cauliflower excrescence, and bled freely when rudely touched. The ulceration and induration were not distinctly limited to the cervix, however, so that no hope could be entertained of curing the disease by amputation of the cervix uteri. But the dried sulphate of zinc was applied on several occasions, with the happy result of causing nearly the whole of the indurated and infiltrated mass to slough away, and there is now left a firm and healthy cicatrix. The patient does not now suffer from any unusual loss of blood, although she menstruates freely and regularly; and, so far as regards the uterus, she may be considered perfectly well, if we except a small hard knot in the anterior lip of the cervix, which may still, perhaps, be regarded as suspicious. But as she recovered from her uterine disease, and as the symptoms attendant on it began to disappear, she commenced to complain, after sitting on the damp grass in her avocation as a washerwoman of a dull, aching pain seated in the very lower extremity of the spinal column, for which my nephew contented himself with prescribing in the first instance a belladonna plaster, and afterwards various local anodynes and general tonics for a space of two or three weeks. As this pain, however, instead of abating, seemed always to become more constant and harassing, and as the patient could not sit down except on one hip at a time, and even then with the greatest suffering, an examination was made of the painful part, when it was found that the coccyx was unusually straight and long, so that it reached far backwards and downwards, while the very tip of it was felt through the rectum to be projected suddenly forwards. *Pressure of the coccyx and movement of it in any direction caused pain.* To subdue this sensibility thirty drops of a watery solution of the bimeconate of morphia were twice injected into the soft parts around the bone, on two different occasions, and with an interval of several days between each injection. This measure had the effect each time of deadening the pain, but it led to no permanent result. The next step employed for her relief was the separation of the coccyx from all the surrounding muscles, tendons, and ligaments, which was done subcutaneously, with a tenotomy knife. Three or four weeks afterwards the patient returned, saying that for a time she had felt better, but that during the last week she had suffered as much pain as ever, and was incapacitated for work from it. She was, in consequence, sent into the Hospital; and on Saturday, June 3, I removed the two lower segments of the coccyx by cutting down upon them through the skin, and dividing the bone with a pair of bone-pliers; and then the separated portion being pushed through the wound by the finger of an assistant passed into the rectum, it was easily detached from the soft parts, and so removed. The edges of the wound were brought together with two iron wire stitches, which were removed some days afterwards, and the wound is now almost closed up.

Amputation of the coccygeal bones has been had recourse to in this patient, as it seemed to afford her the best chance of relief from a peculiar form of disease, which is anything but rare, although no written account of it has, as far I know, as yet appeared. If you will take the trouble to make inquiry of observing men in extensive practice, or if you have the opportunity of making the observation for yourselves, you will find that cases are ever and anon occurring, where the patient complains of pain in the region of the coccyx, very constant, and aggravated by certain movements of the trunk, and usually attributed by the patient to some kind of direct injury, or to exposure to cold. The most common cause of the disease, so far as I have been able to discover it from inquiries addressed to the patients themselves, is injury of the coccyx, inflicted either by falling backwards upon it, or, more frequently still, brought on by sitting down suddenly and forcibly on the corner of a chair or other angled body. Often enough, however, it is impossible to trace it to any traumatic origin; and the patient can only tell you, as in the case of our patient in the Hospital, that she had been sitting on damp grass, or had been otherwise exposed to cold before she began to experience the pain; or she may be altogether unable to adduce any assignable cause. I say she, because all the patients whom I have yet seen affected with this disease have been of the female sex; although I presume it is not entirely confined to them, and it is even not very clear why they should be more subject to it than the members of the other sex. I have said that when you have been made aware of the possibility of the occurrence of this complaint, and when you begin to look out for it, it is by no means very rare. Diseases, like other objects in nature, sometimes seem rare, not because they are so in reality, but merely because our attention has not happened to be fully called to the recognition of them as they pass before our eyes. I think you will hold me justified in making this remark, when I tell you that within the last three weeks I can count up at least ten cases of this particular malady which I have seen in private or consultation practice. Of course, it is a very unusual circumstance to meet with so many during such a short period; but it is not more wonderful than what often enough occurs in the experience of all Surgeons in extensive practice, who find that during a short space of time they may have a succession of cases all presenting the same form of injury, as an epidemic, as it were, of fractures or dislocations, and that a long period may elapse before they again meet with a similar case. Such a rapid succession of cases of the kind I allude to is, I repeat, of course an exceptional occurrence. But I know of old, and, on looking back upon many past years of practice, that I have seen and recognised a great many cases of this disease; and I have probably seen many others also, the true nature of which I did not at the time understand. It is, therefore, I believe, by no means an uncommon disease; and if you can discover and succeed in curing it, you will often get much credit to yourselves. That you may be enabled to do so, let me tell you how you are to detect it, or point out to you

the Symptoms of the Disease.

The leading symptom of the disease is pain in the region of the coccyx experienced by the patient whenever she sits down and rises, and sometimes while she remains in a sitting

posture. Most of the patients affected with it are obliged to sit on one hip, or with only one side resting on the edge of a chair, or with the weight partially supported by a hand on the chair; and they are rendered sometimes very awkward and miserable in consequence. Some of them actually dread sitting down—so great is the pain then felt; and not only so, but, as I have hinted already, the pain is in many cases aggravated or renewed whenever it becomes necessary again to resume the erect posture. There are other movements of the coccyx besides, which are liable to be attended in such cases with pain. Thus some patients have pain with every step they take in walking, while in others the movements of progression excite no uneasiness whatever. Others, again, feel the pain most when the bowels are being evacuated, or under any circumstances in which the sphincter or levator ani, or the ischio-coccygeal muscles are called into action. The pain is not in every case very acute or intolerable; and you will sometimes meet with patients who have borne with it for many years, sometimes without having sought any relief at all, sometimes in despair from the inefficacy of the remedies that have been employed. I have under my care just now a patient suffering from menorrhagia, who tells me she has been annoyed more or less for about twenty years with a pain of this description in the coccyx, not very severe, but which she has never found any means of alleviating, though formerly she consulted various physicians and surgeons on the subject. Again, the pain is not at all times equally severe in the same patient. When in Cumberland lately, I saw a lady who had kept her bed the whole winter, because of the excruciating pain which she experienced in attempting to sit upright or walk about; but who, at the time when I saw her, had got so far relieved as to be able to move about a little. The distinguishing feature of the disease in every case is that the pain is felt at the lowest part of the spine, or rather in the site of the coccyx, to which it is always specially referred by the patient, and where pressure always aggravates it. Pressure and movement of the coccyx, too, with the finger in various directions, produces pain, and the kind of movement which is thus attended with suffering, differs in different cases.

Nomenclature of the Disease.

If it be desirable, as I think it is, to give the disease which I have described a distinct designation, I think that by availing ourselves of the Greek (*δδυνη*, pain), which enters into the composition of several names already sufficiently familiar to our ear, we can construct a name for this disease that will serve for its admission into a nosological list. We are constantly in the habit of speaking of pain in the side as pleurodynia, and the designations gastrodynia and mastodynia are in common use for pains in the stomach and pains in the mammæ; and following this analogy, it seems to me that we might very conveniently refer to this painful affection of the coccyx under the analogous name of *coccyodynia*. Besides that it is sufficiently terse to be easy of use, the designation presents this great advantage, that it involves no pathological theory as to the nature of the affection, but simply expresses its most striking symptom. But what theory can we form as to its proximate cause? or what, in other words, is

the Pathological Nature of the Disease?

I believe that the pain which is the characteristic of coccyodynia is excited during the action of particular muscles, or particular sets of muscles, and that when the coccyx, or rather the coccygeal joints, have been in any way injured, or when it or its surrounding fibrous tissues have become the seat of inflammation, or other morbid change leading to super-sensitiveness of the part, any action of the muscles in connexion with it which causes motion of the coccygeal bones will, at the same time, give rise to a feeling of pain. Now, in order to understand aright the circumstances under which pain is likely to be produced by the action of muscles on an inflamed or otherwise diseased coccyx, I must beg of you to recall to mind your knowledge of its normal anatomy; and to revive your recollections on this subject, I show you here a sketch of the coccyx in its muscular and tendinous relations, which has been obligingly drawn for me by our able demonstrator, Dr. Cleland, from a dissection made for the purpose by my former class-assistant, Dr. Peter Young. (See Fig. 1.) This will serve to remind you that the coccyx gives attachment along either side to portions of the greater (*a*) and lesser (*b*) sacro-sciatic ligaments; and that as regards muscles it has inserted into it, 1. the internal extremity of the fibres of the ischio-coccygei (*f*), which arise at their

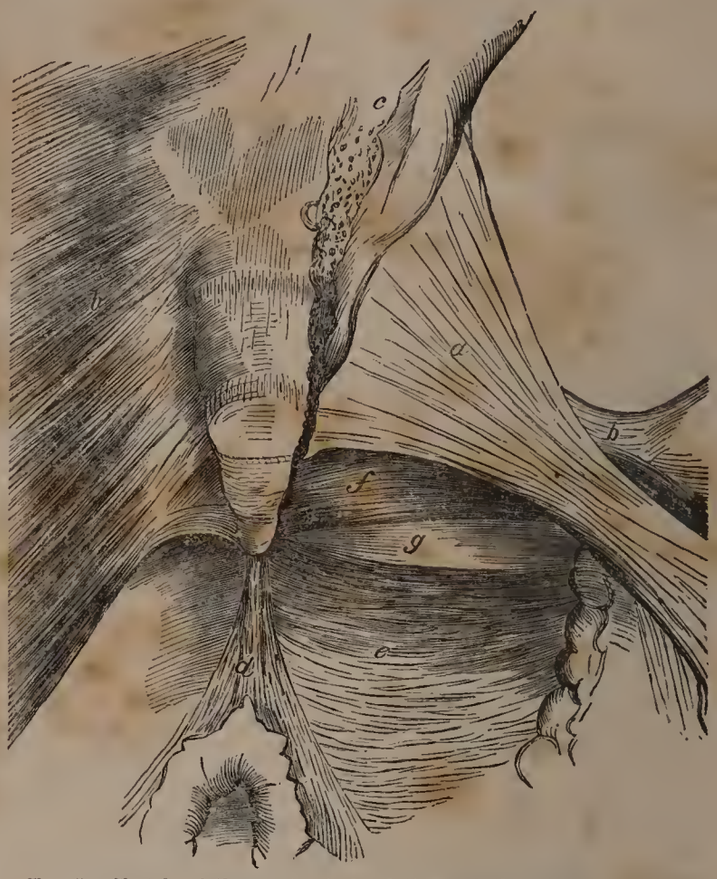


Fig. 1.—Sketch of the anatomical relations of the coccyx. *a*. Great sacro-sciatic ligament. *b*. Small sacro-sciatic ligament. *c*. Surface from which the gluteus maximus muscle (*h*) has been detached. *d*. Sphincter ani. *e*. Levator ani. *f*. Coccygeus muscle. *g*. Fascia in contact with the rectum. *h*. Gluteus maximus of left side.

outer extremity from the inner surface of the tuberosities of the ischia, and pass directly inwards to be attached to the outer border of the coccygeal bones along its anterior aspect; so that when both muscles are in action at the same time their tendency is to draw the coccyx somewhat forward, and when only one is in action the coccyx will be drawn to the corresponding side. Then, 2. from the extremity of the bone spring the tendon of the sphincter ani (*d*), and some of the fibres of the levator ani (*e*) which have a powerful effect in pulling the end of the coccyx inwards whenever any straining action of the muscles that close in the pelvis becomes necessary, as in defecation, coughing, etc. But, 3. the most powerful muscles connected with the coccyx are the large gluteal muscles (*h*) of either side, some of the tendinous and muscular fibres of which rise directly from the posterior surface of the bone (*c*), while others may come to act upon it indirectly by means of their origin from the great sacro-sciatic ligament. In sitting down and in rising up the glutei of both sides are simultaneously in action, and during progression when the body is swayed from side to side they act in succession. Now I have already told you that in some patients pain is experienced most severely during these movements, and I think that in them the pain is fairly referable to the traction upon the coccyx exercised by the great glutei muscles. Other patients, again, complain of pain chiefly when the bowels are being moved, and in them the sensation is probably due to the action on the coccyx of the sphincter and levator ani; while in a third class of cases pain may very possibly be excited during the contraction of the coccygeal muscles, as in the act of sitting down. It is by no means very easy to understand why the action of particular muscles should thus be attended with the production of pain in particular instances. It may be that the disease is confined to the tendons of the muscles or to the portion of the coccyx from which they spring; or, possibly, certain muscles during their action may bring the bone into contact with a super-sensitive nerve or inflamed structure, and in this way give rise to the painful sensation. Again, the fact of the disease being more common in women than in men, or being confined indeed almost exclusively to the former, may be due to the greater develop-

ment of the gluteal muscles, which results from the larger size of the female pelvis. It is not necessarily due to lesions sustained during parturition, although sometimes so produced; for it occurs as frequently in the young and unmarried as in those who have passed through one or more confinements; and more probably it is dependent in some way on the peculiar form and large size of the female pelvis, and on the greater development of the gluteal and perineal muscles which result therefrom. But, however that may be, we have most convincing proof that the pain is elicited by the action of the muscles in the fact that separation of the fibres of these muscles from the coccyx often affords the most effectual and instantaneous relief. And this leads me to speak next of

THE TREATMENT OF THE DISEASE.

Formerly, before I knew much of the nature of the complaint, I used to have recourse to many different remedies, and many different modes of treatment, in order to procure for my patients relief from their pain. Opium, in its various forms, belladonna, hyoscyamus, and a variety of other sedatives, were all administered internally, or applied locally; but only in general with the most temporary benefit. Suspecting that the pains might have somewhat of a rheumatic character, I in some instances caused the patient to make use for a length of time of the remedies which are usually most efficacious in the treatment of diseases dependent on the rheumatic diathesis; and in other cases I have administered the various preparations of iron, zinc, arsenic, and other antineuralgic tonics for a lengthened period; but generally none of these modes of treatment seemed to afford any real relief, and by none of them have I ever succeeded in effecting a permanent cure, except in a very limited class of cases. There are some cases where the pain seems to be due to acute inflammation, probably of the sacro-coccygeal articulation, or of some of the joints between the several segments of the coccyx itself; and in such cases I have seen great benefit result from the application of leeches over the part, followed by counter-irritation, while the patient was kept at perfect rest, and subjected to other antiphlogistic treatment. I have sometimes tried the use of acupuncture needles; and not infrequently I have had recourse to the subcutaneous injection of a solution of morphia into the tissues around the coccyx; and this plan of treatment, which is usually so successful in the treatment of local neuralgias, has comparatively seldom had the effect in this disease of relieving the pain, and never, so far as I can remember, of producing a perfect and permanent cure. All kinds of constitutional treatment, and most forms of topical applications, are often, however, almost or altogether of no avail for the cure of this disease; and the only means of obtaining radical relief—and happily it is a means which proves successful in almost every case—is the complete separation from the coccyx of the muscular and tendinous fibres that are in connexion with it. To effect this, you must introduce a tenotomy knife underneath the skin, at a short distance from the tip of the coccyx, pass it along the posterior aspect of the bone, and then divide the muscular and tendinous attachments, first on one side and then on the other, and finally all round the tip of it. It is not in every case necessary to make such a free division as I have indicated. In some instances division of the fibres of the gluteus maximus of one or the other side will suffice, or detachment from the coccyx of the sphincter and levator ani may be all that is requisite for a cure. This simple operation is easy and rapid of performance, like other examples of subcutaneous Surgery is not attended with bleeding, and is attended with no great degree of suffering; and the result is in almost every case instant relief of the pain, and in most cases a perfect and permanent cure of the disease. In illustration of these remarks, perhaps you will allow me to read you the history of a case of this disease which was cured in the manner I have described to you. The patient was a lady from India, who came under my care several years ago; and the history of her case, which I am now about to read to you, was drawn up for me by the lady herself.

"On the 5th November, 1852, while taking my usual morning ride on my favourite horse, about fifteen hands in height, he suddenly shyed. I was thrown, and so severely shaken and injured that I fainted on the spot, and could not suffer to be touched or moved for a considerable time thereafter. On being taken home I fainted again, from the excessive pain in the lower extremity of my body, which baffled all and every remedy to alleviate or remove; and for six weeks I could neither turn nor attempt to move from my couch. At length I began to get about again, suffering great inconvenience from my accident both in a sitting and reclining posture—the latter especially, which in travelling caused me intense and most excruciating torture. Indeed, after travelling some hours in a carriage, I quite dreaded getting up to step out of it, as I could not do so without severe spasms. I returned to England early in 1853, and hoped its bracing climate would speedily rectify all that was amiss with my back; but in this sanguine expectation I was disappointed, and still doomed to drag on a miserable and wretched existence up to the 4th March, 1855, when, as if by magic, I obtained immediate relief from a slight operation performed upon me by Dr. Simpson."

The treatment in this case consisted, I say, of the isolation of the coccygeal bones from the surrounding tissue by means of a tenotomy knife; and the result of this simple operation has proved as satisfactory and permanent as the relief obtained by it was instantaneous and complete. In the case of another lady, from India, who had long suffered from coccyodynia, while I was performing the same simple operation to effect her relief, an accident occurred. I was dividing the last fibres of the coccygeal attachments, when the slender knife gave way, and broke among the dense structures. I told the patient of it, and she at once raised herself up in alarm to hear of the calamity; but before I had done telling her of what had happened, she had had time in sitting up to discover that she had been cured of her disease, and rejoiced at the discovery. She quickly replied, "Oh! never mind; my pain is gone—let the knife remain." And there, for aught I know, it remains to this day—an illustration of a pathological law to which I have already directed your attention in the course of these lectures—viz. that pieces of iron and other metals may remain in contact with the living tissues, and may lie imbedded in their midst for any length of time, without giving rise to any marked degree of inflammatory action. And the striking effects of this simple operation for the cure of coccyodynia are not confined to those cases where it is had recourse to at a comparatively early period of the disease. I have under my care just now a patient who has been a martyr to it for twelve years past, and who night and day used to suffer great pain whenever she made any movement of the body. Yet in her case, isolation of the coccyx in the manner I have described to you, produced immediate relief, and ever since the operation was performed, a fortnight ago, she has been perfectly free from pain.

I have met with one or two cases of coccyodynia, however, which I have failed to cure by means of this operation; and where division of the muscular and tendinous fibres—even the most complete—and thus setting the coccyx perfectly free and perfectly at rest for a time, has merely eased the pain temporarily without relieving the patient of it altogether. In our patient in the Hospital the operation proved thus unsuccessful, and, therefore, I put in practice, what I had often thought of having recourse to, the more radical measure of removing altogether the coccyx or a portion of the bone. This amputation of some of the segments of the coccyx was resolved on the more readily in her case, because in her the several bones of it seemed firmly anchylosed, and it at the same time projected unusually low down, and was turned suddenly inwards at the tip. Making an incision of about two inches in length through the skin stretched tightly over the end of the bone, I exposed the latter, and having separated it from its connexion with the soft parts, and divided it between the second and third of its vertebræ with a pair of bone pliers, its two lower segments were easily removed. I have another patient suffering from this disease, in whom I have repeatedly had recourse to the isolation of the coccyx by means of the tenotomy knife, but always with the effect of producing only a temporary relief; and in her case I have long proposed to perform an operation similar to that performed in the patient in the ward, if the results prove as favourable as we desire, and as there seems at present every reasonable prospect of attaining. Removal of portions of the coccyx is an operation that has been performed more than once before, in cases of necrosis in some of its segments; but I believe its performance under the circumstances I have been describing to you, is altogether novel.

I have said, that as a general rule, the result of constitutional treatment of any kind affords us little hope of being able

to cure this disease by its adoption. But, as I have already hinted, there is a class of cases, of which I have seen a few rare instances, where the pain seems to partake somewhat of a neuralgic character, and where I think I have seen the patient benefited by the use of the remedies which are usually employed for the cure of neuralgic affections. At all events, wherever you find a patient complaining of pain in the coccyx, who at the same time is affected with pains in the other parts of the body, and who has the unhealthy chlorotic aspect common to those subject to neuralgia, you would do well in such a case to put your patient through a course of iron, arsenic, zinc, manganese, or other nervine tonics, or to make her use some of them in combination for a time. By this means you may possibly succeed in curing the coccyodynia and in dispelling her other symptoms; and should that plan of treatment fail in effecting a cure, it will still form a very good and safe measure preliminary to the adoption of the severer but more certain operative procedure. I would only add, in connexion with this point, that there is a leash of nerves lying all round the coccyx; and I once imagined that the relief obtained by isolation of the bone was due to section of these nervous cords; but now the explanation of the phenomenon which I have already given you seems to me to be the more probable, and that when the coccyx is separated from the surrounding tissues, no more pain is experienced, because the bone is by this means freed from the action of the muscles formerly in connexion with it, and is thus placed in a condition of absolute rest.

As I am speaking of the coccyx, you will allow me to add that, if more attention were directed to the pathological and anatomical history of this organ than has hitherto been accorded to it, it would probably be found to be subject to diseases and disorders such as have hardly been even suspected. In the wide field of anatomical and pathological investigation, gentlemen, there is still much room for original observation and research; and the corner of it, to which I am now trying to turn your attention, has hitherto remained entirely unexplored. We have no thesis or monograph of any kind on the subject of the coccyx in its pathological relations; yet the organ is subject to various morbid conditions which are well worthy of careful examination. I have been telling you something about one of these morbid states, to which I have ventured to give a name and a place in pathology; and now, to interest you still more in the matter, and to show you in what direction inquiry might be most profitably directed, let me briefly indicate to you some of the other lesions to which the coccyx is liable. And, first, a word or two as to the

Injuries of the Coccyx in connexion with Parturition.

The coccyx is, as you know, articulated to the lower end of the sacrum by a joint resembling those which unite together the several vertebræ higher up in the spinal column; and this sacro-coccygeal articulation is sometimes found to be inflamed, as a result of injury sustained during the parturient process. While labour is going on, as the head of the child descends along the floor of the pelvis, the coccyx can often be felt to be stretched very much backwards, and under the strain to which they are subjected some of the fibres of the anterior ligaments which bind this bone to the sacrum may be torn and give way, and in the joint thus exposed and injured inflammation is very apt to be set up. I have seen it swell up and become very painful from this cause after delivery; and in one case the inflammation thus set up led to the formation of an abscess. Or without producing any such immediately bad effects, the inflammatory process may subside and end merely in the production of anchylosis of the sacrum and coccyx, and then the evil effects of it may pass unnoticed till the patient comes again to be in labour, when it will be found that the unyielding bone presents a great obstruction to the progress of the fœtal head. A good many cases have been put on record where it was averred that fracture of the coccyx had occurred during labour, and where, probably, the accident was of this nature, that the sacrum and coccyx had become anchylosed together as a result of some foregoing inflammation in the joint; and under the pressure to which the coccyx was subjected during parturition the morbidly adherent bones became again disunited. If the coccyx be turned very much inwards towards the cavity of the pelvis at the time when it becomes united to the lower end end of the sacrum, the obstruction which it then offers to labour will be much greater than when it remains in its normal position after anchylosis had taken place, and it may then be found necessary to have recourse to some operative measure to promote the progress, and to admit of the termination of the labour. What operation should be performed in such a case? Some say that it then becomes necessary to destroy the child, and to effect delivery of the mother by means of craniotomy; but if you will observe the course pursued by nature when allowed to terminate such a case unaided, you will find that she has a much simpler plan, which you can easily imitate, and by following which you may succeed in bringing the labour to a successful termination, without having recourse to the dreadful operation of craniotomy. What nature does in such cases I had once an opportunity of observing in a patient who was confined in the old Lying-in Hospital here. In a former labour this patient had suffered some injury of the coccyx, which ended in its becoming anchylosed to the sacrum at such an angle as to cause it to project inwards towards the cavity of the pelvis, where it now formed a firm and unyielding obstacle to the progress of the fœtal head. For when the head descended to the point in the floor of the pelvis, where the point of the coccyx was protruding, it was there arrested, and remained fixed and immovable for a length of time, when at last, during a strong contraction of the uterus, the projecting bone gave way under the pressure of the child's head, the adherent bones were separated from each other, and the child was speedily expelled. And in every case of this kind, I think it would be better to break up artificially the morbid union that exists between the sacrum and the coccyx, than to have recourse to the deadly alternative of the destruction of the infant.

Surgical Injuries of the Coccyx,

by which I mean fractures and dislocations of the bone occurring accidentally and independently of the parturient process, are not of very frequent occurrence in ordinary every-day practice, although a good many cases have been put on record. They were mostly produced by the patient having fallen backwards; and the striking features peculiar to every case are—1. The intense pain suffered by the patient when the coccyx was moved, as in the act of defecation, coughing, or walking; and 2. The instantaneous and complete relief afforded by the reduction of the displaced bone. I should like to cite to you two of the cases of this kind that have been published—one, because you have all the more common symptoms of the injury very concisely and touchingly recorded; the other because of the peculiar manner in which reduction of the dislocation was effected.

Smetius, a Professor of Medicine in the University of Heidelberg in the end of the sixteenth and beginning of the seventeenth century, has left a kind of diary on record of some of the most interesting cases that fell under his observation during the space of forty-eight years, and among other entries there occurs the following delectable entry:—"1588, October 27th.—My wife has fallen backwards, and so injured the coccygeal bone, that she cannot sit without great pain, nor can she empty the bowel or the bladder, or cough without much distress."

In the "Ephemerides Medico-Physicæ," one Gustavus Casimirus Gahrliep tells of an accident that befel his father-in-law, an old septuagenarian, who in descending the steps of a palace when they were slippery with ice and snow, lost his footing, and fell with the lower end of the trunk against the stone stairs. He sustained a fracture of the os coccygis in consequence, but said nothing about it to his daughter, a young girl, who was the only person living with him at the time. He could get no passage in his bowels; and his daughter, believing this to be the cause of the distress which she saw him labouring under, administered some aperients, but without affording any relief. He had become seriously ill on the fifth day, when he spoke of his accident to a sagacious friend, who told him that perhaps his spine was injured, and advised him to allow himself to be rolled and tumbled and pushed about, as he lay on a wooden couch, by two robust women. He followed his friend's advice, and with the happiest result; for by the jostling the end of the os coccygis which was bent inwards was restored to its situation, and the obstruction being removed the bowels were moved *cum impetu summo*.

Allow me to quote a third case, which will show you in what a simple manner this accident may sometimes be

occasioned. Tobi a Meek'ren, an old Surgeon of Amsterdam, gave to the world in his "Medico-Chirurgical Observations," among other cases, one in which this accident—dislocation of the caudal bones—took place. The patient, he tells us, was a female, addicted to the sect of the Anabaptists, who went to the watercloset, and not knowing that the lid was down, suddenly injured her coccyx, so that she could neither sit nor stand, and was obliged to be carried to bed. On the second day the pain became greater, and she fevered and got convulsions; and then Meekren was called in in consultation with her ordinary attendant. They suspected the nature of the case, but the modest lady would not allow herself to be touched. But during the night her sufferings became so intolerable that her medical advisers had to be summoned again early in the morning; and this time they were allowed to reduce the dislocation which afforded her instantaneous and complete relief.

But besides being liable to be turned forwards, whether as a result of inflammation or injury during the process of parturition, or as the effect of direct violence from a fall or blow, the coccyx is found in some cases to project unusually far backwards. I do not refer now to those cases of which there are some few on record, and in which this dislocation of the coccyx backwards has been produced during labour, and has remained afterwards as a permanent but usually painless condition; the variety I allude to belongs rather to the class of

Malformations of the Coccyx.

In the woman in the hospital the coccyx was unusually straight, and the general inclination of the bone was somewhat backwards, although the last segment of it was turned rather abruptly forward and projected towards the rectum. In her case it is not easy to determine whether this condition of the bone was present from birth, or was the result of some injury in after life. But in a late number of the *Dublin Medical Press*, Dr. Wilson gives an account of a patient with a projection resembling a tail, attached to the lower end of the spinal column; and in the last number of the same journal there is a paper by Dr. Jacob, reprinted from the Dublin Hospital Reports, in which he describes a tumour of this kind that had been amputated by his father, and in which he speaks of a family several of whose members presented this remarkable variety of malformation. In the "Chronicles of Lanercost" it is related that the Norman sailors used to believe the Englishmen to be furnished with tails, and when they had to execute them they hung them always with a dog alongside, thus anticipating the principle of *similia similibus*.

Deficient Development of the Coccyx

has sometimes been seen as a rare instance of deformity. The number of segments is liable to much deviation; but its total want, or its existence in a merely rudimental condition, is rare. Perhaps the most frequent and striking instances of this kind of deformity occur in the domain of Comparative Anatomy. Thus in the Isle of Man there is a breed of cats, all the members of which are born without tails, the coccygeal bones being reduced in number to a very few, and these rudimentary in character. Absence of the caudal bones, I repeat, in man is a rare phenomenon, although their existence at all is not often suspected by those who have no knowledge of anatomy, some of whom have entertained the most singular ideas on the subject. Perhaps no theory was more singular than that of Lord Monboddo, an old Scottish judge, who believed that the absence of the tail was a phenomenon peculiar to the modern human races, and that the modern curtailment of this appendage was a result of their higher degree of civilisation. The worthy judge, at an early period of his investigations, believed that we must all be still born with tails, and that possibly the wise women and the doctors cut or twisted them off the moment the child was born. It used even to be told against his Lordship, that on one occasion when an addition was about to be made to his own family, he was caught hiding in the bedroom, in some corner of which he had secreted himself with a view of watching all the proceedings, and witnessing for himself the removal of the new-born infant's tail.

Tumours of the Coccyx—Double Monstrosity by Inclusion.

But leaving the mythical and mysterious part of the question, let me call your attention to this sketch (see Fig. 2) of the posterior aspect of an infant, whose entrance into the world created a great deal of noise some three years ago, and regarding whom a paragraph appeared in many newspapers, headed, "Curious Monstrosity—A Child born with a

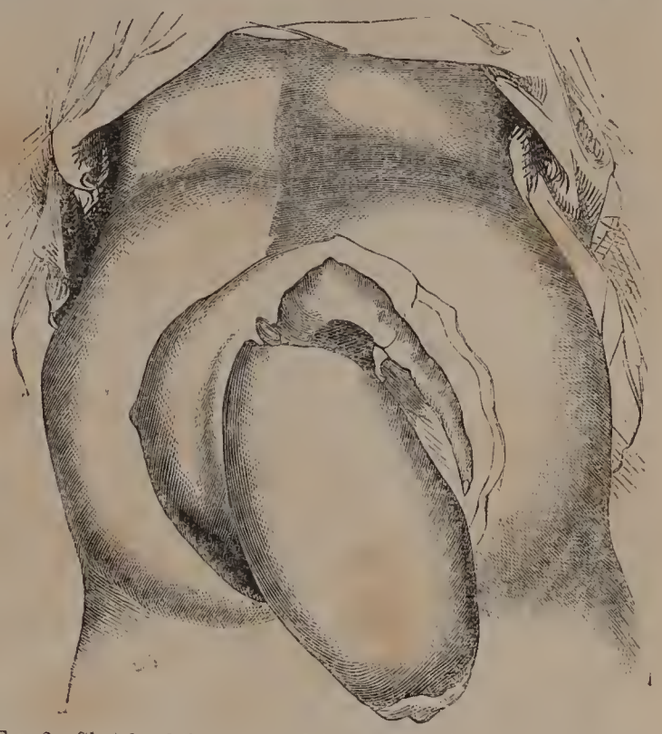


Fig. 2.—Sketch of the coccygeal tumour attached to the child. Dr. Richardson's case.

Tail." The case occurred in the practice of my friend, Dr. Richardson, of Stockton-on-Tees, who relieved the child of its extraordinary appendix by amputation, and who had the kindness to send me the tumour for dissection along with this sketch of the child taken before the performance of the operation. The tumour, which is of an oval form and about six inches in length, by four in breadth, was attached to the skin of the back opposite the middle of the sacrum by a narrow rounded neck of about an inch in diameter, through which two or three small vessels passed into the tumour. At the lower end, which projected slightly beyond the level of

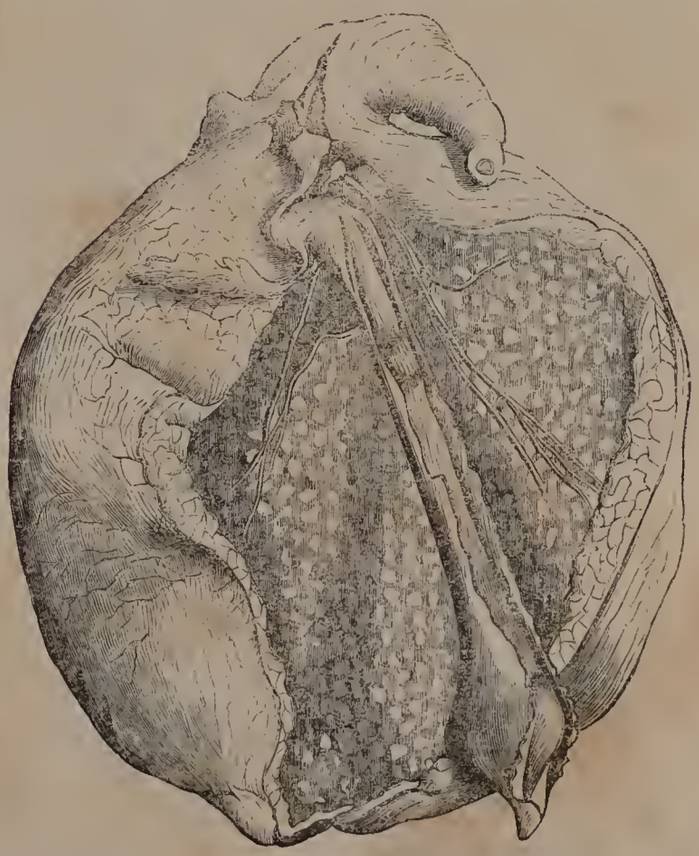


Fig. 3.—Sketch of the coccygeal tumour dissected.

the folds of the nates, there was a slight depression, through which a point of bone could be distinctly felt, while from the

upper extremity, on the surface which was turned towards the back of the infant, there grew a projection about two inches in length, which bore a perfect resemblance to a finger or toe, containing, as it did, two bones like phalanges, and being furnished at the tip with a well-developed nail. The skin of the child's back immediately surrounding the point to which this tumour was attached was altered in character, and resembled in appearance the mucous membrane of the lips, while the skin in contact with this peculiar structure was thickly covered with hair. The child was in perfectly good health; and, Dr. Richardson very wisely determined upon relieving it of its extraordinary encumbrance, which he succeeded in doing with perfect safety by first tying a cord round the neck of the tumour, and then cutting it off beyond the ligature. There was no remarkable degree of hæmorrhage, only one vessel requiring to be tied; and the infant showed no bad symptoms afterwards, while the wound speedily closed. On dissection, the tumour was found to consist, as you here see (see Fig. 3), of a mass of fat enveloped in skin, and containing in its midst a long bone, running nearly through the entire length of the growth, while a number of vessels and nerves came through the neck and were distributed throughout the mass. The bone was well ossified and invested by periosteum; but it does not present a sufficiently well-marked resemblance to any of the bones in the human skeleton to enable us to decide as to its real nature. It bears more resemblance to a tibia, however, than to any other bone. Towards the upper end of the one side it has attached to it a portion of tissue, redder in colour and denser in texture than the rest of the substance of the tumour, and almost resembling muscle in appearance.

Now, what is the nature of this curious caudal appendix? It is simply an instance of a kind of malformation which occurs when two ova have been impregnated, and when only one of the fœtuses comes to maturity, while the other is blighted at an early stage, and arrested in its development, but becomes adherent to some part of the body of its co-twin, where is appears at birth in the form of a tumour. Tumours of this kind may be found adhering to different parts of the bodies of infants, and we occasionally meet with cases where they are attached to the very lower extremity of the trunk and in connexion with the coccyx or region at least of the coccyx. I show you here a drawing of a child (see

Fig. 4—Sketch of a coccygeal tumour which presented at birth.

Fig. 4) with a large saeculated tumour of this description growing from the between the nates. In this case the tumour presented at birth, and proved a source of great difficulty to the practitioner in attendance, who could not make out the nature of the case until the birth of the lower half of the body had been effected. In the practice of Dr. Paterson, of Leith, a similar case occurred about eighteen years ago, when a boy was born with such a tumour growing from the lower part of the back of the pelvis. This tumour (see Fig. 5) was seen by a good many

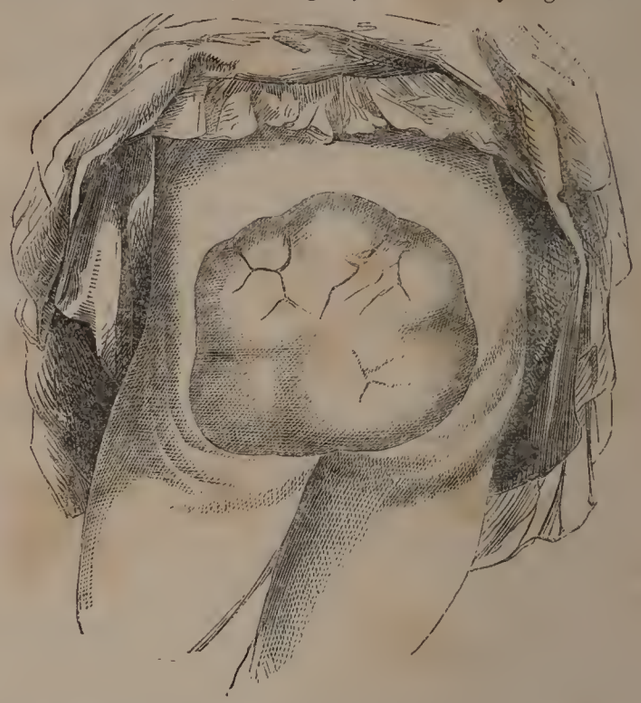


Fig. 5.—Sketch of a coccygeal tumour occurring in a child born eighteen years ago and still living. Dr. Paterson's case.

different medical men, and very different opinions were entertained as to its nature, but most were inclined to the belief that it was a case of spina bifida. I had just been reading Meekel's work on Double Monsters, in which he describes some cases of this kind, and came then to the conclusion, which I still believe to be the correct one, that Dr. Paterson's patient was another instance of a fœtus born with an undeveloped one attached to it; but the bearer of that supernumerary fœtus still lives, and as the tumour was never removed there has been no means of verifying the diagnosis. Here is still another drawing (see Fig. 6) of a case of this

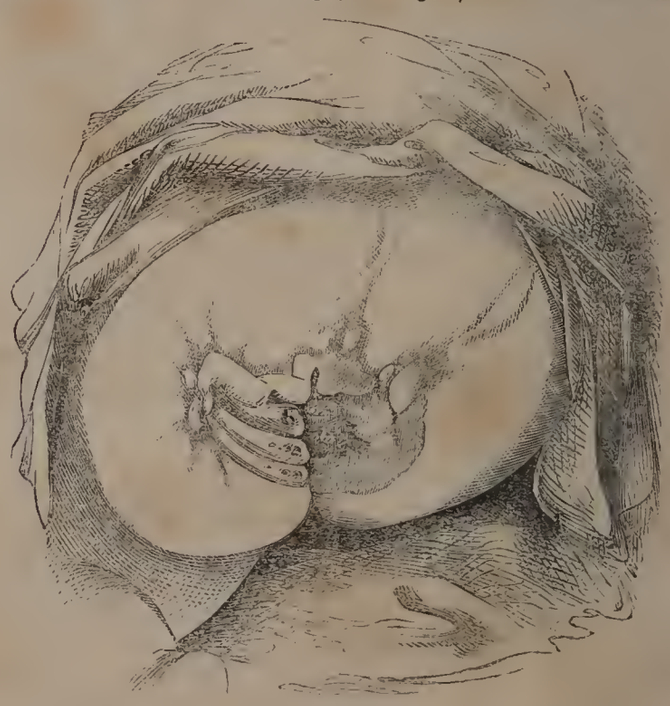


Fig. 6.

nature, occurring in the person of a girl, who came into the Hospital several years ago with a cystic mass attached to the back opposite the sacrum and coccyx, which had been there

at birth, and which still continued to grow. A portion of the growth was removed, and it was found to consist chiefly of a few large cysts, which gave out an intolerably offensive secretion. There are some preparations of this kind in the museum of St. Bartholomew's Hospital in London, and among others a preparation of a supernumerary undeveloped fœtus, which was removed from the lower part of the back of an adult female by Mr. Wormald. The tumour in this case, Mr. Wormald writes me, seemed to come from the interior of the pelvis, and as it grew the sacrum and coccyx were turned upwards and backwards. It was of enormous size, requiring an incision on each side of twenty-five inches in length for its removal, and on examination afterwards it was found to be composed of a mass of cysts, some of them containing a watery fluid, others steatomatous matter, hairs, fat, and osseous deposits. The patient gradually recovered from the operation; but the sacrum and coccyx never returned to their normal position. A gentleman died a few years ago, the heir to a Scottish earldom, who had a tumour growing from the lower and back part of the trunk, regarding which endless consultations had been held during his lifetime. It was often discussed whether it would be safe and proper to remove it; and when he died, at the age of forty, it was found that this tumour, which had been a source of discomfort and uneasiness to him all his life, might very easily have been removed.

If you inquire into the nature of these tumours you will find them to vary very much as regards their structure. Sometimes they consist of masses of fatty substance alone; sometimes they contain bones, rudimentary, or more or less developed; or they may contain teeth. Some of them have been found having a jaw-bone with teeth in the sockets. Portions of intestine and portions of other organs and parts of the body have at times been found in them, all tending to shew that they are merely instances of secondary blighted fœtuses attached to well developed ones, and obtaining nourishment from them. Some of these secondary fœtuses remain in the most rudimentary condition possible, presenting only a cellular mass. Others again contain tissues more highly organised; and some of them present traces of parts approaching in development to the organs and parts of their more perfect mates. These additional fœtuses attached to the sacrum and coccyx form a puzzle, however, to teratologists in this respect, that they cannot be found to be regulated in any way by a law which holds good in the case of double monsters of almost every other description. In all the common types of double monsters it is a law that like is always attached to like in the two bodies. Thus the chest of one child is always attached to the chest of another, the back to the back, a sternum to a sternum, an occiput to an occiput, an artery to an artery, a nerve to a nerve, the corresponding bone, muscle, artery, nerve, etc. of one body, to exactly the same corresponding bone, muscle, artery, nerve, etc. of the other body of the double monster. But to this law there are some few and rare exceptions. Thus I have in my hand the skeleton of a fully developed kitten which has the pelvis and posterior extremities of a secondary fœtal kitten attached to the lower end of the sternum. Such a union of unlike parts is very rare, and we may perhaps deduce a lesson from it in transcendental anatomy, as to the analogy between the pelvic and sternal bones. And the coccygeal tumours in question form also, I repeat, a very striking exception to a law which is so general; for in them you have parts and tissues of the secondary fœtus attached to parts and tissues of the developed child that are not at all similar. What are we to do in the way of

Treatment of these Coccygeal Tumours?

When they can be removed with safety to the infant, it will, of course, always be advisable to do so; but it is not always very easy to decide upon the safety of the operation. In such a case as that of Dr. Richardson, where the tumour was pedieulated and attached by a narrow neck, and where no tissue of importance was present in the isthmus, the operation was safe, and the result satisfatory. The same may be said of Mr. Wormald's case, and of some others; but sometimes, as I have told you, portions of intestine pass out from the body of the child into the coccygeal tumour, and whenever there is any suspicion of the presence of such a communication the operation had better be left undone. Where removal is to be effected at all, it is best to do it as Dr. Richardson did, as soon after birth as possible. In the case of the girl in the Hospital, bad ulcers formed in the opened tumour, and exhaled such odours as to render her presence intolerable to all the other patients. In the case of Dr. Paterson's patient, nothing at all was done, and the cystic mass has shrunk up and become reduced in size, instead of becoming developed along with the rest of the body; and the young man, who is now a clerk in a public office, works all day at his desk sitting upon, and in one sense at least supported by, this undeveloped brother.

ORIGINAL COMMUNICATIONS.

THE EMPLOYMENT OF WATER IN AUSCULTATION.

By S. SCOTT ALISON, M.D.
Assistant Physician to the Hospital for Consumption.

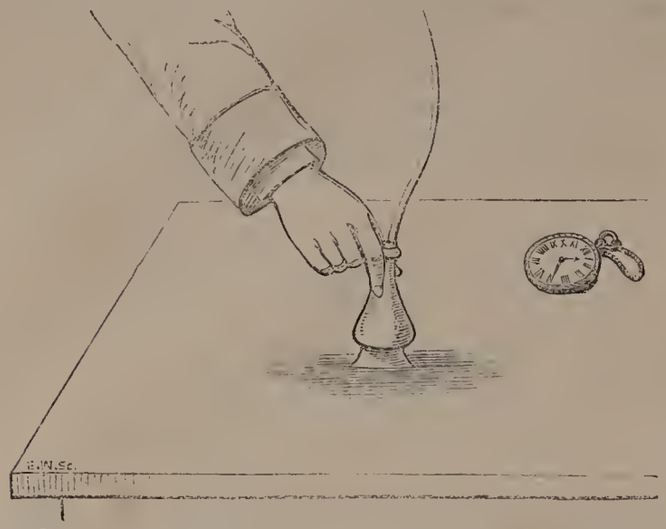
When lately engaged in performing experiments upon the propagation of sound, I ascertained that water placed between the aperture of a hearing tube and a solid sounding body, gave an increase to the sound conveyed to the ear without it, and that a sound so near as to be inaudible without water so interposed was made audible by the addition of this medium of communication. For example,—a watch placed upon a table would be moderately well heard when listened to through a hearing-tube with its aperture placed immediately upon that table; but would be better heard when the aperture of the hearing-tube was placed in water lying upon the table; and the sound of a watch removed to some distance upon the table, though not heard by means of the aperture of the hearing-tube placed directly upon this body, would be rendered audible by interposing water.

The amount of increase of sound thus procured by the interposition of water is very considerable, and is such as very materially to add to the value of hearing-tubes when employed upon the sounds of solid bodies. The increase of sound is very striking; an impression is made upon the mind as if the sound were proceeding from a body greatly larger than it really is; the sound is louder; it is also fuller and softer. If the sounding body be listened to through a double stethoscope, such as my differential strethophone or phonoscope, which has two apertures for conveying sounds separately to both ears; and if in the case of one of these apertures water be interposed, such is the increase of sound so produced, that the mind becomes conscious of the sound in that ear only, having the advantage of the interposed water. The mind now becomes unconscious of any sound in the other ear; although, previous to the employment of the water, the mind was perfectly sensible of it. This phenomenon forms a good test of the water having produced a stronger auditory sensation; for I have ascertained that the same sound conveyed in a major intensity to one ear sensorially nullifies a minor impression from the same sounding body conveyed to the other ear. This is the test of restriction of hearing to one ear, or of uno-aural hearing.

The quantity of water which will give an increase of sound need not be more than a fine film under the hearing-tube, and extensive enough to connect the entire circumference of the aperture with the solid sounding body. When water in such small quantity is employed the increase of sound is made more obvious by holding the aperture of the hearing-tube very lightly upon the solid body, and the result may be made still more remarkable by raising the edges of the aperture a very little from the solid body, taking care to preserve the water in contact with its entire circumference, and also in contact with the solid body, the water, in fact, being preserved in the shape of a ring, with one edge in contact with the hearing-tube and with the other in contact with the solid body.

In the case of sounds, such as those of a watch, a greater increase of sound is obtained by employing a large quantity of water, such as a tumblerful or a bowlful; but if a very great amount of water be employed, such as that in a large cistern, and the hearing-tube be placed at one extremity and the sounding body at the other, no increase may be obtained, and indeed the sound may be rendered inaudible,—for it is to be remembered that sound

diminishes in the ratio of the square of the distance, and water gives no exception to this law. For an increase of



sound to be procured the diminution from distance must be less than the augmentation from the intensifying property of water. In the case of sounds, such as are produced by striking one large stone upon another upon the dry ground, an intensification of sound may be procured, although the water intervening may be many feet in extent.

The increase of sound procured by the interposition of water varies much with the material of which the hearing tube is formed. Wooden and metallic plate-tubes, such as are firm or non-flexible, receive no advantage from water; tubes such as the flexible stethoscope and ordinary hearing or speaking tubes acquire a material reinforcement from water, while tubes made of india-rubber gain a very great advantage from the interposition of this medium. It may be stated, as a general rule, that the more a hearing-tube becomes a mere air instrument, and departs from the character of a solid conducting instrument, the more water adds to its acoustic value. When a tube, by means of firm solid walls, becomes more of a solid conductor of sound, water becomes less useful, till at last, as in the case of a wooden stethoscope with only a fine bore, it diminishes sound, and acts as a damper.

The construction of hearing-tubes materially affects the results obtained from the employment of water. A tube which is provided with an ear-piece that enters the meatus externus serves to show the augmenting property of water more than one having a circular disc to cover the external ear. A cup or expanded extremity, for the collection of sound, serves likewise to increase the reinforcing power of water. The contraction of the tube beyond the cup to the uniform size of the external meatus favours the same result.

Whatever interferes with the free undulations of the air contained in the tube reduces the property of water under consideration. If a piece of membrane of the greatest tenuity be stretched across the tube or bore of the instrument, between the cup or aperture and the aural extremity, the result is materially reduced.

If a tube be converted into a solid body by closing up the hollow part, water far from increasing the sound heard, materially reduces it. A solid rod of wood, such as a ruler or a solid stethoscope, is deteriorated by water employed in the manner under consideration.

The evenness or unevenness of the surface of sounding bodies materially affects the result obtainable from water when hearing-tubes are employed. The augmentation of sound is much greater when the surface is rough and uneven, and thus prevents the exact fitting of the cup of the hearing-tube upon it.

The consistence of solid bodies naturally affects the result of the employment of water. The effect is greater in the case of hard resisting bodies, such as wood or stone, than of softer bodies, such as leather.

The freedom or constrained position of the cup or the tube, in respect of capability of vibrating, very materially influences the action of water. If the cup be held firmly by the fingers the result is greatly deteriorated. If the cup be pressed to the bottom of a vessel containing water, the sound heard is greatly less when it is kept free in media aqua.

In order that water shall augment sound in the manner under consideration, viz. from solid bodies through hearing-tubes, it is necessary that the water come in immediate contact with the aperture of the tube, or be separated from it only by some thin moveable or vibrating body, such as thin india-rubber, gutta-percha, or other membrane, or other solid body which, in reference to the strength of the sound, shall be small and vibratory. A thin membrane offers little impediment in the case even of a fine delicate sound, but a thin layer of wood, the one-fiftieth part of an inch in thickness, will materially counteract the augmenting power of water in the case of a fine sound, such as that of a watch or even of a tuning-fork. The more the intervening solid body is indisposed to vibrate, the more it interferes with the sound-augmenting property of water. For a layer of wood one-twelfth of an inch thick, placed between the water and the hearing-tube, to admit of the advantage of water being even in some degree manifested, the sound proceeding from the solid body beyond the water must be very loud, and capable of violently agitating the water, and the wood placed between it and the hearing-tube. Layers of india-rubber offer much less impediment to the augmenting power of water; these, in fact, act as membranes. Thin membranes offer no sensible impediment whatever.

When hearing-tubes are to be employed lower than the mere surface of water, and we desire to have the fullest possible amount of sound, it is necessary to close the lower aperture of the tube, so that the water shall not enter into the interior of the instrument. If this be not done no sensible increase of the sound is obtained by carrying the instrument lower in the case of a hearing-tube of uniform diameter, or a simple cylinder, and a great reduction of the sound is observed in the case of a hearing-tube which is provided with an expanded bell-shaped or other widened aperture, such as the cup extremity of the stethoscope. It is very different with tubes, whether cylindrical or expanding at the apertures, closed with membranes; for the more these instruments are sunk the greater is the amount of sound procured. The increase of sound procured by sinking such an instrument is very great, provided the solid sounding body be not far distant.

In the experiments of M. Collodon, in the Lake of Geneva, in 1826, a cylinder of uniform diameter was employed, and it was closed at the bottom with tin, the same material of which the walls were constructed. It was three yards long and eight inches in diameter. This hearing-tube was provided neither with a fine tube to pass into the ear, nor with an expanded extremity for the better collection of sound, so that as a hearing-tube instrument it was very defective, having, besides, the disadvantage of a solid bottom. But in some of my experiments upon sound in water proceeding from solid bodies, I have employed an instrument having all the advantages of construction possessed by an ordinary hearing-tube, viz. a cup or expanded extremity or aperture, for collecting the diverging pulses, so to speak, of sound, and to converge them together; a narrow tube to carry these converged pulses, and an open extremity to pass into the external canal of the ear, so that the sonorous pulses, without suffering diminution by escape into the external air, should impinge upon the membrana tympani and the solid walls of the meatus. These advantages of construction in hearing tubes are as desirable in dealing with sounds in water as with sounds in air; and, if the precaution above referred to be adopted, are as completely obtainable. When an expanded extremity or aperture is closed with membrane and sunk deep in water, all the sonorous rays which reach the aperture act upon the air within the aperture, and are continued on through the column of air to the ear; but if the membrane be withdrawn the water rises into the open aperture and reaches to the narrow part of the tube, the area of which may be perhaps only one-twentieth of that of the aperture, consequently the sonorous rays or pulses which reach the column of air in the tube are greatly less. Besides this disadvantage, there is another and a greater—the free vibration of the materials of the expanded extremity of the hearing-tube consonating with the external water in a state of sonorous undulation is very materially impeded, and its reaction upon the contained column of air and upon the surface of the water in contact with the air is interfered with by the presence of the water in the interior. The resistance of the water in the interior is sufficient to interfere with the undulations of the walls of the tube on which so much of the

advantage of hearing-tubes depends. That the admission of water reduces to a great extent the vibrations of the tube may be at once proved by placing the fingers upon the instrument: the vibrations are sensibly reduced, and may be even rendered altogether imperceptible to the touch.

By the interposition of water between a solid sounding body and the aperture of a hearing-tube, sound is conveyed further than by employing simply a hearing-tube without water; so that when it is necessary to convey a sound far through a hearing-tube water may be advantageously employed; but it is not to be forgotten that whether we employ water or dispense with it, sound is liable to decay, and that as the distance travelled increases the intensity of sound diminishes.

These observations having been made, I proceed now to the consideration of the employment of water in the auscultation of the sounds of the human body, and more especially of the morbid sounds of the chest.

(To be continued.)

CASES ILLUSTRATIVE OF THE ORIGIN OF TYPHUS FEVER FROM OVERCROWDING.

By CHARLES MURCHISON, M.D. L.R.C.P.
Assistant Physician to King's College Hospital, and to the London Fever Hospital.

It is only by an accurate discrimination of the different forms of continued fever that we can hope to arrive at a knowledge of their causes. Recent researches have shown that the poison of typhoid or pythogenic fever is generated in the putrid emanations from decaying animal matter, while that of the true typhus is produced by the condensed exhalations from living bodies, more especially when the persons exposed to them have for some time previously been in a destitute condition.

From the circumstance that pythogenic fever is but sparingly, if at all, contagious, and that outbreaks of it are always of a very limited and circumscribed character, it is by no means difficult to connect this disease with its cause. Abundant evidence now exists in proof of this connexion; and I need only refer to the "Westminster fever" of 1848, the Croydon fever of 1852, the Cowbridge fever of 1853, that of the National Hotel at Washington in 1857, and the "Windsor epidemic" of 1858.

Typhus fever, on the other hand, prevailing in great epidemics, and being eminently contagious, is with more difficulty in individual instances traced to its originating cause. When widely prevalent in large cities it is seldom possible to exclude the possibility of contagion; and hence, in order to demonstrate the nature of its origin, I have hitherto been compelled to refer to the first appearance of the disease in large and isolated bodies of men, such as armies. In periods like the present, however, when typhus is very rare, we may succeed in tracing its origin in single families and individuals.

Dr. John Hunter, Physician to the army, has recorded in the third volume of the *Transactions* of the College of Physicians an instance of typhus originating from overcrowding, which occurred in London in 1779. A family, consisting of husband, wife, and several children, had been lodged for some time in a room from twelve to fourteen feet square, and had been very badly off. The disease could not be traced to contagion, and typhus was by no means prevalent at the time.

Two remarkable instances of this nature have recently come under my notice, and deserve being put on record.

I. In a "Report on the Prevalence of Continued Fevers during the year 1858," published in the *Lancet* for April 2, 1859, I stated, that, while there had been no diminution below the average number of pythogenic cases, during the nine months from June 1858 to February 1859 inclusive, only two cases of typhus with the characteristic eruption had been admitted into the London Fever Hospital, although in 1856 the numbers had amounted to 1062. All at once in March, seven characteristic cases were admitted from one house, 10, Meridian-place, Bermondsey. It became an interesting point to investigate the precise conditions under which this fever appeared. The following account is drawn up, partly from inquiries made by myself on the spot, and partly from a communication, for which I am indebted to Dr. Challice, the Medical Officer of Health for the district.

1. The court in which the house is situated is paved and open at both ends, and is about 11 feet wide. The drainage in the court appears to have been in a satisfactory condition. In fact, only a year before, great improvements had been carried out. All the cesspools had been emptied and filled up; the drains trapped and the water let on. The privy in No. 10, was furnished with a soil pan and trapped, as was also the sink. These facts are important, inasmuch as the fever was not that which results from the putrid emanations from drains.

2. The house, No. 10, consists of two floors, connected by a very narrow staircase. There are two rooms on each floor; and in each room, a door, a single window, and a fireplace. All the rooms were little better than closets, their dimensions being as follows:

	Length.	Width.	Height.	No. of Cubic Feet. *
	Ft. In.	Ft. In.	Ft. In.	
1. Ground Floor—Front room ..	8 9	8 6	8 0	595
Back „ ..	8 6	8 0	8 0	544
2. Upper Floor—Front room ..	11 2	8 6	7 2	680
Back „ ..	8 6	8 2	7 2	497

* In this and the following instance I have made no allowance for the space occupied by the furniture.

The doors of the rooms on the ground floor open into a passage not more than two feet wide. The windows in all the rooms can be opened; but throughout the winter, and up to the outbreak of fever, they had been so seldom or never.

3. A mother with her six children occupied the two rooms on the ground floor. The mother was aged 34; and the respective ages of the children were 18, 17, 15, 10, 7, and 3. Three slept in one bed in the front room; and four in the back room. After the fever broke out the grandmother of the children came from Dover to nurse them, and she also slept in one of the rooms. The rooms upstairs were occupied by a man and his wife.

4. It will thus be seen that before the arrival of the grandmother seven human beings occupied 1139 cubic feet of space, or each individual had only 163 cubic feet. After the arrival of the grandmother there were only 142 cubic feet to each.

5. There were no means of ventilation. Dr. Challice describes the rooms as having at that time the "peculiar animal odour always noticed in cases of overcrowding and dirt." The habits of the family were filthy in the extreme. The parish inspector found the rooms "alive with vermin;" and the nurses in the Fever hospital declared that they had scarcely ever known patients admitted in such a filthy condition.

6. The father of the family was a sailor, and had been at sea for many months; and although the family were not absolutely penniless, the mother spent most of their little earnings in gin.

7. There were no other cases of fever in the court or in the immediate neighbourhood. Indeed, true typhus was at the time excessively rare throughout the whole metropolis. None of the members of either family had, as far as could be ascertained, been exposed to any contagious disease. Shortly afterwards, however, several cases of typhus occurred in the next house, and two were admitted from it into the London Fever Hospital.

8. The mother and eldest child appeared to have become first affected about the end of February. Three others of the children were seized during the first week of March, and a fifth in the second week. The sixth child, the youngest, escaped. The mother and five children were admitted into the Fever Hospital on the 12th and 15th of March. All recovered. The grandmother, who came from Dover early in March, took the fever, and died on the 15th, at 10, Meridian-place. The man, who resided up stairs, was taken ill (contagion?) about the 9th of March, was admitted on the 15th, and died on the 22nd. His wife did not take the fever.

II. The next cases of typhus admitted into the London Fever Hospital came from No. 5, Henry-passage, St. Pancras. The following is the sequence of events concerning them:—

1. The fever first appeared in a family residing on the ground floor of this house, and consisting of a father, aged 54; a mother, aged 40; and six children, of the respective ages of 16, 14, 12, 10, 8, and 5.

2. These eight persons resided and slept in two rooms, which together contained only 1378 cubic feet of space, making an allowance of only 172·5 cubic feet to each individual. This I ascertained from personal examination. Each of the two rooms was furnished with a door, one window, and a fireplace. The mother informed me, that during the winter, and previous to the outbreak of fever, the windows had seldom been opened.

3. The whole family had long been very destitute, the father having for many months been out of employment.

4. No source of contagion could be traced. These were the first cases of typhus in the court and in the neighbourhood. But, on the other hand, they formed a focus of contagion, whence other cases originated. Shortly after, cases appeared in the next house, one of which was admitted into the Fever Hospital. A sister also of the mother's in No. 5, came from an adjoining street to attend upon her. She caught the fever, as did also her husband and child; and all three died. A third sister came to nurse this last one, from another street in the same neighbourhood. She was taken ill shortly after with fever, as were also her husband and child. The husband died; and the mother and child are still ill. Here, indeed, we have a melancholy instance of the lamentable results which may accrue from a neglect of sanitary precautions in a single family.

Now, in the above cases, it may be argued, that we cannot be positively certain that the disease was not primarily introduced by contagion; and, indeed, the same objection may be raised to every similar instance. I would reply, that at the period in question there were no cases of typhus in the immediate neighbourhood; that no member of the families first affected had been exposed to contagion; and that typhus was at the time scarcely to be met with, either in the metropolis, or in any part of the kingdom. If the objection has any weight, we must admit that the contagious specific poison of typhus is always and everywhere present, ready to manifest itself, whenever (and only then) the causes, which I have supposed to generate it, are present.

79, Wimpole-street, W.

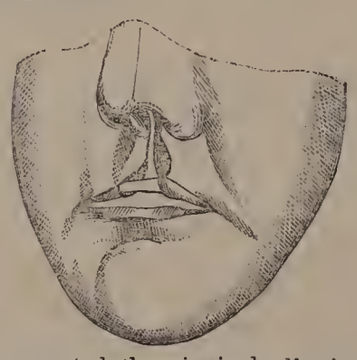
ON THE OPERATION FOR HARE-LIP.

By JOHN DIX, M.R.C.S.

Surgeon to the Hull and Sculcoates Dispensary.

Some months ago, I performed the following operation for hare-lip, on an infant six weeks old, with an excellent result; and, I believe, the modifications which I adopted will be found worthy of imitation.

The accompanying woodcut will explain better than words the plan of the operation.



I first freely separated the gingival adhesions of each portion of the lip,—the essential first step in all such operations, as every one knows, though it is not always sufficiently attended to.

Next with a cataract knife, I proceeded to pare the outer edge of the fissure, commencing the incision above and continuing it nearly down to, but not through, the free edge of the lip, leaving the slip attached below for future use, instead of cutting it away.

This cut was not made in the usual manner, directly from before to behind, but in a slanting direction so as to remove much from the anterior surface, and little or none from the posterior.

On the opposite side this arrangement was reversed, so that most was taken from the mucous surface, and scarcely any from the skin; and here not merely was the detached piece cut away, but also, by another cut, the terminal convexity of the fissure was freely excised as far as the median line. This last excision removes most, from the anterior, cutaneous aspect.

To this last raw surface the little flap from the other side was subsequently adapted, and united by very fine continued suture—the deep parts having been first accurately adjusted and fixed with a single needle and twisted suture.

The results of this mode of proceeding will be readily seen,—and I believe them to be advantages.

First, the denuded surfaces are larger, and the adaptation is effected between two bevelled edges, one of which overlaps the other, instead of between two flat surfaces applied side by side, in which the contact cannot be so intimate, so extensive, or so readily maintained.

Secondly, none of the length of the lip from side to side is cut away, so that the parts come together with less tension, and therefore with greater chance of union.

Thirdly, the rounded extremities of the fissure, which are frequently more or less visible in after life, are entirely got rid of; one by turning down the flap which includes it,—the other by excision, which may be practised all the more freely, because the loss will be repaired by the aforesaid flap from the other side.

In this case a portion of the transplanted slip did not live to adhere where it had been fixed; but enough remained to fill up the inequality which so often persists, and which it was especially intended to remedy. In a subsequent operation I hope to obviate this slight mischance by making the flap of rather larger size, and therefore of stronger growth.

I have never seen a case in which the operation was more entirely successful—the notch is completely obliterated, and even superseded by a little bead-like projection, which is the natural configuration of a child's lip, and which is here formed by the union and contraction of the "little flap."

One other point on which opinions differ in reference to operations for hare-lip I cannot pass over in silence, particularly as I have in this case myself violated what I believe to be the rule of safety and also of true professional morality, viz. the age at which such operation should be performed. The danger of hæmorrhage in very young children is well known. From this cause I have myself seen not less than three deaths in cases of operation for hare-lip on infants of seven or eight weeks old. In a child of eighteen months or two years old such an operation is, I suppose, entirely free from risk to life. How great then is the responsibility of the Surgeon who places a human life in needless jeopardy by advising or adopting surgical proceedings at a period when they are by no means free from danger,—which hazard may be altogether obviated by a few months' delay.

Of course special circumstances may justify a departure from this rule of practice—for instance, a child may be unable to suck, so that its life is endangered by lack of nutrition: or the parents may be importunate and insist on an operation earlier than the Surgeon thinks advisable—such was the case in the instance I have related above.

The kind of incisions above described so as to produce bevelled edges, may be advantageously adopted in other operations on the lips and face. In this way I lately removed an epithelioma from the lower lip of a man aged 45 years. Perfect and immediate union took place, and no cicatrix is observable without careful search.

With reference to this case it is worthy of observation that the man had never smoked.

The Bark of the Lime-tree, Dr. Kirn informs us, when boiled for some time, becomes soft, supple, and takes any form, retaining it when cold. It thus becomes a kind of substitute for gutta-percha.

Dr. Mercier has written a pamphlet of ninety pages, which has already reached a second edition, in order to explain the nature of J. J. Rousseau's illness, and the influence it had upon his writings. Spermatorrhœa he believes to have been at the bottom of all Jean Jacques's grievances! Lallemand also had the same idea. Is this pamphlet an advertisement? Surely the weaknesses of this *Ermite de Ermenon ville*, of this *douloureuse pénitent de l' humanité*, might be left quiet.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CONTRACTION OF THE ADDUCTORS OF THE THIGHS AFTER FEVER.—TENOTOMY.

(Under the care of Mr. PAGET.)

Mr. Paget has under treatment a case in which the adductors of both thighs are contracted in a very singular and unusual way. The patient is a moderately stout and healthy looking girl. Some time ago, she suffered from fever, and was confined to her bed for some weeks, and on recovery found that her thighs had been drawn in and stiffened. On examination the adductor muscles might be felt very rigid indeed, and the knees were found firmly pressed together. It was thought possible that there might be some hysteria in the case, and chloroform was administered. Under its influence, however, no relaxation took place, and it was clear that the condition was quite independent of the will. Mr. Paget has accordingly divided the tendons of the long adductors on both sides, and the girl is now kept on her back in bed, with the knees drawn forcibly outwards by straps. Mr. Paget remarked the other day at the patient's bedside, that this form of muscular contraction was very rare, so much so, that he did not recollect to have ever seen a similar case.

PROPRIETY OF AMPUTATION FOR TRAUMATIC GANGRENE.

(Under the care of Mr. STANLEY.)

We mentioned a fortnight ago, an important practical case, in which the question as to the propriety of amputating on account of extensive gangrene of the leg was entertained in a consultation which included the three Senior Surgeons of this Hospital. That the conclusion come to was the right one, has been proved by the result of the case. The man, although in a condition so little hopeful at the time, rallied well from the shock of the operation. Some sloughing of part of the integument followed, but this has ceased, and the stump was in a promising condition, when suddenly acute tetanus set in. Under the latter disease, which must of course be deemed a mere accident, the poor fellow sank on the tenth day. At the consultation before the amputation, Mr. Lawrence had expressed a very decided opinion that the man would not live twenty-four hours if the limb were left on.

While giving the conclusion of this case, we may also allude to the further progress of another at the same Hospital, to which we referred last week. It is that of the inter-muscular hernia operated on by Mr. Lloyd. Although recorded in the Mirror of a contemporary of last week as having "succumbed," the man is (as we had stated) still doing remarkably well. He has, indeed, not had a bad symptom since the operation. Justice to ourselves and to those of our readers, who may chance to have read both journals for last week and noticed the extraordinary discrepancy, compels us to make this additional statement.

SUPPOSED ABSCESS OF THE LIVER.—PUNCTURE ON TWO OCCASIONS.

(Under the care of Mr. LAWRENCE.

A boy now under Mr. Lawrence's care in Henry VIII. ward at St. Bartholomew's is well worth a few minutes' attention from any one who may have an opportunity of examining him. In his right subcostal region is a large evenly rounded prominence, easily visible to the naked eye, and in which fluctuation is tolerably distinct. There is neither redness of the overlying skin, nor tenderness or pain in the tumour. It is evidently continuous above with the liver. He does not look ill, though of clear skin, and somewhat delicate aspect. He is allowed to be up and about the ward, and eats his food with good appetite. His history of the swelling is, that he only noticed it about a week before his admission, which took place five weeks ago, and that there was then a good deal of pain about it. Three years ago, however, he received a blow on the part from falling on some planks, and after that he had for some weeks a good deal of aching there. His age is fourteen. On two occasions during the past fortnight Mr. Lawrence has punctured the tumour in its most prominent part with a small trocar, and in each a few ounces of thin opaque yellow fluid were removed. No remains of hydatids were detected on either occasion. Mr. Lawrence stated in a consultation on the case last Saturday, that he thought the tumour was, at any rate, adherent to the abdominal parietes, and that he had it in prospect on the next occasion to make a freer opening into it. Whether it is an idiopathic abscess or a suppurated hydatid cyst, is still an open question.

THE FLEXION TREATMENT OF POPLITEAL ANEURISM.

(Under the care of Mr. PAGET.)

The new method of treating popliteal aneurism by bending the knee and retaining it in that position, as adapted with success by Mr. Ernest Hart, and subsequently by Mr. Shaw, does not seem to have been productive of good results in the few cases in which it has as yet been tried in the London Hospitals. In a case under the care of Mr. Moore in the Middlesex Hospital the aneurism, which was an unusually large one, gave way into the joint during treatment by flexion. That the position mentioned might easily increase the liability to such an occurrence may readily be conceived, more especially when the aneurismal sac is placed on the articular aspect of the artery. Mr. Moore's patient, despite the formidable complication alluded to, made a good recovery after ligature of the femoral, and the effused blood was absorbed from the joint without causing any material irritation.

Mr. Paget has at the present time a case under treatment in Harley ward which bears some similarity to the above. Fortunately the joint has not become implicated; but there can be no question but that during the flexion treatment, which lasted only a few days, the aneurism enlarged, and that much irritation was set up around it. The patient is a fairly healthy man, aged 30, and the aneurism is situated in his left popliteal space. It had existed about five weeks, and was of large size when a fortnight ago he was admitted into the Hospital. So much increase in size of the tumour, tenderness about it, and swelling of the cellular tissue took place that the propriety of immediate ligature was discussed in consultation on Friday last. It was feared that the sac might be about to give way. It was decided to wait and watch the further progress of events. On Saturday Mr. Lawrence and Mr. Stanley again met Mr. Paget at the man's bedside. The condition of things was no worse in any respect than the day before, in fact, the pulsation seemed rather less. Mr. Paget remarked that he was loth to resort to the ligature prematurely, as in many of the cases in which the compression plan had succeeded consolidation had ensued unexpectedly after just such a blaze of irritation in and about the sac as was now taking place. He, therefore, preferred still to wait, having the tumour narrowly watched, and being prepared to ligature at once should the sac give way. Mr. Stanley supported this opinion, and it was adopted; although Mr. Lawrence, in whom the novel plans of compression and flexion treatment have as yet not obtained a convert, was in favour of immediate operation.

We shall revert to this case at another time.

SAMARITAN HOSPITAL.

THREE CASES OF OVARIOTOMY.

(Under the care of Mr. SPENCER WELLS.)

Case 1. OVARIAN TUMOUR—ASCITES—OVARIOTOMY—SUCCESSFUL RESULT.

[From Notes by Mr. PHILLIPS, House Surgeon.]

R. W. aged 43, came from Dorking to consult Mr. Spencer Wells, and was admitted March 28, 1859.

History.—She has been married 20 years; has had eight children, seven of whom are living. Her mother is said to have died of ascites, but it might have been ovarian dropsy. Four years ago she was confined with her last child. During her pregnancy she had a great deal of pain in the left side. This disappeared after the labour, but her abdomen did not diminish in size as usual. On the contrary, it continued to increase gradually, but very slowly, until last September, when the increase became more rapid. It was not noticed to increase more on one side than the other, but extended centrally from below upwards. Since the more rapid increase she has lost health, strength, appetite and flesh. The

catamenia have been quite regular, but there was a greater quantity than usual last time.

Present State.—She is a large spare woman, of very sallow complexion, and the skin is blotched in brown patches, very much like "bronzed skin." Bowels regular; rapid, very feeble pulse. The appearance of the abdomen is well represented by the appended wood-cut, copied from a photograph taken by Dr. Wright, but some months later, just before operation.

The girth at the umbilicus was 53 inches, while the vertical measurement from ensiform cartilage to symphisis pubis was 28 inches. She had had an umbilical hernia long before the commencement of her present disease, and the skin at this spot was thin and transparent, being distended almost to bursting. Between the umbilicus and symphisis pubis the skin was raised by dilated and varicose lymphatics, presenting a very peculiar appearance. No solid tumour could be felt; but as fluctuation was very distinct all over the abdomen, though more distinct above and less below, and as percussion showed that the intestines were in the lumbar and hypochondriac regions, it was thought probable that an ovarian tumour was surrounded by ascitic fluid. Vaginal examination did not settle the question. The anterior wall of the vagina was somewhat depressed, but the uterus was moveable, and no solid tumour could be felt.

Progress of the case.—Partly because the skin at the umbilicus threatened to give way, and the patient was suffering greatly from distension—and partly to settle the diagnosis—Mr. Wells tapped the abdomen and removed six gallons of pale amber coloured highly albuminous serum. A moveable unattached ovarian tumour was then discovered, apparently about the size of a man's head.

She suffered a good deal from sickness and depression for some days after the tapping, but left the hospital on the 4th of April provided with an elastic belt and umbilical pad, with directions to return before the abdomen became as much distended as it had been.

She remained in the country until May 7, when she was readmitted. The girth at the umbilicus was then fifty-one inches, and the distance between ensiform cartilage and symphisis pubis twenty-eight inches. The catamenia had not appeared since she left the hospital, but they came on the day after she returned.

It now became a question whether ovariotomy should be performed at once, or whether an attempt should be made to lessen the shock of the operation by removing the ascitic fluid first, and the tumour a few days afterwards. After consultation, Mr. Wells decided on the latter course, and removed 49lb. 10 oz. of ascitic fluid on the 9th of May. Sickness, tympanitis, some pain, and rapid feeble pulse continued for ten days after the tapping, and it was not until the 24th of May that she was in a state sufficiently favourable for operation.

May 24.—*Operation* at 4.30 p.m.—Present, the hospital staff, with Drs. W. Webb, Greenhalgh, Westmacott, Davidson, R.N., Aitken, Mr. W. Adams, Mr. Knight, of Dorking, etc. Mr. Wells was anxious, if possible, to remove the tumour before much ascitic fluid escaped, in order that this fluid might serve as a protection to the intestines from the air. Accordingly, as soon as the integuments were divided over the linea alba, from two inches above the umbilicus to about the same distance above the symphisis pubis, and some bleeding from superficial vessels had ceased, Dr. Routh pressed the tumour well forwards, as Mr. Wells rapidly laid the peritoneal cavity open throughout the whole extent of the incision. There were only one or two slight omental adhesions, and as soon as these were separated by the hand the tumour was easily removed. The pedicle was formed of the right Fallopian tube, and broad and round ligaments, and was so very short that the clamp used to secure it was placed close to the uterus. The tumour was removed by cutting away, leaving a portion of it projecting as a mushroom outside the clamp. Scarcely an ounce of blood was lost. The opposite ovary was found to be healthy. The wound was united by five harelip pins passed through the whole thickness of the abdominal parietes, including the peritoneum, which was perforated on each side at about a third of an inch from the divided edge. The needles perforated the skin on each side at about an inch from the divided edge. Superficial sutures of silver wire were introduced between each pin. The clamp and stump of pedicle were both kept outside on the abdomen, and the wound closed closely around. Not until the wound was nearly united was the ascitic fluid pressed out. The operation only occupied ten minutes. Lint was placed over the wound, and the abdomen supported by a flannel bandage. The tumour was a good specimen of the pseudo-colloid ovarian tumour, or compound ovarian cyst, and weighed ten pounds. The patient remained rather faint and very sick for about an hour, when she began to recover. A morphia suppository (one-third of a grain), was introduced at 6 p.m. A little brandy and water was given, and she began to feel better. At 10 p.m. as there was some pain, a second suppository was given.

First day after operation.—Vomiting continues troublesome, but she has had a fair night. Pulse, 98. Skin moist and warm. Tongue clean. No pain. Urine passed by catheter, scanty and high coloured. Six minims of hydrocyanic acid were given in an ounce of water, but it was soon thrown up. Effervescing draughts were given in the afternoon, but the sickness continued, and she kept nothing on the stomach all day. Still at night she was cheerful and without pain, and the urine increased in quantity.

Second day.—Pulse stronger than it was before the operation. Some inclination in the bowels to act. Going on well in all respects. There was some abdominal pain in the afternoon, and another suppository was given. Vomiting had continued, but she kept some tea and toast down this afternoon. At night there was sickness and faintness, with small feeble pulse, and anxious countenance; and small quantities of brandy and iced water were given at intervals through the night.

Third day.—Sickness continues; pulse 120, very feeble; she is very low and faint, and the skin covered with a cold clammy perspiration; breathing a good deal oppressed; urine scanty, and high-coloured. Finding the physical signs of a large accumulation of fluid in the peritoneal cavity, Mr. Wells removed the clamp, and after fixing the pedicle by a ligature, introduced his finger beside it, and thus gave exit to several pints of very fetid serum. She felt very much relieved after this. The sickness ceased two or three hours afterwards, and she kept down some cyder, to which she took a fancy, and some veal broth afterwards. The pulse ranged to-day between 140 and 130.

Fourth day.—Better all the morning, but in the afternoon she attempted to get to the night-chair—of course against orders—and was very much exhausted afterwards. She was faint, bedewed with cold perspiration, the hands and feet very cold, and the pulse almost imperceptible. Brandy was given freely, and she rallied. Then retching became very distressing, and a turpentine enema was given. This came away with some fæces, and a large amount of flatus. Rum and milk were afterwards injected into the rectum, and brandy was given every hour with water.

Fifth day.—She is rallying. Sickness ceased after some iced champagne which was given this morning. The harelip pins were removed, and the wound found well united deeply, though the edges of the skin had not united. There is still a considerable discharge of fetid serum from the lower portion of the wound, where the ligature on the remains of the pedicle passes. Six ounces of strong beef-tea, with half an

ounce of brandy were injected into the rectum three times to-day, and she drank a quart bottle of champagne. A large quantity of flatus passes *per anum*.

Sixth day.—Rather better all day; but is much troubled by flatulent distension of abdomen. An enema of two drachms of tincture of assafœtida, and half an ounce of turpentine in a pint of thin arrowroot, was given, which came away soon afterwards, followed by a great deal of flatus, and much relief. Pulse has ranged for the last three days from 120 to 130. The enemata of beef-tea and brandy were continued, and she took a pint of champagne daily.

Seventh day.—Pulse down to 108; urine more copious; abdomen much diminished in size. Beef-tea enemata and champagne as yesterday.

Second week.—During this week there was a gradual amendment, though sickness and flatulence were troublesome at times. The ligature came away with the sloughing stump of pedicle on the eighth day, when the superficial sutures were removed, with the exception of one. Pulse ranging from 108 to 96 until the *thirteenth day*, when it ran to 130 after a restless night. In the afternoon of this day there was a very large discharge of fetid pus from the opening left by the passage of the pedicle. She was low and heavy after this for some hours, and complained of cold feet; but some abdominal pain which had troubled her disappeared.

Third week.—This was a week of slow, but steady improvement. She began to take food with appetite; the bowels acted regularly; the pulse ranged from 120 to 100. The urine was passed in natural quantity; the discharge from the wound gradually ceased; she began to sit up; the opening where the pedicle passed very rapidly filled by granulation; she passed good nights, rapidly gained strength, and left the Hospital to return to Dorking by railway on the 20th of June, *twenty-seven* days after operation. She has been heard of since, and has gone on remarkably well.

Remarks.—One point of great practical interest in this case, namely, the propriety of removing ascitic fluid surrounding ovarian tumours as a preliminary step some days before ovariotomy, we shall refer to hereafter. Also to the plan of uniting the wound by including the peritoneum in the sutures. A third point of importance is the removal of the tumour while the peritoneal cavity is protected by the presence of the ascitic fluid. A fourth is the evacuation of the serum collecting in this cavity after the operation, by opening the wound. In a paper read last February at the Medico-Chirurgical Society, when commenting on the causes of death after ovariotomy, Mr. Wells said: "If with pain in the abdomen there were the physical signs of serous effusion, I would provide for the escape of this serum through some portion of the wound." He argued that this serum contains a morbid poison. It is very acrid. It makes the hands smart of any one whom it touches. Those inoculated by it are apt to suffer from morbid poisoning. If a medical man infected by it attend a woman in labour, that woman in all probability has puerperal peritonitis. "If then," Mr. Wells argued, "a patient can generate a poison capable of killing other people, may it not kill her? It is probably only formed by the inflamed portion of peritoneum, the other portions being quite capable of absorbing rapidly." Whatever may be thought of this hypothesis, it is very clear that in the case above narrated the practice so recommended was attended with the most marked success. The first evacuation of the serum was followed by immediate amendment, and some days afterwards alarming symptoms disappeared soon after the escape of some fetid pus. This was precisely what was observed in a case operated on by Mr. Wells, in February, 1858, when there was a very copious fetid sero-purulent discharge from the abdomen through the portion of wound kept open by the ligature on the peduncle. On two or three occasions when this opening became plugged accidentally, the patient complained of a good deal of pain and became feverish, but immediate relief was afforded by a free discharge of fluid after clearing the ligature.

Cases 2 & 3.—The report of this case has extended to such a length that we must defer until next week the report of another case of solid ovarian tumour surrounded by ascitic fluid, which was removed by Mr. Spencer Wells, in the Samaritan Hospital on June 17, and of a multilocular cyst, which was also removed by him on the 24th of June in the same Hospital.

HOSPITAL NOTES.

IRON-THREAD IN VESICO-VAGINAL FISTULÆ.

Since last autumn Professor Simpson has operated on fourteen cases of vesico-vaginal fistulæ. The last two are proceeding favourably in all respects, but the operation in them is too lately done to admit yet of perfect certainty as to the ultimate result. Out of the remaining twelve, in three the operation was only partially successful, and will require to be repeated a second time. In the remaining nine the fistulæ were closed by the first operation. Dr. Simpson has always used the common blue, annealed, iron-wire (No. 32 of the ironmonger's gauge) as his suture-thread. In his last six cases he has dispensed with the assistance of all clamps, buttons, or splints, and has merely brought together the vivified edges of the fistulæ, some of which were very large, with deep and closely-placed stitches of the iron-thread. All these six cases have proved successful. The two cases at present under treatment have been operated on in the same way.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL ANALYSIS OF 177 LITHOTOMY OPERATIONS.

At page 32 of our January number for the present year, we entered into a statistical analysis of the lithotomy operations performed in the different metropolitan (a) Hospitals during a period of three years and a-half. We now undertake a similar task as regards such of the larger of the Provincial Hospitals as have furnished us from time to time with the necessary data. In the present instance, the period included is from October, 1853, to December, 1858, or four years and a-quarter.

The following Provincial Hospitals have furnished the data which we are now about to analyse:—The Royal Berkshire (Reading), the Bradford, the Bristol General, the Canterbury, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Devon and Exeter, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Durham, the Glasgow Royal, the Gloucester, the Huddersfield, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Liverpool Royal, the Newcastle-upon-Tyne, the Nottingham, the Queen's (Birmingham), the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the Winchester, York County.

The London list comprised a gross total of 186 cases, with 40 deaths; while the Provincial will show 175, with 22 deaths.

Before proceeding further, however, a few words of explanation are due to the reader as to the mode in which the facts to be analysed have been collected, and the degree of confidence which they claim. The data upon which our Quarterly Statistical Reports were founded, were furnished to us by the resident Medical officers of the different Institutions. The care and accuracy with which, in almost all instances, these statements had evidently been drawn up, enables us to rely confidently on their general correctness. It would, however, happen sometimes that owing to a change of House Surgeons or other accidental cause, the list of operations from one or other Hospital might for a certain quarter not be obtainable. Several of the Hospitals which during the first part of the period mentioned, furnished us with their operations, ceased to do so after a time, and were unavoidably on our part omitted from our list. These circumstances certainly go to some extent to diminish the value of the following summary. Still we have no reason whatever to doubt but that in each instance the whole of the operations performed in any single Hospital during the time that it professed to furnish us with them were duly supplied, and with-

(a) By an unfortunate error of the printer, the report alluded to was headed *Provincial*, instead of *London* Practice of Medicine and Surgery, and was preceded by the list of Provincial Hospitals.

out selection or omission. The periods referred to as having in some instances been omitted, did not probably differ in their rate of mortality from those which were included; at any rate, they were omitted for reasons wholly without regard to any such difference, if it existed. We believe, therefore, that although they may not be strictly and unexceptionably accurate, that the statements which follow will supply a very close approximation to the real statistics of Provincial Operative Surgery. At any rate, they will give the reader a far better idea of what that Surgery is, what its success, and what its fatality, than any other method within our reach. Before entering upon its examination, it now only remains for us to tender our best thanks, and those of the Profession at large, to the many gentlemen who without any selfish object, and in the pure love of science, have, at the cost of much labour to themselves, put it in our power to obtain such valuable deductions.

Influence of the Patient's Age on his Prospect of Recovery.

Age.	No.	Recovered.	Died.	Per centage of Deaths.	—		
1	1	1	0	·00	No death	Under 10 years of age.	6 deaths in 94 cases, or 1 in every 16.
2	9	8	1	11·10	1 death in 9		
3	12	11	1	8·30	1 in 12		
4	18	15	3	16·66	1 in 6		
5 to 8	40	40	0	·00	All recovered		
8 to 10	14	13	1	7·1	1 in 14		
10 to 15	21	20	1	4·7	1 in 21	Between 10 and 25.	4 in 35, or rather more than 1 in every 9.
15 to 20	6	5	1	16·6	1 in 6		
20 to 25	8	6	2	25·0	1 in 4		
25 to 30	3	2	1	33·3	1 in 3	Between 25 and 45.	5 in 16, or not quite 1 in every 3.
30 to 35	4	3	1	25·0	1 in 4		
35 to 40	5	4	1	20·0	1 in 5		
40 to 45	4	2	2	50·0	1 in 2		
45 to 50	3	2	1	33·3	1 in 3	Between 45 and 60.	4 in 15, or rather more than 1 in every 4.
50 to 55	3	2	1	33·3	1 in 3		
55 to 60	9	7	2	22·2	1 in 4½		
60 to 65	8	7	1	12·5	1 in 8	Between 60 and 80.	3 in 17, or rather more than 1 in every 6.
65 to 70	6	4	2	33·3	1 in 3		
70 to 75	1	1	0	·00	No death		
75 to 80	2	2	0	·00	No death		
Total..	177	155	22	12·3			

Thus it would appear that in the practice of our Provincial Hospitals the period of life in which the lowest death-rate after lithotomy prevails is between the ages of 5 and 10. Of fifty-five operations performed on patients between these ages all but one resulted in recovery. Children under the age of 5 do not appear to bear the operation so well as those a little older, since out of 41 operations we have 5 deaths. In the periods between the age of 10 years and puberty, and from the latter to 25, the mortality is much larger than in childhood, and it rises still higher during the twenty years next following, to decline, however, with further advancing age. The table before us differs from most other statistical statements on this subject, in showing a diminished ratio of death in the aged as compared with those in the middle period of life. The oldest three patients all recovered; and while out of sixteen operations performed on patients between the ages of 25 and 45, 5 ended in death, or nearly 1 in 3; out of 17, in which the subjects were between 60 and 80, the proportion was only 1 in 6. We shall at some future time show how remarkably this differs from what is found to be the case in London practice, and to offer some conjectures as to its explanation. In the meantime we will only remark, that lithotrity is practised with at least proportionate frequency in the provinces, and that it therefore is not the disturbing influence.

CAUSES OF DEATH.

We regret that we do not possess such detailed information on this head as was the case with the London operations, and that respecting several we have only been informed of the bare fact that death occurred. Under the head of "Cause of Death not Known," we shall therefore be compelled to include four out of the twenty-two cases. We have endeavoured to classify the remaining eighteen in the subjoined list according to the accident or lesion to which the fatal event appeared to be mainly attributable. In many, perhaps in most, more than one had been coincidently in action. Thus, in not a few in which the immediate cause of death was pyæmia or abscesses about the bladder, hæmorrhage, which occurred at the time of the operation, appeared to have exerted an influence predisposing the patient to such lesions. The classification is, therefore, only an approximation to the truth, and must be so considered by our readers:—

Peritonitis	in	6	instances.
Abscesses about the bladder	,,	4	,,
Hæmorrhage	,,	3	,,
Pyæmia	,,	2	,,
Shock of the operation	,,	2	,,
Renal disease	,,	2	,,
Extravasation of urine	,,	2	,,
Exhaustion	,,	2	,,
Broncho-pneumonia	,,	1	,,

In this list several of the cases are counted under more than one head on account of several of the lesions mentioned having been combined.

Renal Disease as a Cause of Death.
(Two Cases.)

The cases in which death is directly assigned to renal disease are only two. In the first a man of 25, in very bad health at the time, died fifteen days after the operation, and both kidneys were found extensively diseased, one of them being a mere bag filled with fœtid pus. In the other the diagnosis was conjectural only: the patient, a man, aged 45, in tolerable health, had a small stone extracted (ʒss) and sank comatose on the fifteenth day. The coma had existed during the two days preceding death, and there appeared good reason for considering it that of uræmic poisoning.

Hæmorrhage as a Cause of Death.
(Three Cases.)

In the first of these a very stout man, aged 55, had four calculi of moderate size removed. Secondary hæmorrhage occurred and made plugging necessary. Inflammation of the pelvic cellular tissue followed, and he sank exhausted on the 21st day. The subject of the second was a boy of 4, in good health. The hæmorrhage was immediate, and so profuse as to require plugging. Diarrhœa set in during the afternoon of the same day, and convulsions followed. Death took place on the third day, and at the autopsy there were evidences of infiltration of urine behind the bladder. In the third a worn down man of 44, had a large stone removed with unusually free bleeding, after which he sank exhausted on the fifth day.

Shock of the Operation.
(Two Cases.)

The influence of chloroform as having possibly been injurious cannot escape attention in the following cases.

First Case (38), a boy, aged 4, in good health, had a stone the size of a marble removed by an easy operation. About twelve hours afterwards he began to suffer from vomiting, tympanitis, abdominal tenderness, and great depression, and these ended in death within thirty-six hours of the operation. At the autopsy no traces of peritonitis were found, and the condition of the parts proved that no unnecessary injuries had been inflicted in the operation. The bladder was congested. Second Case (39), a child of 2, in good health, died on the third day, having remained in a very sunken condition with much vomiting throughout. He had been half an hour under the influence of chloroform.

Bronchitis.
(One Case.)

A man, aged 66, in good health, had two large stones removed, and sank under broncho-pneumonia a month afterwards. The wound was healing steadily. Before the operation he had been the subject of a fistula which was believed to communicate with the rectum.

Pyæmia as a Cause of Death.
(Two Cases.)

In the first of these (85) a healthy man, aged 48, had a calculus the size of a hen's egg, removed, and died two months afterwards, having been very low for some time before death. There were abscesses in both recti muscles, and in one psoas, and effusion into one pleural sac. The wound was not healed. In the second (129), a man of 63, sank on the tenth day. We have no particulars, excepting that "phlebitis was the cause of death."

Peritonitis as a Cause of Death.
(Six Cases.)

In one of these (17) a healthy man, aged 54, had a stone removed, weighing two ounces. Much difficulty was encountered, and the operation was prolonged. Death occurred at the end of a week. There was inflammation of the pelvic peritoneum, and an abscess over the left iliacus muscle. In the second (case 6), a boy, aged 8, died with all the symptoms of peritonitis forty-eight hours after the operation. The third closely resembled this: a healthy lad of 17 sinking on the second day, with indications of commencing peritonitis (83). In the fourth also, the fatal event rapidly followed the operation. In it the patient was a boy of 4, in fair health, who died of peritonitis on the third day. In the fifth, a stout man, aged 31, of intemperate habits, died of peritonitis on the fifth day after an operation, in which nothing unusual had occurred. The subject of the sixth (87), was a man, aged 56, in fair health, who had been submitted to lithotomy four times before. The fifth operation was a recto-urethral one, the stone being believed to be encysted. The cyst was incised, and the stone removed; but the man sank from peritonitis, complicated with purulent infiltration about the bladder, on the third day.

It will be remarked that none of these six patients appear to have been in bad health at the time of the operation; and three of them were under twenty years of age, two being young children.

Pelvic Suppuration as a Cause of Death.
(Four Cases.)

Two of these (cases 17 and 87) have already been mentioned under the head of Peritonitis, and a third (case 63) under that of Hæmorrhage. In the fourth, an unhealthy lad, aged 12, had a moderate sized lithic acid stone removed, and died on the eighth day. An abscess was found between the rectum and the bladder, and there was also pelvic peritonitis.

In all these peritonitis of pelvic serous membrane co-existed with the abscess.

Exhaustion.
(Two Cases.)

The first of these (case 63) is already mentioned in the list of Hæmorrhage cases. The subject of the second was a man, aged 65, in fair health at the time, but who, without any specific ill symptoms, sank into a feeble state after the operation. Death took place in the eighth week. Four calculi had been removed, weighing together about an ounce.

Extravasation of Urine.

Case 86, the first of these, has been alluded to under Hæmorrhage. In the second, a florid and healthy man, aged 37, sank thirty-six hours after the operation. Commencing peritonitis, and extravasation of urine, are stated to have been found.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 345.—Dress of Physicians.

"We are bound to declare, and do so with infinite pleasure, that the members of the Medical Profession are, take them all in all, patterns of neatness and accuracy in their dress. They are ten times better clad than the clergy, who in Scotland, at least, exhibit an almost superstitious reverence for the precept of taking no thought as to their raiment. They are more scrupulous in their attire than the lawyers. . . A sloven by the side of a sick bed looks like the forerunner of Azrael; whereas a well-dressed, trim, and gentlemanly Medico, entering the chamber like a sunbeam, carries with him a mesmeric influence, which, better than pill or potion, allays the fever of the patient. In the days of Abernethy, roughness was considered a Medical virtue; courtesy was branded as hypocrisy. Poets, who have shown themselves from the beginning of time the best judges of propriety, invariably represent eminent Medical men as patterns of mundane neatness. Podalirius and Machaon—Physicians both—are the only men noticed in the Iliad who inspire us with the idea of uniform tidiness, and strict propriety of apparel. Throughout the whole Trojan war, they dressed like gentlemen, maintained the dignity of the order, and doubtless, as they were not salaried, picked up an infinity of fees, to which they were most justly entitled."—*Blackwood.*

No. 346.—Tea.

Sir,—In an old newspaper (a fac-simile of which I possess) entitled the *Commonwealth Mercury*, published in September 1658, I find the two following advertisements, which, perhaps, may be curious enough for a place in "Notes and Queries."

H. L. Maysmor.

Springfield-lodge, Park-vill. east, Regent's-park.

"That excellent, and by all Physitians approved, China Drink, called by the Chineans, Teha, by other nations Tay or Tee, is sold at the Sultaness-head, a cophee-house in Sweeting's-rents, by the Royal Exchange, London."

"Whosoever desireth to be cured of a Rupture or Broken Belly, of any ages to threescore and ten, let them repair to one Rowland Pippin, who will by God's help make them whole; the poor for charity, the mean for little, the rich for reasonable terms. He will stand to all charge for the cure until they shall finde by experience their own good. He hath taken a chamber in the Strand, at the Three Pigeons, near Somerset-house, where you may finde him all the Forenoons until nine of the clock, and from one to five in the afternoon. He lives in the country at Sutton-brewhouse, near Gilford in Surrey; his Father, Brother, and himself have used this practise this threescore years in the west, where the name of Pippin is remarkable for several cures of this nature."

No. 347.—Remedy for Jaundice.

"I scarcely know whether ears polite will tolerate the record of a sovereign remedy for jaundice, which fell under my notice in a parish in Dorsetshire a few weeks since, but which I find upon inquiry to be generally known and practised in the neighbourhood. The patient is made to eat *nine lice* on a piece of bread and butter. In the case referred to, I am bound to state for the credit of the parish, that the animalcules were somewhat difficult of attainment; but that, after having been duly collected by the indefatigable labours of the village doctress, they were administered with the most perfect success."

No. 348—Is there no Way of Radically destroying Ascarides?

Sir,—An interesting discussion has lately taken place in the Academy of Medicine of Paris, respecting the best remedies for the cure of persons affected with ascarides in the rectum. The subject is one which I venture to think deserves more attention than is usually accorded to it; and for the reason that, in a very great number of cases, the treatment hitherto employed for their destruction appears to be incapable of entirely eradicating these creatures. Küchenmeister seems to admit that their extirpation is impossible; he tells us that he himself has long suffered from their presence in his own person, and has not been able to free himself from them. Dr. Watson relates incurable cases; most observers, also, have probably met with cases in which their efforts at a perfect cure were unavailing. Such a conclusion, also, I regret to say, seems to be what their experience has brought our French brethren to on this subject. Now really it does seem hard to think that our art is unable to cope with these wretched creatures; and especially so, when we reflect upon the actual misery which their presence often causes. Will you, therefore, allow me, through your Journal, to ask of others the benefit of their therapeutical experience in the cure of this affection? The experience of Dr. Hervieux leads him to this conclusion: That castor-oil and simple daily glysters are the only useful remedies known to us at the present moment. He considers the affection incurable. So also does Dr. Blacke; and he relates a number of cases, in all of which the art of Medicine failed to cure. One was the case of "a fashionable lady, remarkable for her beauty, in whom every kind of treatment failed. When she went into society, she was forced to sit on cool, unstuffed chairs, in order to diminish the painful sensations caused by the ascarides." Dr. Legroux was convinced that mercurial ointment dissolved in water, and given as a glyster, would destroy these animals; he had used such an injection in cases where he had in vain used all other remedies; he did not, moreover, mean to assert that the ointment was a specific. Such were some of the

opinions given on the occasion referred to in the French Academy. I think that whoever would give a satisfactory answer to the following questions would confer a great boon on the community:—How high up in the intestinal canal do ascarides live and breed? What injections will kill the animals without injuring the intestine? Do the injections which destroy the animals, also destroy their ova? Is there any proof that these animals reside higher up in the intestine than injections will reach? Why do they come down towards the anus, especially at night and in the evening? &c.

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Medical Times & Gazette.

SATURDAY, JULY 2.

RUCK *versus* STILWELL.

The verdict of the jury in this case has placed all medical men who practise in Lunacy in a very unsafe position. Large damages have been given for what has been called "false imprisonment" where there has been no imprisonment, but simply the detention of a dangerous lunatic until his malady abated, time not having been given to ascertain his real recovery. The case was made to turn, not on the patient's state of mind when in the asylum, but on the supposed partnership of one of those who signed the Medical certificates with the asylum in which the patient seems to have recovered; and yet, unless the meaning of English words is wholly changed, there was no partnership existing, nor any engagement resembling a partnership.

Mr. Ruck, a man of property, after being in an unsettled state, bordering on mental derangement, for about two years, became intemperate, disposed to wander about without reasonable object, took extravagant views of the value of his estates, and fancied he heard voices informing him of his wife's notorious infidelity, not with one person, but with many persons casually met in travelling or anywhere; without affecting decency or even concealment. He expressed these suspicions in the grossest terms; and imagined that a friend who tried to persuade him of the wrong he was doing to his wife had some interested object in view, and drugged the wine placed before him. He left his friend's house in this wild state, to go nobody knew whither; and as, still influenced by the imaginary voices, he was in the habit of carrying loaded pistols with him, he was very properly secured. In these circumstances, his wife, instead of waiting until he murdered her or somebody else, resorted, after much patient suffering, to the advice of Medical men; and, on the Certificates of Dr. Conolly, of Hanwell, and Mr. Barnett, of Reading, signed an order for his admission into the excellent asylum called Moorcroft-house, near Uxbridge; where the judicious, and liberal, and kind treatment pursued by Dr. Stilwell, soon induced comparative tranquillity. Dr. Conolly saw him, and conversed with him occasionally. Although not violent, Mr. Ruck still for some months heard voices, and he still cherished his monstrous delusions, and expressed them in foul words. For a time, in the eighth month of his residence in the asylum, he appeared to be becoming less calm when alluding to these delusions; but in the ninth month he discontinued conversing upon them at all, and shunned conversation with those about him; but he never disavowed them, or expressed regret for the cruel wrongs done to his wife. Neither to Dr. Stilwell, nor to Mr. James Stilwell, the regular Medical attendant, nor to Dr. Conolly, with whom he had several opportunities of speaking, did he say one word expressive of his having recovered his reasonable senses. But at this time his attorney took him to various medical men, to whom, and to whom alone, Mr. Ruck professed that his delusions had left him. These medical men declared that the case had been one of delirium tremens, and ought never to have been sent to an Asylum. They gave a positive opinion of the early symptoms, which they had not seen; and thus exhibited to the public one of those scenes which conflicting Doctors too often and far too eagerly act in. Consequently, on a petition for a commission in lunacy, intended to secure the patient's wife and children the means of subsistence, the jury found that Mr. Ruck was sane: they were far from unanimous on the point; but there was a majority in favour of that opinion.

After this decision, Mr. Ruck has never expressed sorrow for his insane and cruel aspersions on his wife; has not lived with her; has disregarded both her and her children, and scarcely allowed her any money to support herself or them; pursuing, indeed, a line of conduct only consistent with the supposition of his mind continuing to be unsound.

Ten months afterward, an action is brought against Dr. Stilwell for false imprisonment. The previous insanity, and the nature of it, are not denied; the treatment of the patient in the Asylum is not impugned; and the whole cause is made to turn on the assertion that Dr. Conolly, who signed one of the Medical certificates, was a partner in Moorcroft-house.

What are the facts respecting this asserted partnership? We believe them to be simply these. Dr. Conolly was the intimate friend of the late Dr. Arthur Stilwell, the proprietor of Moorcroft; he was gratified to find, several years ago—and when private asylums were far from being what they now are—an establishment in which there was everything conducive to the mental and physical recovery of gentlemen afflicted with insanity; a spacious and cheerful house, extensive grounds, social enjoyments, and kind and enlightened superintendence. From that time he recommended patients of that class to be placed under Dr. Arthur Stilwell's care. When a Physician practising exclusively in cases of nervous disorder is consulted about an insane patient, his duty is not limited to prescribing pills and draughts, or to any mere Medical treatment. The patient's recovery requires these things carefully to be considered; but it also requires moral treatment, management, protection, security by night and day, and the regulation of all the habits of the patient's life, often for many months; and this is in many cases impracticable, except in a good asylum. To carry the plan into effect, and to the satisfaction of the patient's friends, the Physician who is consulted, if practising in cases of lunacy, and who recommends the asylum he prefers, is, in almost every instance, expected to see the patient from time to time during his residence in the asylum; and for these visits, and for the responsibility he incurs, he must, of course, be in some way or other compensated. At Moorcroft, during Dr. A. Stilwell's life, Dr. Conolly was paid, when such circumstances arose, by the proprietor of the asylum; to the great benefit, even in a pecuniary sense, of the friends of the patient. This arrangement has continued to exist between Dr. Conolly and the present Dr. Stilwell. At the time Mr. Ruck was at Moorcroft, nearly forty patients were in the esta-

blishment; of whom fifteen or eighteen had been sent thither by Dr. Conolly, and for seeing these he received the moderate sums which have been so needlessly disclosed to the public. The statement of these payments merely showed that the proprietors of Moorcroft, far from making a bargain with Dr. Conolly to attend his patients, when under their care, at so much per head, liberally paid him in relation to the payments which could be afforded by the friends of each patient: and even this was a mere *honorarium*, for which Dr. Conolly could make no legal claim; and which did not make him accountable for any of the expenses of the Moorcroft establishment. But in a Court of Law all these facts easily become distorted. Jurors whose education scarcely qualifies them for being judges except of mere money transactions, and a barrister eager for the plaudits of common auditors, can thus inflict great injustice; and truth is trampled under foot. The remedy of these things will, however, surely come. Medical men will even now scarcely venture to sign certificates of insanity. Patients temporarily recovered, although known to be dangerous, are every week liberated from asylums. Two or three horrible murders have been already the result; and many more may be expected. In the streets, in the parks, in the theatres, at the gates of our palaces, may now be seen, too often, these people of dangerous impulses, inconsistent with the safety of their neighbours.

The temptation offered to the public press by these lunacy cases is usually productive of comments which, however exaggerated, or even unjust, are welcomed by many readers. For a time, truth is still lost sight of and overshadowed, and a well-earned reputation may be destroyed in a day. Against such danger there is no protection; and those assailed can only bow awhile to the storm, relying on the eventual ascendency of justice. The triumphant injustice established by the verdict of the case of Ruck will, doubtless, for some brief space, furnish a subject for popular commentary not very gratifying to the many honourable men who devote themselves to a difficult and important, and most anxious branch of professional study and duty. Dr. Stilwell must patiently submit to hear his most comfortable house, with all its generous arrangements, stigmatised as a prison; and Dr. Conolly must as patiently read imputations upon him, implying the enormity of receiving remuneration for his medical services.

THE WEEK.

At the moment of going to press we receive a copy of correspondence (which we shall publish entire next week) between some Practitioners of Southampton (Drs. Lake, Scott, and Aldridge), Dr. Christison and Dr. Hawkins the Medical Registrar, respecting the right of ungraduated Licentiates of a College of Physicians to assume the title of Doctor. Dr. Hawkins says:—"I do not designate a Licentiate, as above described, as M.D. in the Register, or in any certified copy of the register;" and again states officially his direction that "in letters and receipts sent from this office, no person shall be addressed as Doctor who has not taken the degree of M.D."

Lord Clyde reports to the Governor-General of India on the conclusion of the military operations which ensued on the great mutiny, that the Medical Department—

"being composed of officers belonging to the two services, has shone equally in the matters of general organisation and of regimental arrangements. The Director-General, Dr. Forsyth, and the Inspector-General of Her Majesty's forces, Dr. Linton, C.B. in Calcutta, have worked successfully to meet the great requirements made on them; and the staff and regimental Medical officers have well maintained the credit of their noble profession, and the reputation for self-sacrifice which belongs to the surgeons of Her Majesty's armies—a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the Hospital;"—

Hereupon Lord Canning "desires to express" to Drs. Forsyth and Linton, and to all the officers of the Medical Department "who have been employed in the field, or who have elsewhere furthered the service by their exertions in providing for the welfare and the wants of the troops, the cordial acknowledgments of the Government of India for the important services they have rendered." Whether these officers will receive more substantial marks of favour than "cordial acknowledgments" remains to be seen. After a celebrated cavalry charge not quite out of recollection, said to have been "ordered by a fool and led by a madman," both the commander and the leader were decorated with the highest military honours. Had Medical men proved equally good officers, a court-martial would have been the inevitable result. When they do their work so well as to elicit the thanks of the Commander-in-Chief, it seems rather hard to be satisfied with the "cordial acknowledgments" even of a Governor-General.

Ophthalmic Hospitals appear to be very rare in France and in Germany. The speciality, however, of Optical Surgery is waking up in Germany. It is announced, as something like an event, that in accordance with a decision of the Minister of Instruction, a new service, specially devoted to diseases of the eye, has been established at Berlin, in the Hôpital de la Charité. M. Græfe is the head Doctor of it. Hitherto, this celebrated ophthalmologist (the word is not ours) has only been able to take under his charge a very few individuals at a private establishment. "All the world may now go and profit of his learned instruction."

Watters and Edwards, two of the gang of advertising aurists, have been fully committed for trial. At the final inquiry, before Mr. Norton, it appeared that the prisoner Watters had, as far back as about the year 1833, pleaded guilty to a charge of arson, and was sentenced to eighteen months' imprisonment, and subsequently to that, had been tried, convicted, and sentenced to three years' imprisonment for personating other persons at the College of Surgeons. Edwards's history is, that he was brought up as a druggist. His connexion with the Bennett gang is made out by his own evidence on the trial of the solicitor, Haynes, at the Old Bailey, last April. Edwards said:—

"I live at 28, North-street, Limehouse. I was in the employment of Messrs. Bennett Brothers, of 32, Spring-gardens; they carried on the business of aurists. I know the defendant Haynes. I have frequently seen him at 32, Spring-gardens. I was assistant to compound the medicine, and gave it to the patients. I know the composition of the medicine well—there were five compositions, eardrops, embrocation, injection, fumigation, and tincture. This bottle contains the embrocation, and this the injection; this is urine; they are all the same, differently coloured. The fumigation has no oil in it—the others have oil; this one is train-oil (what they call cabbage-oil), and urine. This red mixture is a solution of cochineal and urine. The urine extracts the colour from the cochineal; this one is drops for the ear. Two or three of these went together, and they were charged from 1s. to £2, £3, and £4,—it depended on the patients. We had a great many patients; I should imagine twenty or thirty a-day. I kept the books and made entries. I have not the books with me. The profit was at least £2000 for each of the two brothers Bennett."

Sufficient evidence was adduced to ensure the committal of the prisoners, and they will have to take their trial on the charge of conspiracy to obtain money from different witnesses by gross fraud. It appears that since the recent inquiry urine

has not been thought quite so efficient a remedy for deafness as before; the quacks, according to Mr. Rodgers, having taken to the use of solutions of sulphate of zinc, acetate of lead, and spirit of lavender. On the part of the prosecution, a Mr. Samuel Evans Smith, *Surgeon to the National Ear Institution*, in Pall Mall East, was called. Whether this National Ear Institution is some offshoot or not of one of the defunct Infirmaries did not appear; but we may probably hear more of this by-and-by. In the meantime we are glad to see the general press taking a more rational tone than heretofore on these matters. It is no longer the fashion to decry the profession, and exclaim against Medical jealousy; but it is acknowledged that the public must be protected against the fraudulent conspiracies of quacks and impostors. Witness the following passage which concluded an able leading article in the *Daily Telegraph*:—

"When Signor Duleamara, in his red coat and top-boots, and in his chaise with the piebald pony, and the man with the Roman helmet beating the big drum behind, makes his appearance in a country village, we know and expect the voluble scamp to be a humbug, and are satisfied that he will be only enabled to force the sale of his mendacious 'Elixir' by appealing to the vanity and folly of his hearers. When Kattafelto, 'his hair on end, wondering at his own wonders,' mounts the platform, with Jack Pudding tumbling and jesting by his side, we look forward only to so much lying and swindling, and are content to know that we have been at least eozened out of our deniers in an amusing manner. But these quacks of modern times, with their diplomas, their white neckcloths, their solemn advertisements, their grand houses, and their livery servants, are far more dangerous imposters. The aged, the youthful, the credulous and inexperienced of the middle classes,—nay, even the valetudinarian rich—become their ready dupes and easy prey. Of Quacks in general, the majority are mere shallow sharpers and holders of sham testimonials; but among them there are, we grieve to say, some accredited and certificated persons—the black sheep of their Profession, who make use of their position for the vilest and most dangerous purposes. It is, then, the duty of the administrators of the law to root out and punish these shameful impostors, while it behoves the governing bodies of the Medical Profession to search for the few quacks who take shelter behind, and are a disgrace to, their diplomas, and expel them with ignominy from the ranks of the Profession whose name they have abused."

The annual election of Fellows of the Royal College of Physicians of London, which was to have taken place last Saturday, has been postponed for the present. The remarks made upon the selected list of proposed Fellows by an old Licentiate in our last Number, seem (we may therefore conclude) to have been not untruly founded. The list evidently requires reconsideration. Perhaps some measure of expansion, perhaps some of condensation, will render it a more satisfactory document than it appears to have been considered by the Fellows. As far as we can learn from those particularly interested in this matter, we gather that many of the old Licentiates consider themselves, and are considered by the Fellows, to have been unfairly passed over on this occasion, and that the privilege of selecting Fellows out of the list of recently made Licentiates has not been exercised with sufficient caution. We have been favoured with a sight of the names of the proposed Fellows, and on comparing it with a list of the old Licentiates of the College we are bound to say, that we think there is a show of reason in these complaints. We find in the list, it is true, the names of some recently made Licentiates who are every way deserving of being at once made Fellows; but it is evident, that the very great privilege of election to the Fellowship of gentlemen from that class of Licentiates, was never meant to be exercised, except in some very striking and prominent instances; and most assuredly (as we said last week) in no instance so long as the claims of any of the old Licentiates were superior to, or even simply equal to, those of the newly-made class of Licentiates. We cannot but think that the College would act wisely in at once electing to the Fellowship, out of their list of old Licentiates, every gentleman who is fairly worthy of the honour. When this is done, then the ground will be properly broken for a more extended consideration of the claims to the Fellowship of the recently-made Licentiates. The task which the *conciliarii* have to perform in this matter is certainly not an easy nor a pleasant one; and we can well understand how difficult it must be, in a case of this kind, to satisfy every one. We will, therefore, venture to throw out a hint, the adoption of which would, we believe, greatly assist the *conciliarii*, and at the same time satisfy the body of the Fellows at large. Why should not each Fellow suggest, in writing, to the Council of the College the names of gentlemen he considers to have claims to the honour of the Fellowship? It is very evident, that the most scrupulous Council in the world can scarcely help passing over, unwittingly, certain individuals, who are, nevertheless, most highly honourable and deserving men. The adoption of the plan we propose would, we believe, bring before the Council the claims of all, and satisfy the desires of the body of Fellows.

An attempt has been made, which we are happy to say has proved unsuccessful, to reduce the salary of the Medical Officers of Health, of St. George's, Hanover-square, Drs. Aldis and Druitt. A special Vestry was called last week to consider this question, when the Hon. C. S. Vereker moved that the present salaries of £250 a-year each should be reduced to £100 each. This absurd proposition was seconded by a Dr. Appleton, of whom we now hear for the first time; but who we find from the Directory, is returned as an M.D. of Pisa, M.R.C.S., Eng., and L.S.A., 1839, residing at 48, Curzon-street. Mr. Peat moved as an amendment, that the subject be referred to the "Nuisances and Diseases Prevention Committee." But this amendment was lost. Mr. W. F. Cowper, M.P., suggested that one Medical officer might be sufficient for the parish. The Medical officers were defended by several speakers, and the motion for reduction of their salaries was lost by a vote of 38 against 13. A similar attempt of the Board of St. Luke's, Chelsea, has been as happily defeated. This recognition of the value of sanitary science by the public is very gratifying.

Duration of Life in the Professions.—In summarising the results of the whole of the communications which had been read to the Statistical Society at different periods, Dr. Guy has been able to base his conclusions on the large number of 8449 facts. From these he had drawn the following inferences:—1. That the value of human life was lower in the seventeenth century than in the sixteenth; but that it experienced a marked recovery in the eighteenth; and that this remarkable feature was incidental to each class of the community, with the exception of sovereigns, Medical men, artists (who show a progressive improvement), and lawyers (who show a progressive deterioration). 2. That the duration of life of married men is greater than that of unmarried men—the difference being five and three quarter years in favour of the former. 3. That, as regards the comparative duration of life of the two sexes, females have the advantage over males, and a better expectation of life at every age from 25 to 75.

M. Scrive, Physician-in-Chief of the Army in the East, relates, that the necessities of war required that 309,268 soldiers should be sent to the East. Of these, 200,000 entered the ambulances of the hospitals for treatment; 50,000 for wounds, and 150,000 for diseases of different kinds. Two sick men out of every three of men in the prime of life and vigour of body! Proving the old tale, that armies perish through diseases, not from the fire of the enemy.

REVIEWS.

Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M.D. F.R.S. etc. Six vols. large 8vo, pp. 5350. Illustrated with 2853 woodcuts. London: 1859.

Twenty-four years ago Dr. Todd made public an original and ambitious plan, by which he proposed to place the natural sciences of Anatomy and Physiology in the most varied and extensive aspects in which they could be regarded by the scientific world; and at the same time to develope as fully as possible the practical usefulness of those sciences in every field of study. We have now great pleasure in being able to congratulate the learned editor on so successful a completion of his most laborious undertaking. When it is remembered that in his original address, Dr. Todd distinctly stated that his work "is intended to embrace the whole of the sciences of Anatomy and Physiology, these terms being used in their largest sense, as far as regards the animal;" and when we know that the age in which this work has been carried through the press has been one of unprecedented activity in the cultivation of every branch of natural science, we must regard the completion of this gigantic work as a most valuable boon to the literary and scientific world. It shows at once what has been done during the time in which it has been passing through the press. Thus far, it will ever be of great value, in the history of the progress of Medicine as a science, as well as of the natural sciences generally.

We doubt if Dr. Todd originally contemplated so large a work; but, starting, as he did, in the right direction, he soon found himself in the midst of a mighty stream of science, whose numerous tributaries, while they increased the volume of the stream, gave strength to the current by which he was borne along. Once in the great current of this flowing stream, he was borne safely and surely onward; and now he has the undisputed merit of having steered a most unwieldy ship to the wished-for haven, manned as it was by a crew of ninety-two men, more or less eminent in science—a crew, we know, to be not of the most manageable description, when embarked together on the great ocean of literary labour. During this long period of twenty-four years, we have to regret the loss by death of many an able and willing hand, who cheerfully shared in the labour of this great work. The names of Babington, Bostock, Brenan, Dodd, Dutrochet, Edwards, Marshall Hall, Robert Harrison, Malyne, George Newport, John Reid, Forbes Royle, Henry Searle, and William Trew, compose this lamented list.

The period during which the work before us was written is characterised by the greatest activity and energy of original research, more especially in the direction of Organic Chemistry, Experimental Physiology, Comparative Anatomy, Embryology, Development, and Histology. The interesting topics of the work, the original goodness of the plan, and the adaptability of the scheme to the exigencies of the age—the splendid array of talent which the Editor has been able to bring together in the construction of the work, the knowledge, the energy, and the industry of the Editor himself, and lastly, the elegant manner in which this work has been got up, all contribute to make the Cyclopædia of Anatomy and Physiology a work which merits the confidence of the scientific world.

Anatomy in its most varied form and most extensive range is the basis or groundwork of the volumes before us. Upon such a comprehensive range of anatomical knowledge, every branch of scientific inquiry relating to Physiology must find a sure foundation; while on such a broad and sure foundation the science of Medicine itself is being built up, it may be by slow degrees, but certainly with the most rational hopes of ultimate success. Thus by the co-operation of many labourers, each exploring his own favourite region, and expounding his chosen theme, a faithful record has been given of the present state and recent advances of anatomical and physiological knowledge in all those directions which we have just indicated. The work before us is indeed made up of a series of monographs from a number of contributors, embracing "nearly all the most distinguished cultivators of physiological science in the present age"—men whose labours have caused the science of Physiology to rise up out of a collection of vague and ill-founded hypotheses—from crude and undigested facts to the rank of an intelligible and attractive science.

The following is a brief statement of the general scheme of the work, sufficient to show its comprehensive character:—It includes the descriptive anatomy of man, a sketch of every individual member and organ of the human body; the topographical or surgical anatomy of man, denoting the parts, boundaries, and relations of those regions of the human body which most frequently become, through accident or disease, the seat of surgical operations; the department of anatomy termed "general" or "physiological," in which are examined the particular tissues by which individual members and organs are built up. It is in this department of anatomy that the greatest changes have been made through the comparatively modern use of the microscope, and through the investigations of chemists. Not restricted, however, to the anatomy of man, this work embraces also descriptions of the structure of the various classes of the animal kingdom; of the several systems of organs traced throughout these classes, from the lowest to the highest, through all their modifications—constituting the science of "Comparative Anatomy." Under the title of "Physiology," this work offers a series of elaborate essays on the functions which distinguish organisation, both in the animal and vegetable kingdoms—in which, moreover, are taught the modes by which we live, and move, and have our being. Lastly, an account of the chemical composition of animal and vegetable structures, together with the properties and attributes of their varied constituents.

Many of the topics, from their very nature, preclude the possibility of much original matter being written regarding them (such as the articles on simple Human Anatomy); but they have all the merit of being careful and judicious digests of the state of our knowledge up to the period at which they have been written. On the other hand, again, we have numerous articles which imply almost a lifetime of research, and which teem with the records of original observations.

Altogether, the work deserves our best wishes for its success.

On the Hygienic Management of Infants and Children. London: 1859. 8vo, pp. 115.

In his preface, Dr. Barker introduces as his apology for writing, the poet's symbol

"Just as the twig is bent, the tree's inclined."

This is the key-note of the whole treatise. Dr. Barker divides his book into the following sections:—Mortality of Infancy; Diet; Clothing; Temperature; Air; Sleep; Bathing; Light; Exercise and Amusements; Nursing and Nurseries; Vaccination; Dentition; Education. Each of these subjects has its separate chapter, and is treated of in a manner which is at once scientific and simple. Few men have the faculty of writing a popular work, which is not also flavoured with a strong dose of charlatanic salt. Dr. Barker's book is an entire exception to this too common rule. The science is, as would be expected from the author, sound,—the language pleasant, if not eloquent,—the intention excellent. Dr. Barker would extend the domain of the Physician to an extent not generally recognised as yet. It is not, he thinks—and in this we entirely agree with him—the mere duty of the learned Doctor to stand by the sick bed, and write the prescription. He must look to the earlier developments of human maladies, and waylay diseases while the threatened are in safety.

We heartily recommend the perusal of this book to all our readers. It is a book they can read for themselves with advantage, and lend to their patients with security.

At Novara there are two large, airy hospitals, one civil and the other military. All the ladies of the place, without exception of rank or position, have offered their service to the surgeons as nurses, and their conduct is stated to be admirable. They may be seen with white aprons and tucked-up sleeves, comforting and relieving the sufferers.

"M. Ricord, the champion in the great struggle of 1852, has declared that the transmission of secondary syphilis, congenital or acquired, appears to him to be now demonstrated. His explanations, his commentaries justifying his previous opinions, his reproval of confusion in the ideas of others—all this is only a cry of grief excited by the effort of the sacrifice."—*L'Union Méd.*

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF SPINA BIFIDA TREATED BY COLLODION.

(By Dr. BEHREND.)

A strong healthy child was brought to Dr. Behrend when seven weeks old, having a swelling over the last lumbar vertebra and the upper part of the sacrum. It was the size of a small orange, of a roundish form with a broad base, and disappeared under pressure of the finger. The skin over it was very delicate, transparent, and of a palish red. Pressure which caused the disappearance of the fluid seemed to give the child pain, and induced distortion of the features, which disappeared when this was removed. The aperture in the vertebra could be distinctly felt. The author resolved to try the effect of compression by collodion; and in order that its action should not be too suddenly energetic, he mixed it with some castor-oil in the proportion of three parts to six of collodion. On July 2 the whole of the surface of the tumour and some distance beyond were painted with this. No bandage was applied, and the parts were left freely exposed to the air for an hour and a-half, a firm but yet soft and yielding covering having formed over the tumour. Some wadding and sticking-plaster were now applied. Next day some amount of contraction was thought to have taken place, and a pencilling with 8 parts of collodion to 2 of castor-oil was performed. By the 7th of July a remarkable degree of contraction of the tumour had taken place, and it was painted with pure collodion. On the 8th there was a slight rupture observed in the shrivelled wall of the tumour, and some moisture issued; but on close examination it was believed that the rupture only implicated the layer of the collodion, and did not penetrate within the tumour. This had now diminished to the size of a filbert, and became much flattened. A small plate of caoutchouc, wrapped in muslin, was laid over it and kept on by a roller. This was kept on for three weeks, when nothing else was visible than the thick skin, stretched tightly over the aperture in the spine, and from which the collodion had long since become separated. The plate was directed to be worn some time longer yet, and the child when seen October 12, seemed well and hearty, and fully developed—the large fontanelle, which had been too open, having become diminished in size. No trace of the tumour was visible, some thickened skin and a subcutaneous mass of almost cartilaginous hardness supplying its place, allowing the edges of the bony aperture only to be very imperfectly felt. The author thinks that probably the collodion might have been used at once without the castor-oil, when its influence would have been more powerful; and he suggests, under certain circumstances, the combination of lead or tannin with it, in order to produce a more immediate effect on the wall of the tumour. In the present case he considers that some calomel which, together with cold applications to the head, were employed on account of a head affection which threatened to come on during the treatment, may have contributed to the rapid absorption of the fluid.—*Journal für Kinderkr.* Band. xxxi. p. 400.

EXCERPTA MINORA.

The Prone Position in Obstetric Auscultation.—Professor Byford states that the fœtal heart may be heard several weeks sooner by placing the woman on her face, with the head lower down than the level of the feet, and the abdomen hanging freely down from the spinal column. The uterus by its weight keeps in close proximity to the anterior wall of the abdomen, and the end of the stethoscope can be brought nearer to the fœtal heart than in any other position that can be assumed.—*American Med. Chir. Rev.*, May, p. 520.

Labour with a Large Child.—This is the largest child recorded in Philadelphia obstetric annals, weighing as it did sixteen pounds. Dr. Ramsbotham is recorded to have delivered a woman of a child weighing sixteen and a-half pounds, and Mr. Bloxam relates a case of forceps delivery, in which the child weighed seventeen pounds and twelve ounces, and whose length was twenty-four inches. In the present case the child was delivered (still-born) by the forceps.—*American Med. Chir. Rev.* May, p. 524.

Iodine and Belladonna in Inflamed Mammæ.—Dr. Weatherly has used the following ointment with excellent effect in several cases of severe inflammation of the breast.—℞. Iodin. gr. xv., ext. bellad. gr. xx., cerat. ʒii. M.—*Ibid.* May, p. 526.

Parturient Effects of Sulphate of Morphia.—Dr. Byrd says, I do not regard morphia as possessing superior properties to ergot, but I believe that it is as generally certain in its effects; and I have several times administered it with success in arousing the dormant contractions of the uterus, when the secale had failed.—*Ibid.* p. 529.

FOREIGN CORRESPONDENCE

FRANCE.

Paris, June 20, 1859.

The experiments made of late years by Legroux, Monneret, Andral, Trousseau, and other celebrities connected with the French school, have proved, beyond a doubt, the beneficial influence of quinine in large doses in the treatment of acute rheumatism, and other diseases of a similar type. Recently this same medicine has been vaunted in combating certain forms of peritoneal inflammation occurring in connexion with the puerperal state, and more especially by M. Beau, who, during his official connexion with the Cochin Hospital, employed it in an immense number of cases where that formidable disease prevailed in an epidemic form. So marked was the success which attended his experiments, that he ultimately arrived at the conclusion, that quinine in large and continued doses, if not a specific in that disease, is at least the most valuable, and at the same time the most powerful curative agent we possess in its management and treatment. Entertaining such views in reference to the value of quinine in puerperal peritonitis, it was exceedingly natural that he should try the same remedy in a similar affection occurring apart from the puerperal state; and hence we find, that in the idiopathic form of peritonitis he has recourse to the same mode of treatment, and urges on his pupils its decided superiority over every other with which he is acquainted. In a disease of this kind, which, in spite of the most active and energetic measures we may adopt, most generally pursues its fatal course with amazing rapidity, we are always disposed to accord a favourable reception to any theory, however novel and unsupported by facts it may be, provided only we be told that its practical application has been followed by merely partial success; and we are always most agreeably surprised when, with preconceived notions unfavourable to the theory, we find ourselves confronted with a single fact which, though it may not completely establish the new doctrine, at least enlists our sympathies in its favour. Such was the surprise which we experienced in reference to the quinine treatment recommended by M. Beau, when we witnessed, for the first time a fortnight ago, a genuine case of idiopathic peritonitis treated and cured by this medicine, to the entire exclusion of every other therapeutical measure. To those who have been taught in early life that inflammation of the peritoneal membrane demands, in the majority of instances, the abstraction of blood—if not generally, at least locally—until a powerful impression be made on the system, and that this heroic plan of treatment must be followed by the assiduous exhibition of calomel until the patient be brought under the influence of this powerful and dangerous mineral, the solemn declaration of a man of high authority and great experience, to the effect that such treatment is not only useless but positively pernicious, cannot be viewed with any other feeling than that of amazement; and yet, reluctant though they be to abandon a system which has been inculcated in their youth, and which they have been accustomed to regard as strictly orthodox, they must resign themselves to seeing it demolished by another diametrically its opposite.

As a sequel to the foregoing remarks, we cannot do better than place before your readers the following case, the details of which we extract from our Medical notes taken at the bedside of the patient. A girl, 24 years of age, was admitted into the service of M. Beau, at the Hôpital la Charité, and

on examination the following symptoms were recognised. Over the lower part of the abdomen there were great pain and tenderness, which were increased on the slightest pressure; the pulse was small, hard, and quick, averaging about 120 beats in the minute; the skin was hot, dry, and harsh; tongue furred; constant nausea, with occasional vomiting; constipation; the features were pinched, and the countenance indicated much anxiety; respiration hurried; complexion muddy, and the conjunctiva slightly yellow. The patient lay on her back, with the legs flexed on the thighs. Her previous history showed that for some weeks prior to the invasion of the disease she had been in an indifferent state of health, which she attributed to an unusual amount of bodily fatigue to which she had been subjected. In the presence of these symptoms, M. Beau at once pronounced the case to be one of acute peritonitis. Treatment: an emetic, composed of ipecac. and tart. antimon. was ordered, to be followed up by a purgative enema. The feeling of nausea having thus been removed, and the stomach prepared for the administration of the sulphate of quinine, this medicine was prescribed as follows:—two grammes (equal to thirty grains) were ordered to be divided into three doses, one of which was to be given every eighth hour, and a blister was applied to the lower part of the abdomen, over the spot where the pain and tenderness were greatest. After four or five doses of the quinine, its physiological effects, such as deafness, ringing in the ears, etc. began to manifest themselves, and consentaneous with these there was a manifest diminution of the original symptoms. The pulse from 120 was reduced to 110; the pain and tenderness of the abdomen were considerably subdued; the febrile symptoms, generally, were greatly modified, and the countenance became more placid. The quinine was ordered to be continued, together with the use of refreshing drinks, and on the fourth day of the treatment the pulse fell to 100, accompanied by corresponding improvement in all other respects.

In a week or ten days from the commencement of the treatment, the full effects of the quinine having been produced, that is to say, the original disease having been, as it were, overcome, the medicine was gradually diminished, and ultimately discontinued. The pulse has fallen regularly, and the patient is now convalescent. Now, in a case like the above, implying the undoubted existence of inflammatory action of a most important membrane, the indication, according to the notions generally entertained, would be abstraction of blood, if not from the arm, at least by the application of leeches over the seat of the disease; and we venture to say, that in a similar case such would be the practice adopted by a large proportion of Medical men. But according to the theory of M. Beau, instead of curing the disease, the abstraction of a single drop of blood would only increase the evil, and ultimately lead to a fatal result. In peritonitis, and in the phlegmasiæ generally, the blood, according to Beau, is poor in red globules, and consequently rich in fibrine; in other words, the increase of the latter is in a direct ratio to the diminution of the former. It is not difficult, therefore, to understand his determined opposition to depletion, and other measures calculated to lower the vitality of the blood. He regards the excess of fibrine as the real pathological condition on which this disease depends; that is to say, he regards the fibrine as the phlogistic principle, and whatever tends to augment the fibrinous portion of the blood must of necessity increase the fever and feed the disease. Consonant with these views he considers anemia, which is always characterised by diminution of the red globules of the blood, as one of the principal predisposing causes of the phlegmasiæ; and when this condition of body exists, exposure to cold and wet, to sudden change of temperature, or to any of the other exciting causes of inflammation, may be followed by an attack of acute peritonitis. Quinine being the sheet-anchor of M. Beau, as we have shown, in the treatment of this disease, it will not be out of place here to indicate some of the leading rules which he lays down in reference to the manner in which it should be employed, and on the rigid observance of which the success will depend. It is necessary that a decided effect be produced on the system at once, and hence the earlier the quinine is exhibited after the malady has declared itself the better. But in every case he deems it advisable to premise the first dose of quinine with an emetic; to be followed up by a purgative enema. As soon as the stomach is prepared to retain the quinine, he gives the latter to the extent of eight grains every eighth hour, and this quantity of the salt must be continued for several days in succession. It is right, however, to observe that the dose must be proportioned to the sensibility of the patient; that is to say, it must be increased should the intoxication produced by it prove too feeble, and diminished in the event of its being too strong. M. Beau has never, in the course of his experience, had occasion to prescribe a larger dose than four grammes (60 grains) of the salt in the twenty-four hours. Even when the inflammation of the peritoneum is limited to one spot, and when the malady has been to a certain extent overcome, it becomes imperative towards the second or third day to increase the dose of the salt to a small extent, as the system becoming accustomed to it, the quinine in its original dose would not suffice to maintain the mastery over the disease. For the same reason the medicine must not be diminished too rapidly, nor discontinued too early. Beau states that he has seen cases in which, up to the eighteenth day of the disease, he could not suspend the medicine without such suspension being followed by a recurrence of the febrile symptoms. Should the stomach from excessive irritability reject the quinine (by no means an uncommon occurrence), it should again be administered in some other form, so that if one form does not suit another may. When, notwithstanding the form in which it is administered, the stomach obstinately refuses it, the quinine may be given in the form of enema, as experience has proved that its absorption readily takes place when given in this manner.

GENERAL CORRESPONDENCE.

EVIDENCE OF RAPE ON INFANTS.

(Mr. Wilde's Answer to Mr. Brown.)

[To the Editor of the Medical Times and Gazette.]

Sir,—"Save me from my friends" is an old and trite adage, and I think very apposite to Mr. Brown's defence of his brethren at Heywood, for whom he has fired his "first and last shot" in your number for the 18th June. 1. Mr. Brown says, my "remarks are calculated to create a wrong impression of the General Practitioners of this town" (Heywood). 2. That the learned judge who tried the case "refused to interfere, preferring the evidence of the two highly-respected Practitioners who had been eye-witnesses of her case, etc." 3. That "the characters of *noma pudendi*, etc. are well known to any reading first year's student." 4. That "we have learned nothing new" from the discussion. 5. That his belief is that "without any violence having been used, the child became inoculated with the poison of syphilis from the genitals of Amos Greenwood," and died thereof. 6. And finally, that he, Mr. Brown, has "neither time nor inclination to continue this subject." With respect to Mr. Brown's sneer at my endeavours to "enlighten the Practitioners of Heywood," who "have resolved to be of the same opinion still," I beg to assure these gentlemen that by no stretch of my imagination did I even aspire to any such thing. Allow me, however, to reply to the foregoing statements and accusations numerically.

1 and 2. Except by reference to the map of Lancashire, I have no knowledge of Heywood-in-Heap, and I know nothing of its general Practitioners, except what may be learned from Mr. Churchill's Medical Directory for this year, where I find the names of Messrs J. Foster, J. Leach, and J. W. Pickford, and J. Taylor; but not the names of either Brown or Jameson. What the Medico-legal qualifications of three of the foregoing Practitioners of Heywood may be I possess no means of determining. As regards Mr. Pickford alone, my opinions are on record. I must, however, remind my readers that he did not see Mary Johnston (whom he swore in Liverpool died of violence and venereal or both) until eight days after the alleged assault, when the parts were in a state of mortification and slough, and when his mind had been biased by the previous statement of Mr. Jameson, that her perineum had been lacerated, and resembled the cut made in a pig's throat by a butcher—I suppose with a very blunt knife. I am not aware who the second of the "two" highly-respected Practitioners mentioned by Mr. Brown really is; as in the present state of the law he cannot mean Mr. Jameson.

3. With respect to the character of *noma pudendi* being so

"well known," I beg to append Mr. Pickford's answer to my query on this subject:—"I must confess that I was not aware of the fatal cases to which you allude in your letter when I was examined at the trial; nor even yet have I seen any description of them; so that I cannot say whether Mary Johnson's appearance in any way resembled them or not." These fatal cases are those recorded by Kinder Wood.

4. If Mr. Brown has not learned anything new, I have only to express, not my surprise, but my regret thereat, and to sympathise with you, Sir, on the expenditure of so large a space in your valuable and wide-spread journal to, so far as that gentleman is concerned, no purpose.

5. Mr. Brown believes there was no violence used. I presume he means physical violence. Here I am glad to enlist another evidence against the finding of the jury—the sworn evidence of Mr. Jameson—who I take to be the second Heywood Practitioner whose cause is defended by Mr. Brown, and against the "mature consideration, great sagacity, and good common sense" of that "learned functionary" the Judge who tried the case, and who wrote to me as follows:—"It was proved to the satisfaction of the jury that the prisoner, who slept with the deceased, a female child of nine years of age, had forcible connexion with her, and that her private parts had been dreadfully lacerated, and the perinæum ruptured."

As respects the syphilitic inoculation, when Mr. Brown can, from any well-established record of even a single case, in any work, in any language, produce a parallel with the symptoms under which Mary Johnston died, then, but not till then, the Profession can entertain the question.

In conclusion, I have to assure the Practitioners of Heywood that not knowing anything about them, I could not have intended them any slight. With any druggist's assistant or any unlicensed Practitioner at the time of the trial I have now nothing more to do. I believe Mr. Pickford erred in attributing the symptoms exhibited by the deceased to violence and syphilis—an error into which, at least as great a man, Mr. Ward, of Manchester, fell nearly seventy years ago; but which he had the magnanimity to redeem by acknowledgment before a public Court.

I am, &c. W. R. Wilde.

June 25, 1859.

LOCAL ANÆSTHESIA.

Letter from Dr. James Arnott.

[To the Editor of the Medical Times and Gazette.]

Sir,—In an ingenious paper on anæsthesia, by Dr. Richardson, in the last number of your journal, he mentions what he considers the defects of the mode of producing it by congelation, and compares this with other means of producing insensibility in operations.

Local anæsthesia is admitted to have a great advantage over that produced by chloroform in its perfect safety. When congelation is employed, the prevention of inflammation by it is another advantage of perhaps equal importance.

It is stated as a defect of congelation, that the tissues are hardened by it. If the Surgeon wishes to dissect a part without embarrassment from hæmorrhage (and the possibility of doing so under congelation has been reckoned one of its principal advantages by certain French and American surgeons) he must cut while it is frozen, and must give his knife a little more pressure than usual; but if he has no such wish, he can wait till the tissues have thawed, as the part does not regain its sensibility for several minutes afterwards. The duration of the insensibility is generally proportionate to the duration of the previous congelation.

The objection to congelation in the deeper operations, on account of the insensibility produced being only superficial, may, I think, be greatly removed by combining pressure with it. This not only allows the cold to penetrate deeper by arresting the circulation, but equal and strong pressure (such as is produced by a fluid) probably itself possesses some auxiliary anæsthetic effect. I have no doubt that the arm or leg, particularly when attenuated by disease, might thus be rendered completely insensible in amputation.

I am, &c. James Arnott.

June 27, 1859.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on Saturday, the 25th ult., the following gentlemen were admitted Licentiates of the College:—

Dyster, Frederick Daniel, Tenby.
Harvey, Dr. Edward Robinson, Clarges-street.
Ingram, Dr. Charles Penfold, Guildford-street.

Also, at the same Comitia, the following were admitted licentiates under the recently enacted by-laws:—

Elliot, Dr. Robert, Carlisle.
Wall, Dr. Cavendish Lister, Kensington.

The election of new Fellows, which was to have taken place, was adjourned to Saturday, the 22nd of October next.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on the 24th ult., viz.:—

Barton, Henry Thomas, Newcastle-on-Tyne.
Byles, James Cotton, Victoria-park-road, Hackney.
Davies, Edward, Llansilin, Denbighshire.
Dean, Thomas, Slaithwaite, Yorkshire.
Goode, Henry, Derby.
Hadlow, Henry, George-street, Minories.
Harris, Roby, Australia.
Rickey, Joseph, Clones, county Monaghan.
Scard, Thomas, Army.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 23, 1859:—

Browne, Charles William, West Indies.
Hudson, Arthur Cort, Shelford, Lancashire.
Jones, John Thomas, Llanynys, Denbighshire.
Kent, Edmund Jackson, Hampton, Middlesex.
Warden, Thomas Messenger, Stourport.

The following gentlemen also, on the same day, passed their first examination:—

Bromley, John Bourne, Lye, near Stourbridge, Worcestershire.
Bush, Danvers Ward, Finsbury-circus.
Dawson, Frederick, Union-place, Islington.
Fernie, Edward, Wellingborough, Northamptonshire.
Miller, Thomas, Bayton, Suffolk.
Walker, Richard Pettifor, Birchfields, Birmingham.

APPOINTMENTS.

Horace Dobell.—Dr. Horace Dobell has been elected Physician to the Royal Infirmary for Diseases of the Chest.

Reed.—Mr. George Reed, formerly House Surgeon to St. Bartholomew's Hospital, has been elected Resident Medical Officer to the London Fever Hospital, in the room of Dr. Scurrah, resigned.

DEATHS.

Edwardes.—May 29, of Diphtheria, at his residence, Tottenham-road, Wolverhampton, Mr. George Edwardes, F.R.C.S., aged 51.

Griffith.—On June 23, at Torquay, Samuel Griffith, M.D., of St. Thomas'-street, Southwark.

Mutter.—Dr. Thomas Dent Mutter, Professor of Surgery during many years at the Jeafferson Medical College, Philadelphia, and well known in this country by his bold, plastic operations, died at the end of March, in the 49th year of his age.

Vallon.—On the 6th April, at Rhodes, Dr. Vallon, Professor of Clinical Medicine at the Imperial School of Constantinople.

THE Royal Free Hospital has netted about £2000 by its annual dinner this year.

ANOTHER victim to the Bradford Poisoning died last week after a lingering illness.

P. KERNAN, ESQ., has bequeathed very nearly £8000 to be divided equally among different charitable institutions. The London Fever Hospital comes in for about £1000.

DR. MILLER, on June 23rd, reported the condition of the Thames improved. "Except with a rising tide, during the middle of the day, there has not been much cause of complaint from offensive smell."

E. C. TUSTIN, Esq., has by will left £100 to each of the following institutions:—Charing-Cross Hospital, Westminster Hospital, St. Mary's Hospital, Consumption Hospital, Brompton, and the Cancer Hospital.

THE HARVEIAN ORATION was delivered at the College of Physicians on Wednesday, by Dr. Aldis. It was well delivered, and cordially received by a distinguished assembly; but we are compelled to defer a report until next week.

PARIS FACULTY OF MEDICINE.—The Paris Faculty has just made its selection from the candidates for the two vacant chairs, bestowing that of Physiology upon M. Longet, and that of Pharmacy upon M. Régnault.

THE College of Physicians of London have presented their late Registrar, Dr. Francis Hawkins, with a purse of one hundred guineas, as a mark of the great value at which they set the services preformed by him during his many years of Registrarship at the College.

IN THE TREATMENT OF DYSENTERY, M. Leclerc, of Tours' finds that the application of plasters of belladonna or of stramonium, applied above the pubes, and renewed every day, very quickly relieve the tenesmus, and shorten the progress of the disease. He combats the diarrhœa by nitrate of silver lavements, and pill of opium and nitrate of silver and rhatany extract.

DR. CHRISTISON, in the last April number of the *Edinburgh Monthly Journal*, gives an interesting account of a new poison from the interior of China. Wonderful tales are told in China of its powers. Dr. Christison brings them down to their true value. He believes it to be a species of aconitum. The extract sent to him is made (he says) with great care and skill; and the most minute portion of it acts with extraordinary intensity on the tongue and lips, producing numbness and tingling. The poison is obtained from a root called tsau wú.

HER MAJESTY'S LEVEE.—The following Medical men were presented at the levée last Saturday:—Assistant-Surgeon J. W. R. Amesbury, on his return to England, by the Secretary of State for India; Surgeon Cowen, Ceylon Rifles, by the Adjutant-General; Assistant-Surgeon A. J. Dale, by the Secretary of State for India; Surgeon-Major R. C. Elliott, C.B., on return from India, by Col. Bingham; Dr. Leckie, on his return from India, by the Secretary of State for India; Dr. Robert M'Cormack, Deputy Inspector-General of Hospitals and Fleets, on promotion, by the Duke of Somerset; Surgeon-Major O'Flaherty, on return from service in China and India, by the Adjutant-General; Mr. T. P. Teale, on being appointed a member of the Medical Council by the Queen, by the Right Hon. T. Sotheron Estcourt.

AN IMPORTANT CASE.—M. Langenbeck, of Berlin, relates a very interesting case of recovery from the asphyxia of chloroform through trachcotomy. All ordinary attempts at insufflation were unavailing. The pulse had stopped; the face had the pale aspect of death; the lower jaw fell; the eyes were widely opened; and all present were convinced that the man was dead. "It was then," he says, "that I opened the trachea. Not a drop of blood flowed during the operation; the circulation having entirely ceased, artificial respiration was then begun. After six or eight movements of inspiration and expiration, the pulse returned, but feeble, and irregular at first, and then more regular. Then came a spontaneous inspiration; and now the wound began to bleed. Frictions and cold affusions were continued, for life seemed still trembling in the balance. The expression of the face was still unchanged; the eyes still wide open and staring; the left pupil more dilated than the right; the features were immoveable; pinching the skin of thorax produced only reflex movement of the upper extremities. Their efforts were continued for an hour and a-half, when the patient had a coughing fit, and brought up a quantity of bloody mucus. He was then carried to bed. There he was seized with clonic spasms, etc. He was still insensible, but his respiration was free. He at length became excited, and required the strait waistcoat. The insensibility and excitement continued during the night, but next morning the effects of the chloroform had disappeared."—*Arch. Génér.*, June, 1859.

TO CORRESPONDENTS.

Mr. Thomas should apply to Mr. Propert, the Treasurer of the College.

Papers are in type by Dr. Stone, Mr. Hayues Walton, Mr. Lawrence, Mr Redfern Davies, etc.

Papers on Diphtheria by Dr. Ballard and Dr. Bristowe, will appear in early numbers of this volume.

A Doctor.—The Royal College of Physicians of London have decided upon giving a soirée at the College this season.

Mr. Marshall.—The only information we have about the Bréant prizes was given in our number of April 2, this year.

Mr. Symmons.—Any of the principal druggists would procure it for our correspondent.

M.B. if registered as in practice before 1815, can recover both for attendance and medicines.

R.N. should apply to Sir John Liddell, Somerset-house. The request would probably be granted.

J. S.—Any Medical man wishing to serve with either army in Italy should apply to the Austrian, French, or Sardinian Embassy.

Fin.—An "Egyptian Institute" has been recently founded at Alexandria. Dr. Schnepp, the French Sanitary physician there, took the lead in its formation.

M.R.C.S.—The uniform of Naval Medical officers has been much improved since the late Warrant. There is now no cause for complaint on this head.

Esse quam videri.—He is fully entitled to practise as a Union Medical officer, and to sign certificates of death, etc. If he charge for medicine supplied to patients, he subjects himself to the Apothecaries' Company; but the Company would not proceed against a qualified Surgeon.

Mr. G.—The decision as to the payment of Medical officers of large establishments depends upon the question whether these establishments are, or are not, *public* institutions. Borough prisons, and borough or county lunatic asylums, being supported by local or county rates, are not *public* institutions supported by the consolidated fund or by endowment. Medical officers of any local institution—in other words, of any institution supported by local rates—can claim a fee from the Coroner for giving evidence as to the cause of death of any inmate of the institution.

L. M. N. R.—1. Dr. De Roos's name does not appear in the Medical Directory. 2. The College of Surgeons have the power to erase the name of any member from the list who is proved to have done anything deserving of such a punishment. 3. The Western Institution is quite unknown, except by the De Roos' advertisements. 4. The Medical Registration Associations may do much towards putting down such fellows as Kahn, and De Roos.

A Medical Ticket of Leave, for J. M.—Can a Practitioner convicted of felony be deprived of his right to practise—Certainly—1st. By the College to which he belongs depriving him of his diploma or licence, in which case the General Council "may, if they see fit, direct the Registrar to erase forthwith from the Register his qualification derived from such College or Body." (Med. Act, sec. XXVIII.) 2nd. By the General Council who are empowered "if they see fit" to erase from the Register the name of any one convicted in England or Ireland of a felony or misdemeanor, or in Scotland of any crime or offence, or who shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect (Sec. XXIX.)—Yours, &c. NO LAWYER.

A Sufferer.—The physic used by "Dr. Watters and Co." at the British and Foreign Infirmary for the Cure of the Diseases of the Ear and Eye. "There were five compositions—eardrops, embrocation, injection, fumigation, and tincture. This bottle contains the embrocation, and this the injection. This is urine; they are all the same differently coloured. The fumigation has no oil in it, the others have oil; this one is hair oil—what they call cabbage oil—and urine. This red mixture is a solution of cochineal and urine. The urine extracts the colour from the cochineal. This one is drops for the ear. Two or three of these went together, and they were charged from a shilling to £2, £3, and £4; it depended on the patients. We had a great many patients, I should imagine 20 or 30 a day. I kept the books and made entries. I have not the books with me. The profit was at least £2,000 for each of the two brothers Bennett.' These filthy vagabonds appear to be in the way of reaping a few of the rightful fruits of their rascality. What a fine field to sport over is that of human credulity!

Norwich Union Life Office and Medical Fees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have, as one of the directors of the Norwich Union Life Office, much pleasure in announcing the following resolution with reference to the payment of Medical fees :—

"At a meeting of the Board of Directors of the Norwich Union Life Office, held on the 23rd ult. it was unanimously resolved that all Medical opinions required be from this time paid by the office."

I am, &c.

Norwich, June 24. W. H. Ranking, M.D.

The Medical Society of London.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been directed to a statement made at page 581 in your journal of June 4th, announcing that forty Fellows of the Medical Society of London have signed a memorial to the President of the Society regarding the illegality of the elections of some of the Members of the Council, etc. etc. I beg to assure yourself and the Fellows of the Medical Society, that I have not received any such memorial.

I am, &c. John Hilton,

June 28th. President of the London Medical Society.

Registration of Persons in Practice before 1815.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A general feeling is gaining ground in this neighbourhood, that the New Medical Act is really worse than useless, and as Honorary Secretary of the Thorne and Goole Medical Registration Association, I have been requested to send you a short account of a recent occurrence, by which a person generally known as unqualified has now come forward with the sanction of the law. I will briefly relate the facts without mentioning the names. A.B. applies to this association for admission as a member, and for registration. After most careful consideration and correspondence with a Medical gentleman long in practice, in a town where A.B. claimed to have been in practice before 1815, as well as with a member of the Council of a Medical Registration Association of the district, he was refused admission on the ground that he had no qualification whatever, in fact, that he had been merely a druggist. Information was forwarded by me to the Registrar of what had been done. A short time since it was stated that any one could get registered, for A.B. had actually succeeded in getting registered. I wrote to Dr. Hawkins asking the question, and he replied that it was so, that A.B. had sent in a claim, and had made an affirmation before a magistrate, which he had refused, but afterwards an attestation had been made in the form of a letter, signed by a gentleman on the register, and that he could not then refuse registration. I then applied for the name of the gentleman that we might prosecute the inquiry further. Dr. Hawkins, in his reply, stated that he had laid my letter before the Council, and they did not consider themselves justified in giving up the name of the gentleman, as it was considered a privileged communication. Now we considered this very unjust; in the first place, we contend that A.B. ought not to have been registered at any rate without communicating to this association, after we had taken the trouble of carrying on a correspondence on the subject, and had sent the result to the Registrar: secondly, that as no one in the neighbourhood knows anything about it, that it was the duty of the Registrar to have given us the name of the party, in order that further inquiries might have been made if necessary. I should have stated that Dr. Hawkins added, that the Council would cause A.B.'s name to be erased from the register if we could prove he was not qualified; but surely, after we had made a good case, proving that he was not qualified, something more should have been required than a mere affirmation attested by somebody, who, they will not inform us, before the party in question was registered. It is most unjust to shift the onus of proof from the party claiming to be registered, to this association. If registration is to be conducted in this way, Registration Associations are utterly useless, and the Medical Act a positive injury, for which qualified Practitioners have to pay.

I am, &c. R. Gillard, M.R.C.S. Eng. and L.S.A.

Hon. Sec. of the Thorne and Goole Medical Registration Association.

[We have repeatedly expressed our opinion that extreme care should be taken by the Registrar in claims by persons said to have been in practice before 1815, before admitting them upon the Register.—Ed.]

Air Plugs in Obstetric Practice.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am very unwilling to enter into any further controversy with your correspondent, Mr. J. Jardine Murray, anent a matter which is of so little professional importance, as the determining whether a particular case did or did not belong to me. But seeing that Mr. Murray has published a statement from the Medical Student who had the charge of the patient from the Dispensary, I think it proper to mention that I visited the poor woman at the special request of Mr. Picard; that I told him what I thought should be then done with the case; that I advised him to watch her very carefully; and particularly requested him to acquaint me with the progress of the case, and which he afterwards took care, on repeated occasions, to do. From what thus transpired, I had every reason to believe that Mr. Picard was attending to the case under my directions, and therefore felt justified in asserting that its treatment and responsibility lay principally with me, and that "my late Hospital Clerk," Mr. Murray, was merely called to visit the patient during my absence; in proof of which, notwithstanding the statement of Mr. Picard, I can offer the very best evidence, viz. that of Mr. Murray himself, who, on seeing the case with his friend Mr. Picard, lost no time in coming to my house, with the view of consulting with me as to what should be done, and of securing one of my dilators, for the purpose of applying it as he afterwards did. Finding me from home, however, he went over to the Hospital and got an air-dilator, and returned to Mr. Picard, and used it, I am glad to say, successfully.

Mr. Murray met me during my visit to the Infirmary on the following day, and told me what I have now stated, and seemed pleased at being enabled to communicate to me the happy manner in which the case had been terminated; but it turns out that he said nothing to Mr. Picard, on returning to the case, as to his ever having come in search of me or my dilator—a circumstance which, if made known to Mr. Picard previously to his supplying the statement published by Mr. Murray, might well have modified his opinions regarding the whole matter.

As my paper on the Obstetric Appliances of the Air-dilator is about to appear in the *Edinburgh Journal of Medical Science*, I shall here abstain from stating my special views regarding it, but shall only add, that on no occasion have I spoken of, or in any way claimed, the air-pessary as an invention of mine; but having found it to serve a much more useful purpose than the one which it was originally and specially intended for, I hope that Mr. Murray will kindly forgive me for presuming to refer to it, as I believe I am entitled to do.

I regret being compelled by the haughty tenor of that gentleman's observations, to state that it is only within the last few weeks that he left the Edinburgh Hospital and Medical School; and, if what he asserts be really true, that he "knows next to nothing about (what he is pleased to call my) doings," I can only say that it is no fault nor business of mine.

I append a note which I received on the subject, from the "friend" whose prescription received a foot-note kick from Mr. Murray; but whose knowledge and opinion of the circumstance referred to may, nevertheless, be considered amply trustworthy.

I am, &c. Alexander Keiller.

21, Queen-street, Edinburgh, June 28.

Copy of a note from Dr. Little to Dr. Keiller.

My dear Dr. Keiller,—I have just read in the *Medical Times and Gazette* a case of "Placenta prævia," reported by Mr. Murray, of Brighton, and which case I once saw in your company.

Mr. Murray takes credit to himself for applying the "India-rubber dilator" as a plug, and would make the Profession believe that he was the first to suggest such a use of the instrument, and seems to ignore any share you have had in the matter, when he observes that he "believes that to Dr. Keiller of Edinburgh, we are indebted for extending their application to the dilatation of the passages in primiparæ, and in the induction of premature labour."

I am surprised that any one, more especially one of your late Clerks, could have the presumption to attempt to appropriate this application of yours—when it was well known to those attending the "Midwifery department" of the University and Infirmary, during the winter and present session, that you were the first to use and recommend the "Air-dilator" or "Vulcanised Pessary," as an obstetric instrument. I consider myself fortunate in having witnessed your first application of it, along with Dr. Graham Weir in the case of Mrs. F. who had the operation of craniotomy performed in her first two pregnancies (in one instance by Dr. Simpson, and in the other by yourself) on account of an extremely contracted pelvis.

In this, her third pregnancy, you thought of saving the child, and not endangering the life of the mother, by inducing premature labour. This was done in the month of March last, and there is no doubt that the dilator, which you then used for the first time, enabled you to save the child after the waters had escaped. Since then, you have, to my knowledge, used this instrument for many purposes connected with the obstetric art, and mentioned in your lectures the various cases to which you consider it applicable; and I have no doubt that by thus shortening the term of labour with safety both to mother and child, you have done much that will tend to save the obstetricians valuable time.

Trusting that you will not delay further in publishing your cases bearing on this subject, I am, &c.

R. Little, F.R.C.P.E.

17, Fettes-row, Edinburgh, June 14, 1859.

COMMUNICATIONS have been received from :—

Professor Simpson; Dr. Keiller; Dr. Aldis; Dr. Druitt; Dr. McWilliam Dr. Woodson, Tennesse; Dr. Scott Alison; Dr. Murchison; Dr. O'Meagher, New York; Dr. Thudichum; Mr. Charles Hawkins; Mr. Donnett, Lisbon; Dr. Donaldson; Dr. Williamson; Dr. Smythe; Dr. Kiernan, New York; Dr. Gilbert, Philadelphia; Dr. Rooke; Mr. Dix; Mr. Maysmor; Mr. Blyth; Anti-Humbug; Mr. Bowley; Mr. Gillard; Mr. Wills; Mr. Reed; Dr. Graily Hewitt; Mr. Hilton; Mr. Evans; M.B.; Mr. McNicoll; Drs. Lake, Scott, and Aldridge, Southampton, etc.

APPOINTMENTS FOR THE WEEK.

July 2. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

4. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Epidemiological Society, 8 p.m.

Entomological Society, 8 p.m.

5. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

6. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Obstetrical Society of London, 8 p.m. Papers by Dr. Clay, of Manchester; Dr. Rigby; Dr. West, of Alford; Mr. Mackinder, of Gainsbro'; Dr. Priestley, and Mr. Trouncer.

7. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

8. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday) :—

By Mr. Fergusson—Excision of Knee-Joint; Fistula in Ano; Hare-lip. By Mr. Bowman—For Varicose Veins.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XVIII.—ON PELVIC CELLULITIS.

Gentlemen,—I intend to direct your attention to-day to a malady which presents to us the following peculiarities in its history; viz. 1st,—It is a disease of great importance, and as all now acknowledge, it is by no means unfrequent in practice; 2nd,—It is an affection which it is in general not at all difficult to detect; yet 3rd,—It is not described, as far as I am aware, in any English systematic work on Midwifery or the diseases of females, published earlier than twenty years ago; and 4th,—Though thus neglected and overlooked by our fathers and their predecessors, it is an affection a full and distinct account of which has been left us in the writings of various old Greek and Roman Physicians. "Probably," observed Aristotle upwards of 2000 years ago, "probably all art and all wisdom have often been already fully explored, and again quite forgotten." The remark at all events strongly applies to many facts in medicine, and among other things to the disease in question. One of the first modern accounts of the disease I refer to, was published in France by Marchal de Calvi, in 1844, under the title of an essay on "Intra-pelvic Phlegmonous Abscesses." This essay was reviewed at the time in the old "Medico-Chirurgical Review." In the very number of the "Medico-Chirurgical Review" in which this essay of M. Marchal de Calvi is reviewed and most highly praised and recommended, the reviewer takes occasion, apropos of the publication by the Sydenham Society of Dr. Adams' admirable translation of Paulus Ægineta, to sneer at the Medical knowledge of the ancient Physicians, and to reprobate in no measured terms the study of the ancient authors. But in that translation of Paulus Ægineta which the reviewer thus affects to despise, there is a very concise and lucid account of the disease, for a treatise on which M. Marchal de Calvi receives so much praise. Various diseases well known to the ancients, and fully described in their writings, have been lost from sight and observation for many ages; so that when detected again in our day they appear in the light of entirely new discoveries. In the time of the Emperor Trajan, there was a physician in very extensive practice in Rome, of the name of Archigenes, who equally with Agathinus has been regarded as the head of the Ecleetic School. Juvenal makes frequent reference, to Archigenes, and describes him going about visiting his patients attended by fifty pupils, each feeling every patient's pulse by turns. This same Archigenes left a great many writings. Among the fragments of his writings that have been preserved, one relates to the disease I wish to speak of. If I can lay hold of the account of it which is quoted from him by Ætius, I may perhaps read it to you at my next lecture, in order to show you how much he knew both of the course and treatment of the disease.

Professor Doherty, of Galway, and Professor Churchill, of Dublin, were the first modern English authors who called the attention of the Profession to the frequency and importance of the disease I allude to: the former describing it as "chronic inflammation of the appendages of the uterus after parturition;" and the latter, as "abscess of the uterine appendages." In some observations on uterine diseases published in 1843, after giving some details of two cases of the disease in the puerperal female, I added that, "I had seen several cases in the female of chronic 'pelvic inflammatory tumours,' unconnected with the puerperal state; and where the fixed condition of the body of the uterus, the surrounding tumefaction, and the apparent almost ebony induration produced in the roof of the vagina at one stage of the disease, by the tenseness and distension of the pelvic fascia, gave rise to the idea that the affection was organic and carcinomatous, and not simply inflammatory." We all now know the disease to be far from rare, even in the non-puerperal female; and I have usually here lectured upon it under the name of Pelvic Cellulitis, a name which I ventured to suggest in consequence of its pathological seat and nature.

We have had two instances of this disease in the wards during the session, and one of the patients is still under observation. Before discussing the subject of Pelvic Cellulitis more at length you will allow me to read to you the history of these two cases from Mr. Sclander's report.

Case 1.—"C. R. admitted Feb. 12, 1859, aged 30, married twelve years. Was very healthy before her marriage; menstruates regularly. Has given birth to six children, and had one miscarriage, which occurred between the fifth and sixth labours. She has had rapid recoveries from all her previous labours, and has been attended by accoucheurs. She had a midwife with her in her last confinement, which occurred two months ago. Had a very short labour, lasting only from 6 a.m. to 9,30 a.m., at which time the placenta was expelled naturally. She remained very well during the first week, and was rapidly recovering; but at the end of the week she had rigors, which have continued at times up till now. She then noticed for the first time pain in the right iliac region and great tenderness on pressure, which was succeeded on the fifth week after delivery by a swelling in the part first affected by pain. This swelling was tense, hard, and circumscribed. Mustard poultices were first applied, and then leeches, and she experienced great relief, although the abdominal swelling remained as painful as ever. The rigors were followed by profuse perspirations whenever they occurred. The pulse rose rapidly from the first symptoms; appetite was much impaired; great thirst, and feeling of weakness and depression.

"On admission, there is a hard swelling in the right iliac region, extending to within a short distance of the mesial line. The space occupied by this hardness is dull on percussion and tender on pressure; and when the finger is introduced into the vagina the internal surface of the swelling may be readily felt—it seems to be uneven and very sensitive. Much feebleness; tongue dry and coated with a whitish fur; lips dry and fissured; expression anxious; respiration natural; pulse 98; urine of natural colour and quantity; bowels regular.

"℞. Hydrarg. bichloridi gr.i., aquæ ʒii., a teaspoonful to be taken three times a-day. To have a blister produced by nitrate of silver.

"Feb. 18.—The tenderness is much lessened; but the swelling remains of the same size and shape.

"19th.—Complains of sickness and pain in the epigastrium. To have—℞. Bismuthi trisnitratis ʒss., mucilaginis ʒi., aq. fontis ʒv., a tablespoonful three times a-day.

"23rd.—The sickness and pain have disappeared. The abdominal swelling is lessened, and the patient has not had any rigors since last report. To take Citratis ferri et quinæ gr. iii. per day.

"March 2.—There is much hardness and tenderness in the region of Poupart's ligament on the right side. She cannot extend the right thigh in consequence of the excessive pain; the inguinal glands are enlarged and indurated. To have another vesication with nitrate of silver, and to take Syr. ferri iodidi ♏ xx. ter in die.

"3rd.—There is a purulent discharge from the vagina, noticed principally when the patient empties the bladder. The pain over Poupart's ligament is much better.

"9th.—The purulent discharge still continues, but in diminished quantity. To have unguent. bismuthi applied to the vesicated surface on the groin."

Case 2.—"S. N., aged 21, admitted March 24, 1859. States that she has always enjoyed good health up till the date of the present attack. Menstruates regularly; occasionally observed her feet to swell towards night; but attributed it to her running up and down stairs so much. She attributes her present illness to having caught cold after menstruating, about three weeks ago, at which time also she suffered from diarrhœa. This diarrhœa continued for several days, after which she was seized with pain in the lower part of the stomach, back, and left iliac region. This pain, which has continued up till the time of her admission, is not constant, but more severe generally at night. She describes it as shooting round from the left to the right side and down the left thigh as far as the knee. Pain and tenderness over the lower part of the abdomen. On examination per vaginam, a tumour is felt projecting from the left side, in the situation of

the broad ligament of that side of the size of an egg, hard and firm. Ordered two leeches to be applied round the anus, and Pil. mass. hydrarg. gr. iii.; mitte tales xii. One every four hours, and a starch and opium injection. Fomentations to be applied to the lower part of the abdomen.

"April 3.—Ordered—℞. hydriod. potass. ʒss. syrupi simplicis. ʒi. aquæ fontis ad. ʒviii. A tablespoonful thrice daily; diet to be light; chicken soup.

"12th.—Patient complains of palpitation, with severe pain in back. Pulse 104. Ordered—pulv. digitalis gr.vi. potassæ bitart. ʒv. pulv. cinamon comp. ℈i. fiant. pulv. vi.

"13th.—Pain in the left side worse to-day. The tumour is felt to be increased in size. Ordered to use mercurial pessaries, and tincture of iodine to be painted externally on the lower part of the abdomen.

"17th.—Ordered—℞. ol. crotonis ʒiss., ol. olivæ ʒi. Fiat linimentum. To be applied every night.

"18th.—To-day she has been unwell; very slight discharge. ℞.acidi hydrocyanici dil. ʒss., tinc. hyoscyami ʒss., mist. camphoræ ʒiss. tinct. cardam. comp. ʒss. M. Signa. A tablespoonful thrice daily.

"20th.—As the discharge still continues scanty, ordered leeches to be applied round the anus.

"23rd.—Catamenia ceased: to return to mixture prescribed April 3rd, and continue the croton liniment.

"25th.—Complains of great pain in the right side, much more than is usual; very restless, and does not sleep.

"29th.—Much better to-day—is going about the ward.

"May 7.—Continues to improve. The tumour on examination is lessened considerably. Ordered emplast. lyttæ 4 by 4, to be applied over the left side.

"15th.—Complained of return of pains, very severe to-day. To have tincture of iodine painted externally.

"25th.—Ordered—℞. quinæ disulph. gr. xii. acid sulph. dil. ℥xl. aquæ ad ʒviii. A tablespoonful thrice daily.

"29th.—Ordered—℞. tinct. hyoscy. eth. chlorici ää ʒss. mist. camph. ʒss. aquæ ʒi. fiat haustus, as patient complains of great pain, and has not slept for two nights.

"30th.—Much better to-day. Ordered—℞. hydrarg. iodidi gr.vi. pil. galbani ℈ii. divide in pil. xii. Sig. one twice a-day."

Nomenclature of the Disease.

The disease of which you have had an opportunity of studying the phenomena in the patients whose history I have now read to you, has been known under different names, which may be apt to cause you some perplexity in attempting to get at the literature of it. Some of these names I have already stated to you. It was generally described by the ancient writers as "abscess of the uterus;" it has very often been described by modern writers as "pelvic abscess;" but the designation is an incorrect one, for pelvic cellulitis is no more pelvic abscess, than pleuritis is empyema. In the one case as in the other, the inflammatory process which is the primary and original disease, may pass on to its highest grades and lead to the development of pus. In pleurisy, if the inflammation be not checked in time and the membrane be not restored to its normal state pus comes at length to be secreted into the pleural cavity, and the pleurisy merges into empyema. So in the case of inflammation of the different portions of cellular tissue contained within the pelvis, or, in other words, in *Pelvic Cellulitis*, you will find that usually it only merges into "pelvic abscess" when no attempt has been made to subdue the inflammation, or when even well-directed treatment has failed to prevent it from ending in suppuration. In the girl who is still in the ward, there was at one period in the history of her disease a large inflammatory swelling or effusion in the left broad ligament, which was dispersed and disappeared. Since then a similar swelling, or inflammatory effusion, has, as you have been told, become developed between the rectum and the vagina, but instead of ending in resolution as before, the inflammation now proves less amenable to treatment, and threatens to end in suppuration, and to lead to the development of a pelvic abscess.

Again, descriptions of inflammation of the cellular tissue of the pelvis have been overlooked among the accounts of the other inflammations occurring simultaneously with it as the results of unfavourable confinements, or they have been lost among the notices of other sequelæ of unfortunate operations performed on the pelvic organs. You will find cases on record under the names of "psoas abscess" after delivery, "iliac abscess," etc. We meet the disease most frequently, perhaps, in the case of puerperal patients, who have been subject to injurious influences; but it occurs also frequently, as I have already mentioned to you, in non-puerperal patients as well, as we see in the case of the girl in the ward in whom the disease seems to have been caused by exposure to cold during a menstrual period. It may result from any operations in the pelvis, or injury of the pelvic organs. It may occur in patients of all ages and at all times of life. I have seen it in young female children; and I have attended patients attacked with it when upwards of seventy. It is a disease not confined to women, although most frequently seen and recognised in them. Cases of pelvic cellulitis and abscess occur not unfrequently in the male sex from cold, after operations on the urethra, rectum, etc.

Pathological Anatomy.

The disease consists essentially and primarily of inflammation of the cellular tissue of the pelvis; and to understand aright its nature and its course, and to be able to construct a proper plan of diagnosis and treatment, we must study,

1. *The Seat of the Inflammation.*—The pelvis, as you know, is lined and closed in inferiorly by means of a fascia, which gives off sheaths to the different pelvic muscles, and furnishes processes for the protection, support, and separation of the various pelvic organs. Wherever two layers of this fascia approach each other after covering the opposite surfaces of any organ or muscle, and wherever two layers covering contiguous organs come to be in opposition, you will find that there is always a greater or less quantity of loose cellular tissue interposed between them. Thus between the layers of the broad ligaments, between the vagina and the rectum between the iliac muscle and the bone, and in short, in almost every part of the pelvis, there is an abundance—a great abundance—of cellular tissue; and, I repeat, the disease of which I have now to speak consists of inflammation, acute or subacute, of this abounding cellular tissue.

2. *The Products and Terminations of this Inflammation* vary according to the stage of the disease, and may be considered under the four following divisions:—

1st. Serum;
2nd. Pus;
3rd. Coagulable Lymph;
4th. Sloughing of the Cellular Tissue.

1st. *Effusion of Serum* is the first phenomenon that occurs when inflammation has become established in the cellular tissue of the pelvis. The necessary result of the effusion of this fluid is a swelling in the part, which may be felt on examination through the vagina or rectum, or even through the abdominal parietes, according to its special seat. This swelling is of greater or less extent according to the intensity of the inflammation, and according to the freedom with which the fluid is allowed to escape along the cellular tissue, and to pass from one loculament or division of pelvic fascia to another. The swelling or tumour produced by the effused serum is from the first firm, dense, and resistant to the feel, and sometimes becomes very hard, particularly when the effusion takes place between two layers of the fascia which are not loose, and mobile, and yielding, but are bound at their margins to some osseous ridge or strong ligamentous band; as when it occurs, for example, in the wall of the pelvis, externally to the margin of the broad ligament of the uterus. In such a situation the swelling comes sometimes to feel hard as a cricket-ball, or a "deal board," as Dr. Doherty has expressed it, and has been, and might easily be, as far as mere hardness is concerned, mistaken for an exostosis of the ilium; and when in the roof of the vagina it sometimes feels as firm to the touch as a scirrhous growth. One other common and very characteristic feature of the tumour is this—it feels as if it were *adfixed* to and grew, as it were, from the side of the pelvic bones, whenever the effusion has extended to a sufficient extent laterally, so as to reach the walls of the pelvis. Fibroid tumours of the uterus, ovarian tumours, and others with which the "inflammatory tumour" of pelvic cellulitis are sometimes confounded do not present this symptom. After the effusion has invaded loculament after loculament of the pelvic fascia it soon loses its primary round or oblong form. In examining the swelling day after day you can sometimes find it daily altering its figure, and occasionally you can thus trace its gradual process, as it

creeps from one side of the pelvis to the other, and passes before or behind the neck of the uterus, and at last involves and *fixes* the uterus in its mass. The inflammatory effusion is by no means always limited to the cellular tissue of the lower or true pelvis. Often from the first a large swelling or effusion can be felt in one or other iliac region; and I have seen one or two cases where the tumour was in a great degree central, and as large as the uterus at the fourth month. Occasionally the disease invades the cellular tissue of the upper or large pelvis, and especially the cellular tissue in the right iliac fossa, and around the head of the cæcum, without even stretching downwards into the true pelvis. Again, we see occasionally in practice smaller inflammatory swellings and effusions limited to single loculaments of the pelvic cellular tissue situated in the anterior or on the posterior walls of the vagina, and not even passing upwards to the cellular tissue contained between the broad ligaments and lying around the neck of the uterus.

I should wish particularly to have it impressed upon your minds in regard to this disease, that there is no pus in the effusion or tumour at first, and that it does not begin in any case by being an abscess, but that first of all an effusion of serum takes place into the inflamed cellular tissue, and no formation of pus generally occurs till about ten or fourteen days afterwards. In one of the first cases of the disease I ever saw, and when I was only beginning to learn something of its nature and course, I got a lesson in regard to this matter which is very strongly impressed upon my mind. Dr. Andrews, who was then a lecturer on Midwifery in London, was on a visit to Edinburgh at the time, and I offered to show him a case of pelvic cellulitis as an object of interest; for the subject was then new, and not many cases of the disease had been observed. The patient was a young girl, of twelve or thirteen years of age, in whom I had made sure that inflammation had been set up in the broad ligament of the uterus, and caused great swelling and induration of it. This I supposed to be due to an effusion of pus, for we then spoke of and thought of the disease as always "pelvic abscess,"—and about the tenth day from the commencement of the disease, I introduced, in presence of Dr. Andrews, an exploring needle with the view of bringing away the pus and reducing the swelling. But to our astonishment there flowed into the dish held to receive it, not yellow pus, but a transparent fluid so clear and limpid that Dr. Andrews at once whispered to me, "Have you not punctured the bladder?" I knew from the direction of the needle backwards that it was not near the bladder, and after a considerable quantity of this clear fluid had escaped, we soon had evidence that it was not urine, by its rapid coagulation in the cup which contained it. It was serum, such as you see in the stages of many inflammations, and such as you may obtain from the skin after the application of a vesicant; and in the earlier stages of pelvic cellulitis it is this inflammatory serum whose effusion gives rise to the swelling and hardness, and which is the only fluid you will then procure on using an exploring needle. If the inflammation be not now subdued, and the effused serum be not absorbed, it will betimes lead to,

2nd. *The Formation of Pus.*—You may meet with a case of pelvic cellulitis where there is an effusion of serum attended with much pain and distress; yet if the disease proceed no further and resolution of the process be effected, the disease might run its course, and its real nature might be altogether unsuspected, unless you had previously been made aware of the probability of its occurrence. But if the inflammatory process remains unchecked, and goes on to its higher stage of suppuration, the disease is not so likely to be overlooked; and hence most of the descriptions that we have of the disease refer to it only in this more advanced stage. The pus may become developed in any part of the pelvis where inflammation has been set up, and in some cases it is confined to one fascial loculament, while in others it occurs in two or more simultaneously. It does not always remain in the part where first it is formed, but forces its way from one loculament to another, until it reaches a cutaneous or mucous surface through which it may be evacuated. Its progress is often very difficult to trace, and to understand it aright requires an intimate knowledge of the course and connexion of the fascial sheaths of the pelvic organs. Perhaps the most common seat for the development of an abscess is in the cellular tissue of one or other of the broad ligaments of the uterus, and when matter has been formed there it may make its way towards the roof of the vagina either by passing in front of the neck of the uterus between it and the bladder, or, as is far more frequently the case, by sinking backwards between the cervix uteri and the rectum. In such a case the abscess may open either into the rectum or into the vagina, which are the two most common canals for the evacuation of pelvic abscesses, and fortunately also the two most favourable. But there are two other cavities into which the matter sometimes, but less frequently, finds its way; and as they are not by any means so accessible, the treatment of the case becomes more complicated and difficult. These are the cavities of the bladder, and of the body or cervix of the uterus; and when one and the same abscess opens into both of these organs, as sometimes happens, a form of vesico-uterine fistula results which is not always very amenable to treatment. On the other hand, you will sometimes find the matter burrowing onwards, and finally making an opening for itself in some part of the cutaneous surface of the body. The pus may pass, for example, underneath the pelvic fascia, and escaping from the pelvis along with the femoral vessels, it may come to point somewhere in the groin; or it may pass backwards through the great sacrosciatic notch along with the sciatic nerve, and lead to the formation of an abscess in the hip, as I lately saw in a case which I visited along with Dr. Moir. Again, the matter in some cases sinks downwards, and escapes at some point in the pelvic outlet.

One interesting point which it is of importance to observe and to remember in connexion with the evacuation of pelvic abscesses is the extreme rarity with which they become discharged into the cavity of the peritoneum. When we know that inflammation has been going on around some of the pelvic organs, and has led to the formation of pus beneath the peritoneum, we might be apt to form a very unfavourable prognosis, and to look upon a fatal peritonitis as almost certain to ensue. But experience of such cases assuredly does not warrant us in entertaining such a gloomy view, for this reason, that abscesses forming under the peritoneum very rarely perforate it, and open into its cavity. Why this is so, is not very easy of explanation. Cruveilhier avers that it is because the peritoneum is lined, and protected by a layer of fascia, the existence of which is denied by others. In some cases adhesive peritonitis is set up, and the abscess is prevented from bursting into the peritoneal cavity by the resistance offered to it by the two adherent layers of the membrane. But whatever be the explanation of it, the fact is not the less true, and it is always a hopeful one to be borne in mind—that the peritoneum has a very remarkable power of resistance to the passage of matter, and that, in consequence, pelvic abscesses very rarely terminate by evacuation into its cavity. I shall have to revert again to this point when I come to speak of the artificial evacuation of the pus; and I pass on now to notice another product of inflammation in the cellular tissue of the pelvis, viz.

3rd. *Coagulable Lymph.*—When an effusion of firm, solid coagulable lymph or fibrine takes place into one or more of the fascial loculaments in the course of the disease the swelling which results is extremely dense—really as hard as the "deal board" of Dr. Doherty—and many long months usually elapse before it softens, breaks down, and is discharged. I have a patient under my care just now in whom suppuration has set in after an attack of pelvic cellulitis, which came on when she was at the country, so that there is now formed an abscess in the right iliac fossa. But fourteen years ago she had an attack of the disease, which came on after a confinement, and took on the form I now refer to. On that occasion there was an effusion of coagulable lymph into the cellular tissue around the cervix uteri, forming an extremely dense solid tumour, like a hard cancerous growth or deposit in the roof of the vagina. Nearly two years elapsed before this effusion was fully absorbed. When pelvic cellulitis terminates in effusion of coagulable lymph, the swelling is always very long in disappearing.

4th. *Sloughing of the Cellular Tissue* of the pelvis sometimes occurs as a result of inflammation in it. It is produced by the compression of the vessels caused by the effusion of lymph or serum into the surrounding tissue. The parts, deprived of their usual supply of nutritive matter, die, and being separated by a suppurative process from the surrounding textures, they come to lie in the midst of a fetid abscess, and a cure in such a case cannot be accomplished till a free opening is made, and these necrosed masses are evacuated, along with

the pus in which they are imbedded. I have seen cases where very large sloughs thus escaped, or were removed rather by the finger passed through the artificial opening. These cases are always most severe and exhausting in their character, and usually long also in their duration.

Having thus given you a hurried sketch of the history of Pelvic Cellulitis and of its Pathology, I must now tell you something of the symptoms and diagnosis of the disease.

(To be continued.)

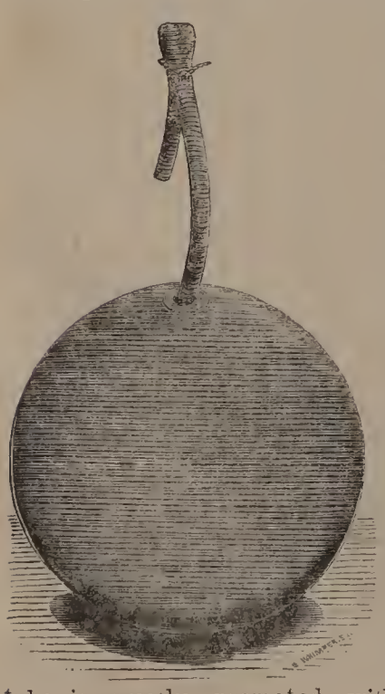
ORIGINAL COMMUNICATIONS.

THE EMPLOYMENT OF WATER IN AUSCULTATION.

By S. SCOTT ALISON, M.D.
Assistant Physician to the Hospital for Consumption.

(Continued from page 9.)

The Hydrophone.—If we desire to employ water as an agent in auscultation and in aid of hearing-tubes, difficulties at once present themselves. To apply water to the chest is easy enough; but it is not so easy to retain it there in a suitable manner. The application of water may be unpleasant to the patient, and by wetting his clothes may give rise to much annoyance and inconvenience. The idea occurred to me that if I could confine water in some material that would not interfere with its sound-intensifying power, a material advantage would be gained, and we should have a convenient mode of reinforcing hearing-tubes. In the preceding part of this paper it was stated that a thin membrane offers no sensible impediment in the way of water intensifying sound, although thick and non-elastic or non-vibrating bodies did and taking advantage of this fact, I made a waterproof bag of India-rubber to contain water. The India-rubber membrane is so thin as to offer little or no resistance to the undulations of water. The bag is about the size of a large watch, and is sufficient to receive the extremity of an ordinary flexible stethoscope, or to form a medium of connexion between the external ear and a solid sounding body such as the human chest. The thickness of the bag is not above the third of an inch. Nothing is gained by greater thickness, and the advantages of sound having to travel only a short way, and also of only a very little weight pressing upon the sounding body, are secured. The sonorous pulses, so to speak, are readily taken up from the solid body or the chest, and are conveyed through the water, and membrane on either side, and reach the edge of the aperture of the hearing-tube and the contained air, whether the instrument be the flexible stethoscope, the human ear, or any other hearing-tube. This instrument possesses valuable advantages, and I have therefore ventured to give it a name, that of the Hydrophone. It fits admirably and exactly upon the part of the chest to which it is applied, however uneven and irregular, whether this be a projecting rib or a deeply sunk intercostal space, a broad level surface or a narrow depression, the clavicle or spine of the scapula. By its other side the hydrophone fits as exactly to the aperture of the hearing-tube or to the exterior of the human ear. Every part of the solid body covered by the hydrophone contributes its quota of sound. The fitting of the instrument to the hearing-tube prevents the escape of sound from the contained air to the external atmosphere, and by this means resonance of the contained air, and of the containing tube is greatly promoted, with the result of a greatly augmented sound. The edge of the hearing-tube sits so easily, and with so little resistance from the water-bag, or hydrophone, that the vibrations which are communicated to it are readily reciprocated, and find none or little of that resistance so fatal to its vibrations when pressed upon a solid body. (a)



The hydrophone may be employed either in aid of the stethoscope, or as a distinct acoustic instrument by itself. In the case of wooden stethoscopes which are solid, applied to the distal aperture, it is injurious by damping sound; in the case of the hollow wooden stethoscope it is of no material value, for water is an indifferent conductor of sound from a solid body to another solid body, and it may be stated that the hollow wooden stethoscope is more a solid than an air instrument. What it gains as an air instrument from the water, is lost as a solid instrument. In fact, more may be lost in the one way than is gained in the other.

It is in the case of the flexible stethoscope that the hydrophone forms a material aid in auscultation by hearing-tubes. The flexible stethoscope is here meant to signify all stethoscopes into whose construction flexible tubes enter, either forming the whole tube part of the instrument, as in the ordinary flexible stethoscope, or part only, as in Camman's double stethoscope, or my own differential stethoscope. These instruments are essentially air instruments, and I am glad to say that Camman designated his instrument such when he first made it known; for this corresponds with my own investigations. In the case of all these instruments the intensification of sound by the hydrophone is so material, that I have no hesitation in saying that without its employment their resources are by no means fully made available. To have the full benefit of any one of these instruments the hydrophone is essential. Respiratory sounds, healthy and morbid, which are audible with the simple flexible stethoscope, are made more audible when the hydrophone is placed under it. Rhonchi and moist crepitation are strikingly augmented. Vocal resonance, solid and cavernous, dry and moist, are in a marked manner amplified. Pectoriloquy accompanied with much vibration of the chest, is increased in a very striking manner. Murmurs of the heart, usually heard in a mitigated form only by flexible stethoscopes—at least in my experience—are conveyed to the ear so as to produce a very distinct and defined sensation. To sum up, it appears to me that flexible stethoscopes, however ingeniously constructed with twisted wire and other contrivances, are, compared with the simple wooden stethoscope, essentially deficient as sound-conveying instruments, some few sounds excepted; but that the hydrophone greatly counteracts this deficiency and brings them up much more to the rank of Lænnec's stethoscope. But the inquiry may be made,—What good purpose can the hydrophone subserve under such circumstances, if it can only bring a second rate instrument nearly up to the position of another? The answer is this,—There are situations and occasions which require the flexible instruments, as is well known, and it is certainly important to render them, defective though they are, as useful acoustic instruments as is possible. It may be possible to place the cup of a flexible tube with a hydrophone under it, where it would be difficult or impossible to employ a wooden stethoscope. In auscultating the sounds of the gravid uterus, or of the fœtus in process of birth, a flexible stethoscope with a hydrophone might possibly afford evidence that would under certain circumstances be very important.

Pulsating tumours of the chest, too tender to admit of the pressure of the wooden stethoscope, or even of the naked cup of the flexible stethoscope, or upon which it might be dangerous or hazardous to exercise pressure, are well auscultated by means of the flexible stethoscope, provided either with a flat ear-piece or a tubular ear-piece to enter the meatus, having the hydrophone placed under it and upon the morbid part. The hydrophone takes up sound from every part; however uneven it may be, it forms a soft water cushion, and it serves, at the same time, greatly to reinforce sound procured without it. In practice I have on many

(a) A fact which I have very lately ascertained appears to me well worthy of being here recorded. It bears directly upon the importance of perfect freedom of the cup of flexible stethoscopes. A cup held rather firmly upon a piece of wood upon which a tuning-fork is placed gives a fainter auditory sensation than when held loose, but the auditory sensation is further and very materially reduced, if instead of being held firm, the cup be glued to the piece of wood. Here we have perfect continuity but reduced sound. The explanation is found in the reduced vibration.

occasions, with the aid of the hydrophone, distinctly heard murmurs of the heart, of the existence of which I had been in doubt when simply employing the flexible stethoscope.

I have observed that when the flexible stethoscope is employed with the clothes of the patient intervening, as is unavoidable under some circumstances, as, for instance, when time does not admit of undressing, or when the patient would suffer by exposure to cold, the impression made upon the ear by lung and heart sounds is greatly enfeebled and is very unsatisfactory. This evil attendant upon the employment of the flexible stethoscope, including Camman's double stethoscope, and my own differential stethoscope, is obviated, I may say altogether, by placing the hydrophone under the stethoscope. The reinforcement of the sounds is so great as to be quite surprising, as well as very useful. An examination that would be worthless is by the use of the hydrophone rendered satisfactory. This result is obtained partly by a gentle yet efficient pressure exerted upon the clothes, compressing them into less density by excluding layers of air. But a great portion of the result is due to a more complete closure of the aperture of the instrument, attained by a surface of water covered by thin membrane, than can be secured by one of porous and comparatively uneven cloth, etc.

In the examination of children, the employment of the hydrophone, together with the double or the differential stethoscope, is most satisfactory, and is well deserving of notice here. I believe it to be a very great improvement upon the use of the wooden stethoscope, and well worthy of the adoption of the Profession in dealing with children. The intensity of sound procured is nearly the same as in the case of wooden instruments. The cup of the stethoscope fits perfectly upon the water, which it can seldom do upon the sharply-curved chest of infants, and thus much economising of sound is secured. For the same reasons no irregular pressure is endured. The child suffers no pain, and is spared one great source of restlessness and vociferation. Lastly, the employment of the hydrophone and a flexible stethoscope causes no alarm, as in the case of the wooden instrument, and is very generally the source of much interest and even amusement to the child, who consequently remains in a state of quietude very favourable for the examination of the auscultator. I constantly examine children with the utmost ease and deliberation in this way, whom I should otherwise have to send away after fruitless efforts at auscultation.

The same method of examination, viz. by the hydrophone and the flexible stethoscope, including Camman's double stethoscope and my differential stethoscope, is very valuable in the case of wasted patients. The employment of the wooden stethoscope with such persons is frequently very painful, and is positively cruel. Moreover, as the aperture fits very badly, it is highly unfavourable for the propagation of sound to the ear. Now, the water-pad, or hydrophone, sinks into the hollowed intercostal spaces, and comes into complete contact with the entire circumference of the mouth of the stethoscope, at once collecting more sound, preventing its escape, and obviating the occurrence of painful pressure.

Upon blistered surfaces and parts tender either from internal disease or from external applications, this mode of auscultation is much superior to that by the wooden stethoscope. When an examination by the latter instrument is positively refused, one by the method under consideration is at once permitted as being altogether painless. Many patients, particularly females with tender and wasted chests, have expressed to me their satisfaction with, and surprise at, this painless mode of examination.

A very slight augmentation of sound, in the case of some sounds, is procured by placing the hydrophone on the proximal or aural extremity of the ordinary wooden stethoscope, but it is scarcely available in practice.

The bag of water, or hydrophone as I have ventured to call it, is of service not only in the case of artificial hearing-tubes, but in that of the natural hearing-tube, viz., the ear. Applied to the naked chest it forms a stethoscope not materially inferior to the best wooden stethoscope, length excepted. When the part auscultated is very uneven or much curved, by fitting well, it excels the wooden instrument in an acoustic point of view. By fitting well also upon the external ear of the auscultator, and by closing thoroughly the meatus externus, great acoustic advantages are obtained. The sonorous undulations are freely conveyed to every part of the external ear, the air in the meatus comes in immediate contact with the instrument without the possibility of any sonorous undulations escaping. The sonorous undulations of the walls of the tube and those of the enclosed air re-act upon each other. The water again reciprocates as a sounding-board, and the general resonance is greatly promoted by the thorough closure of the tube. The closure of the meatus is greatly more complete in the case of the water-bag than can be procured by any ordinary wooden disc. The complete closing of the ear, it may be remarked, is useful chiefly by promoting resonance, and not, as has been erroneously taught by some eminent stethoscopists, by excluding other sounds.

The hydrophone forms a great aid to the external ear when the patient is to be examined with his clothes still upon him. As a general rule, good stethoscopists strip their patients for examination, but it may be sometimes desirable to examine through the clothes, as in probably trivial cases, when there is little time, when the patient suffers from cold, or when the examination is only a supplementary one, or a rough observation will suffice. In such an examination the hydrophone proves of great value: a sound which is very indistinct to the ear placed upon the clothes, becomes full and distinct when the hydrophone is employed. Voice sounds, heart sounds, and rhonchi are greatly improved. Employed in this manner, I am inclined to think the hydrophone is equal, if not superior, to the wooden stethoscope.

The water instrument has this material advantage, that it is very readily moved from one place to another—*i.e.* from one part of the chest to another. For example, in examining the back, the whole of the surface may be, as it were, run over without once lifting the head, the hydrophone being shifted with the ear upon it from place to place.

In respect of delicacy, the hydrophone is not without some value; for, in the case of females, the interposition of this instrument meets the objection to the immediate contact of the ear of the auscultator with the chest of the patient. When the application of the hydrophone gives annoyance from its coldness, this evil may be readily obviated by placing the instrument in warm water, or by otherwise warming it. Minor advantages of this instrument are its portability and cleanliness.

Other liquids, besides water, tend to intensify sound proceeding from solid bodies, and conveyed to the ear by means of hearing tubes, but none experimented upon have given practically better results. Mercury gives an increase, and the character of the sound is heavy and forcible. Thick glutinous fluids, such as treacle and marmalade, and thick oils, give less increase than water; and much of the fine liquid, vibrating character of the sound when passed through water is lost.

Some solid bodies serve likewise to give a stronger auditory impression when placed upon other solid bodies, when hearing tubes are employed. Layers of paper, such as a pamphlet, layers of gutta percha membrane, and thin slices of India-rubber, lard, and butter, give an increase, but it is much less than is obtained from water. In the case of these solid bodies the augmentation is due to two circumstances: 1st, the exact fitting of the instrument upon them; 2nd, the greater amount of its vibration in their case than in that of more solid and resisting bodies. Dr. Sibson has long employed a stethoscope closed with a thin plate of wood, with the effect of rendering valvular sounds more distinct.

That I may not appear intentionally to ignore anything that has been done by a Professional brother, I deem it right to say, that a water stethoscope was invented some years ago; the name of the inventor I have been unable to discover. I have endeavoured to find some printed details of this instrument, but have failed. Dr. Hamilton Roe and Dr. Markham have informed me that they have seen an instrument so-called. It is said to be a solid tube filled with water, but I cannot conceive it could afford any advantage. If water be made to fill the ordinary wooden stethoscopic tube, I am convinced the addition can only serve to spoil the instrument, for this reason—that water in the interior will interfere with the full vibrations of the wood. It is as an adjunct to hearing-tubes, or employed as the hydrophone, as previously described, that water can prove of service in ordinary auscultation.

Before concluding this communication, I may be permitted to refer to a point which, though not bearing immediately upon the employment of water in auscultation, yet has suggested itself to several Professional friends, viz. the apparent contradiction offered to the sound-propagating properties of water, by the absence or deficiency of respiration and voice

sounds in some examples of liquid in the chest, and of heart sounds in examples of effusion in the pericardium.

I would briefly remark, that though water is a good *conductor* of sound, second only to wood and other solid bodies, and better in the case of air-tubes as above described, it is yet in many cases opposed to the *production* of sound, and effectually prevents those movements upon which sound depends. A lung pressed upon by water till it becomes impervious to air is not likely to be the seat of respiration sounds, and if they are not produced inside, they cannot be heard outside. *Ex nihilo nihil fit.*

Besides this the circumstances under which the liquid is situated in respect of the stethoscope or hearing-tube are different. The liquid in the chest is separated from the hearing-tube by the whole thickness of the walls of the cavity; while in the case of the hydrophone and of water employed in my experiments the liquid is brought in immediate, or almost immediate, contact with the aperture of the stethoscope, a condition which, it was stated in the first part of this communication, is essential to the procuring an augmentation of sound from solid bodies by the intervention of water.

Park-street, Grosvenor-square.

REMARKS UPON THE ADMINISTRATION OF CHLOROFORM,

WITH A DESCRIPTION OF A NEW INHALER.

By ARMSTRONG TODD, A.B. M.B. M.R.C.S.L.

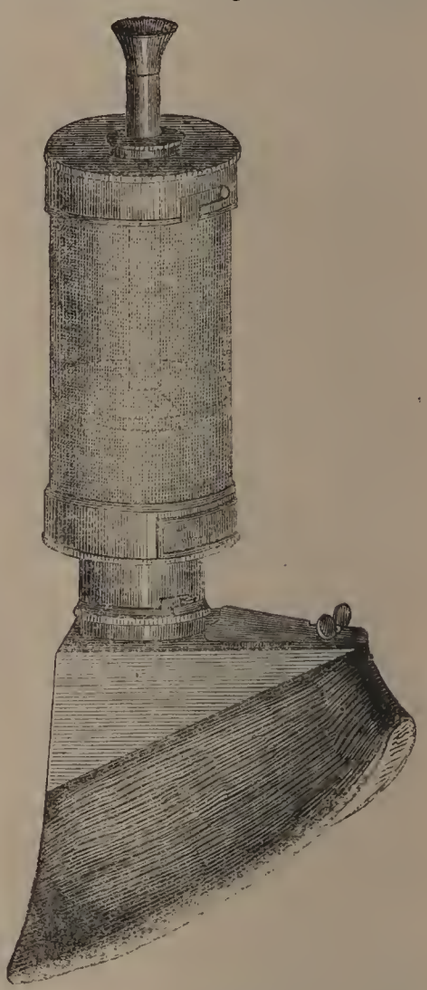
It is now nearly twelve years since Professor Simpson, of Edinburgh, described the influence of chloroform as an anæsthetic agent. Although during this long period a very small proportion of those to whom it has been administered have died from its effects, it becomes incumbent upon the Surgeon to investigate the causes of such accidents, however few they may be, and to propose a remedy when such is suggested to his mind.

From a review of the published cases of death from chloroform, I think that the causes of this accident may be divided into two heads; namely, certain physical affections in which experience has shown the administration of chloroform to prove injurious; and, secondly, the want of an instrument so constructed as to admit of the vapour itself being highly and intimately diluted with air, so that the exhibitor can graduate its strength with perfect precision.

On the cases in which chloroform may prove injurious, I wrote a paper in the *Medical Times and Gazette* in 1853 (*vide* No. for April 30, vol. vi. p. 443), the gist of which was, that diseases of the respiratory or of the blood-circulating organs, which retard the free re-oxydisation of the blood, preclude the exhibition of chloroform as an anæsthetic agent. The great danger resulting from the mode of administration seems to me to arise from a too-strong vapour being exhibited before the nerves and muscles of the fauces and larynx have become accustomed to it. It is the function of these nerves and muscles to oppose the passage into the lungs of any vapour likely to poison the blood, and therefore it is that the gradual administration of chloroform is so essential, as when these muscles are thrown suddenly into too great a state of excitement asphyxia is likely to ensue, and death in consequence. Various instruments and methods have been devised for the administration of anæsthetic vapours: some simply permitting the air drawn through a sponge or other reservoir to be inhaled by the lungs. Of these I need not speak, as they have been thoroughly condemned and abandoned. Others have a semblance of admitting of gradual exhibition; but in these there exists a considerable amount of deception.

The gradual administration is not accomplished by the alternate exhibition of the strong vapour and a free inhalation of pure air. A person might just as well be considered to take a weak drink of brandy and water, who takes a wineglass of pure brandy first and a tumblerful of water afterwards; but this is practically the manner in which chloroform is inhaled, when the method so strongly advocated by a few is adopted, namely by placing a piece of lint or a handkerchief upon which the chloroform has been poured, over the mouth and nose—a plan which I believe to be most dangerous, uncertain, and deceptive. In the inhaler invented by the late Dr. Snow, and in those since constructed, which appear to be mere modifications of his, there exists also great deception as regards the dilution of the vapour with air; the aperture in the mouthpiece which is supposed to admit the air for diluting purposes is too near to the mouth, and consequently even a moderately strong inhalation on the part of the patient draws the chloroform vapour in a dense volume into the lungs, before it has time to mix with the air passing through the opening; this any person will experience if he inhale from a Snow's Inhaler, charged with chloroform, but in the instrument which I have contrived this is impossible when the chloroform is at a proper distance from the mouth, as the stronger the inhalation the more numerous are the jets of air drawn in to mix intimately with and dilute the vapour.

This inhaler consists of three parts, the mouthpiece, the cylinder, and the piston with its rod; these three parts can be separated by means of bayonet joints; the mouthpiece is of the ordinary shape, and has two apertures, one communicating with the cylinder for the admission of vapour, and the other, situated above it, allows of the free discharge of the breath. The opening between the cylinder and the mouthpiece is provided with a valve, divided into two parts, which open and shut like folding doors, permitting the vapour to be drawn from all parts of the cylinder, and preventing the warm exhalation from coming in contact with the chloroform; the other aperture is fitted with a valve of the usual make, and requires no description. The cylinder is about four inches in length, and about one inch and three-quarters in diameter. It is very minutely perforated throughout, except at the ends, which are solid, so as to form the joints. The piston consists of a narrow flat ring having a small band across it, to the centre of which the rod is attached; a flat sponge for the reception of the chloroform is sewed on to the ring.



The rod is a tube with a funnel at the top, and holes at the bottom, close to the sponge, forming a passage for supplying the chloroform.

I will now explain what are conceived to be the advantages peculiar to this instrument. The most considerable is, that the chloroform can be administered in a gradual and uniform manner; thus the patient can be placed in a state of perfect anæsthesia without his experiencing any unpleasant sensation.

When the piston is raised to its full extent, and the patient inhales, the vapour of the chloroform becomes highly diluted, in consequence of the innumerable jets of air which he simultaneously draws in from the entire surface of the cylinder. When he has become accustomed to the chloroform in this diluted state, the piston may be gradually moved nearer to the mouth, so as to admit air through a portion of the cylinder behind the sponge, which passing through the chloroform causes greater evaporation. At the same time the quantity of pure air admitted between the piston and the mouth for the purpose of diluting the vapour is proportionately lessened, and thus a stronger vapour is administered. In a word, the strength of the vapour to be inhaled can be

increased or diminished at the will of the exhibitor. Since the above woodcut was executed, I have altered the position of the cylinder so as to make it more convenient during operations upon the eye. Mr. Ferguson, of Giltspur-street, has made this inhaler for me.

I have had the pleasure of giving chloroform from this inhaler at several of the Hospitals, with the most satisfactory results. I have never had any struggling on the part of the patient, no suspension of respiration and then sudden inhalations, the result of too strong a vapour being administrated before the nerves and muscles, whose natural function is to guard against blood-poisoning vapours, have become weaned to the chloroform. I have not found sickness, although in three cases food had been taken immediately before the operation; in one case at St. Mary's Hospital the patient had eaten his dinner just before he was brought into the operation-room. With this inhaler two drachms of chloroform has always sufficed for ordinary operations, and in a girl of about ten years of age, operated upon for squint by Mr. Streatfield, at the Ophthalmic Hospital, Moorfields, twenty-six minims of chloroform placed her in a perfect state of anæsthesia, and kept her in that state until the operation was completed.

I believe that when the vapour of chloroform is given well diluted, the lungs inhale it more freely, and thus the vapour is brought more extensively in contact with the blood, requiring but little chloroform; the anæsthetic effect therefore passes away more quickly; and thus the patient is placed under more favourable circumstances for recovery from the operation he is obliged to undergo.

16, Old Burlington-street.

CASES OF

PROLAPSUS ANI AND HÆMORRHOIDS TREATED BY THE ECRASEUR.

By REDFERN DAVIES, Esq.

Surgeon to the Birmingham Workhouse Infirmary.

W. B. aged 54, by occupation a porter, of pale and exsanguine countenance, but otherwise in good condition, has been the subject of prolapsus ani for the last five years; no cause known for it. He was treated about two years ago by an eminent Surgeon with the nitric acid plan, which only relieved him, however, for a short time; the gut descending again as bad as ever.

Present state.—Upon an examination (shortly after passing his stool), there is seen to be a prolapse of the mucous membrane of the rectum to the extent of about a hen's egg in size. It is composed of three principal lobules, and is of a dark purplish colour, returnable with a little trouble—now facilitated by his having lain in bed for a few days; on introducing the finger into the anus the capacity is found to be increased in size. The vessels going to the prolapsus are much increased in magnitude, some two or three of them presenting to the finger a barrel nearly equal to that of the radial artery. (This fact was particularly pointed out at the time of operation.) He states that the prolapse is usually down; the least exertion, as of walking a few yards, sufficing to cause its descent; that he is in constant pain and misery from it; and that defecation is always attended with the loss of a variable quantity of blood, and at other times an offensive ichorous discharge.

May 18.—The patient well under chloroform (administered by Mr. Jauncey). The mucous membrane of the rectum constituting the prolapse was dragged down by double pronged hooks, and the whole of it removed with the aid of the écraseur devised by M. Chassaignac. About a teaspoonful of dark blood was lost, chiefly the contents of the prolapse, which were partially squeezed out. A compress and ℥ bandage applied; to take 2 grains of opii. *Vespere.*—Feels comfortable, and passes flatus. Repeat opium.

20th.—Has gone on well. Bandage removed. An injection of warm water given, which produced a copious evacuation, causing no pain, and accompanied by no blood, save a few dark clots about the size of peas. Continue the opium—gr. ij. daily.

22nd.—Bowels again opened by injection. No pain—no blood; is up and about the ward.

June 25th.—He states that there has been no descent of bowel since the operation, and that his stools, of natural calibre, pass without any pain, blood, or difficulty. He is daily increasing in strength and flesh.

A. M. aged 53, has been the subject of piles for the last three years, during eighteen months of which time she has been confined to her bed almost continually, walking or even sitting being attended with much pain and discomfort. Defecation is always accompanied with great suffering and a variable loss of blood. Her general appearance is that of a person in a state of great debility from constant hæmorrhages. During the last three months, nitric acid has been freely applied to those piles within the anus, by means of the usual anal speculum. On those occasions its application was both at the time, and subsequently attended with much pain, without being followed by any amelioration of symptoms whatever.

May 25th.—The patient well under chloroform (administered by Mr. Jauncey). Five large hæmorrhoidal clusters were drawn down, and the chain of the écraseur having been adjusted at their base, they were removed, with the loss of not more than half-a-teaspoonful of dark blood.

A compress and ℥ bandage. To take gr. ij. opii.

In about half-an-hour after operation, she suddenly got out of bed, intending to make water, and the straining so to do caused her to lose about half-an-ounce of blood and she became faint.

The same treatment as above was adopted.

Save this trifling accident she has progressed very favourably, and is now able to walk about the garden without discomfort, and has neither pain nor loss of blood in passing her stool.

Remarks.—The chief point worthy of notice in these two cases is the demonstration of the great and practical value of the écraseur in these affections. In both instances a speedy and safe cure has been effected, and that after the nitric acid plan has failed.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SAMARITAN HOSPITAL.

THREE CASES OF OVARIOTOMY.

(Under the care of Mr. SPENCER WELLS.)

(Continued from page 13.)

Case 2. FIBROUS AND CYSTIC OVARIAN TUMOUR—ASCITES—PLEURAL EFFUSION—OVARIOTOMY—DEATH FORTY HOURS AFTER OPERATION.

[From Notes by Messrs. COOKE and PHILLIPS, House Surgeons.]

E. Q., aged 29, was admitted under Mr. Spencer Wells, March 20, 1858.

History.—She was married seven years ago. Her husband is alive; but she has had no children. First observed a tumour accidentally, low down in the right side in May 1857. She was attended by Mr. Roper, of Shoreditch, and Dr. Oldham saw her in November. The *ballottement* of the tumour was then so distinct that the possibility of pregnancy was suggested. After this the tumour increased, and the abdomen enlarged rapidly from collection of ascitic fluid.

State on admission.—A small, spare, delicate woman, with abdomen larger than a woman at the full period of pregnancy. At the lower part of the abdomen there is a solid tumour freely moveable, not fluctuating. The os uteri does not admit the uterine sound. Motion of the tumour is communicated instantly to the uterus. The catamenia have been regular, but rather excessive.

Progress of the case.—As she was suffering greatly from abdominal distension Mr. Wells tapped her on March 22, and removed thirty pints of turbid serum. The tumour was then found to be rather more to the right than left side, freely moveable, smooth and hard, and measuring about seven inches by six. A certain amount of feverishness and pain followed the tapping, and some pain in the chest, and cough. A sinapism was applied to the chest on the right side. Bitartrate of potass was given three times a-day in drachm doses, and small doses of morphia occasionally. She was afterwards put upon cod-liver oil, and a blister was applied. She left the

Hospital on May 11th, a note being taken at the time, that the respiratory murmur was puerile on the left side, and defective below on the right side, where there was dulness on percussion, and absence of vocal fremitus.

She remained at home until November, 1858, when she was re-admitted. At this time there was, as before, considerable doubt as to the nature of the tumour, and it was felt almost impossible to decide if it were a solid ovarian tumour, or a pedunculated fibrous outgrowth from the fundus of the uterus. In order to assist in determining this question, as the uterine sound would not pass the canal of the cervix uteri, Mr. Wells divided the cervix with Dr. Simpson's hysterotome, and the sound then passed to the extent of six inches. This was thought to be conclusive evidence that the tumour was uterine, especially as the catamenia were abundant, and the tumour and uterus moved together in all directions. Then arose the question whether, as the tumour was evidently killing the woman by keeping up the collection of ascitic fluid, it would be justifiable to remove it. This was settled in the negative, on account of the state of the chest, for, after removing the ascitic fluid a second time, there still remained a troublesome cough and dyspnœa. There were the physical signs of effusion in the right pleural cavity, but a good deal of doubt was expressed by different Physicians who examined her as to the amount of this effusion, and how far dulness depended on the fluid, on consolidated lung covered by a thin layer of fluid, or on displaced liver. Under these circumstances it was decided not to interfere surgically. The patient went home again and took a course of bichloride of mercury and bark, under which, with an occasional return to cod-liver oil, the breathing improved considerably, and she recovered some strength, but the abdominal enlargement considerably increased.

She was admitted for the third time, on June 8, 1859. The tumour had undergone a remarkable change. It was at least double its former size, and though still hard below, was distinctly fluctuating above. It extended from the pelvis to half way between the umbilicus and ensiform cartilage. The uterus only admitted the uterine sound 2½ inches, and the tumour could be moved freely upwards without affecting the position of the uterus; though on pressing it backwards the uterus moved in the same direction. The tumour was surrounded by a large quantity of ascitic fluid. The largest circumference of the abdomen was at about an inch above the umbilicus, where the measurement was 44 inches. The distance from the ensiform cartilage to symphisis pubes was 21 inches, the umbilicus being midway. The general health is far better than before—she is able to walk about, has a good appetite, and sleeps well, but can only sleep when lying on the right side. There is slight cough, but much less than before. The catamenia appeared once last December, but since then she saw nothing till a week ago, when the flow came on, lasted three days, and was in about the usual quantity; she was placed on a liberal diet, with wine and beer, and ten minims of the muriated tincture of iron were given three times a-day. The urine is natural in quantity and appearance, contains no albumen, but some phosphates.

A consultation was held, when the state of the chest became the subject of anxious consideration. The presence of some fluid in the right pleural cavity was evidenced, but the lung played with tolerable freedom, and it was decided that there was nothing in the state of the chest to forbid operation. On the contrary it was hoped that by removing the tumour, the cause of the pleural effusion would also be removed. It was clear that there would never be a more favourable time for operation as the tumour was increasing rapidly. Still the operation was decided on rather in compliance with her earnest wish to obtain relief than by the advice of the Medical staff.

June 17.—Present, the Medical officers, Dr. Heyerdahl, of Christiana, Mr. Roper, Mr. Hood, Mr. Leggatt, Mr. Hulke, etc. Chloroform was administered, and Mr. Wells commenced by making an incision through the integuments over the linea alba from two inches above the umbilicus curving round it down to two inches above the symphisis pubis. When the bleeding had ceased, the peritoneal cavity was opened to the same extent, the tumour being pressed forwards by Dr. Routh, as some twenty or thirty pints of the ascitic fluid were escaping. It became necessary to extend the incision upwards towards the ensiform cartilage, on account of the large size of the tumour. Some rather extensive adhesions of the omentum, and of three portions of intestine were broken down, and then the tumour was pressed out through the wound. A large cyst at the upper and back part of the tumour gave way at this time, and it is probable that some of the fluid contents passed into the abdominal cavity. The pedicle was very short; or it might almost be said that there was no pedicle, the tumour being closely applied to the right side of the fundus of the uterus; the Fallopian tube much thickened and elongated being closely attached to the walls of the tumour. A clamp was passed, however, between the uterus and the tumour, and the tumour separated by cutting it off, leaving a mushroom-shaped piece of it embraced by the clamp. A vessel in the substance of this piece of the tumour bled a little; but it was stopped by putting on a second clamp and a strong twine ligature, the first clamp not including the whole of the part connecting the tumour with the uterus. The edges of the wound were then brought together by harelip pins, including the whole thickness of the abdominal parietes, and by intermediate superficial sutures of silver wire. Before the wound was finally closed, the ascitic fluid still remaining in the cavity was allowed to run out, and the patient was then lifted to bed.

The tumour consisted of a large lower solid portion, simply fibrous in structure, and of a large upper cyst with fibrinous clots adhering to the cyst wall. When the contents were removed the tumour weighed seven pounds and a-half.

The patient remained very low for about an hour after the operation, but recovered after taking some brandy and water, and vomiting. At 7 p.m., she began to complain of pain in the back and abdomen, which was relieved for a time by an injection of 15 minims of laudanum and 2 ounces of water into the rectum. She could only lie on her right side. The injection was repeated at 8·30; and at 10·30 the report is "Much improved. Skin moist and warm. Pulse 120. She slept for the last two hours without waking, and has not been sick again. No pain." Some clear urine was removed by catheter.

Day after operation.—Slight sickness continued early in the morning, but she feels much better. Pulse 108. Tongue moist. The bed being saturated with ascitic fluid, which had continued to dribble beside the clamp, she was put on to a dry bed, and the portion of tumour projecting beyond the clamp was removed as it was becoming offensive. She complained again at noon of slight abdominal pain, which was again relieved by the opium enema. She slept a good deal during the afternoon. Skin warm and moist. Pulse 100. Breathing rather rapid, and a wish to cough, which was suppressed as it caused pain. She took some champagne and brandy and water in small quantities at intervals during the day, but could not keep anything else on the stomach. The sickness increased towards night, and the pulse became more rapid and feeble.

Second day.—During the night she complained of occasional pain, which she said was relieved by vomiting. Towards the morning the vomiting increased in frequency, and the pulse became more rapid and smaller. Enemata of brandy and water were administered, but she gradually sank and died forty hours after operation.

Examination three Hours after Death.—There were from two to three pints of clear serum in the peritoneal cavity—no blood, nor clots. The peritoneal aspect of the wound was perfectly united, the pins being quite hidden from view by the fold of membrane on either side. There was evidence of peritonitis to a considerable extent in the parietal portion of the membrane, especially on either side of the wound, and over the folds of intestine in apposition. The portion of omentum which had been adherent was also thick, injected, and hard. The peritonitis did not appear to have extended to the more deeply-situated folds of intestine. About a pint of serous fluid had gravitated into the pelvic cavity. The pedunele was completely circumscribed by the ligature. It consisted of the Fallopian tube, and broad and round ligaments. The ligature was tied within half-an-inch of the fundus of the uterus. The opposite ovary was of natural size; but both it and the Fallopian tube appeared to be congested. The uterus appeared to have been the seat of old peritonitis, as there were patches of organised lymph on its posterior surface. In the right pleural cavity there were upwards of six pints of clear serum. The lung was compressed and lying close to the spine, but it was still crepitant,

and floated in water. The substance of the left lung was healthy; but there were extensive adhesions of both parietal and inter-lobular pleura. Nothing unusual in heart or pericardium, except a greater deposit of fat than ordinary near the apex of the heart.

Remarks.—This case and the one recorded last week are instances of a class of cases in which ovariotomy is resorted to as a last resource—as the only thing to be done for a patient otherwise doomed to a speedy death. Large solid tumours, surrounded by extensive ascitic effusion, in broken-down women, are amongst the most unfavourable cases the Surgeon can meet with. Yet in that recorded last week, the success was complete; and in this second case, the pleural effusion, to say the least of it, played an important part in preventing the recovery of the patient. We shall record a third case next week, in which Mr. Wells removed a multilocular cyst from a young woman who is now convalescent. This makes seven cases in which he has performed ovariotomy in the Samaritan Hospital, the results being five recoveries and two deaths,—an amount of success greater than that of many other capital operations.

(To be continued.)

KING'S COLLEGE HOSPITAL.

UN-UNITED FRACTURE OF THE THIGH.—THREE OPERATIONS WITHOUT BENEFIT.—AMPUTATION.

(Under the care of Mr. FERGUSSON.)

A poor fellow who was about two years ago under Chirurgical care in Guy's Hospital, used to remark when at length he was fairly convalescent, that "he thought he knew something of what Surgery was." After a prolonged treatment for diseased knee-joint, he had had resection performed; and as phagedæna attacked the wound, applications of strong nitric acid became necessary. Subsequently amputation through the thigh was required; and on account of profuse secondary hæmorrhage the common femoral had to be tied about ten days later. A man whose thigh Mr. Fergusson amputated a fortnight ago had had an experience but little less severe, while he had been deprived of the consolation which the Guy's patient enjoyed, of knowing that all had been done by a master's hand. The first part of his case had been mismanaged, and from this all his suffering had followed. While at sea, the mate of a ship, a very respectable and intelligent fellow, had the misfortune to break his thigh. Before reaching port (at some distant colony) the bones had reunited, but in such a bad position that the Surgeons whom he now consulted advised him to have it rebroken. Unfortunately, as the event proved, this advice was acted upon, and on the second occasion no attempt at union could be obtained. He returned home to England after a considerable lapse of time, with a false joint in the middle of his thigh, which rendered his limb worse than useless. He was soon afterwards admitted under Mr. Fergusson's care, and a series of operations were performed in the hope of inducing the effusion of bony material. In the first of these, the ends of the bones were scraped and otherwise irritated by means of a tenotomy knife, after the manner so highly lauded by Professor Miller, of Edinburgh. No good result having been obtained, a second operation consisted in the resection of the ends of the bones, or rather of that of the upper fragment; for the saw was not applied to that of the lower one, which was only denuded by the knife. When he was well of this operation, it was again evident that nothing had been gained; and Mr. Fergusson now determined to employ Dieffenbach's plan of ivory pegs. The extremities of the bones were again partially denuded, and long ivory pegs were introduced into both. A string was left attached to each peg, and the lower one loosened and came away about two months after the operation. The upper one still remained fixed, its string having rotted through and been thus lost. An amply sufficient interval having been allowed, and no better result having been obtained from this than from other plans, there seemed no alternative but to relieve the man of a limb which had been a source of so much trouble to him, more especially as the still remaining peg caused much pain and irritation. The poor fellow had, as Mr. Fergusson remarked at the time of the amputation, borne his sufferings with exemplary patience and fortitude.

The amputation was performed on Saturday, the 18th ult. The mobility at the seat of non-union was so great that Mr. Fergusson was able to amputate by cutting from without inwards in front, and then passing his knife over the upper extremity of the lower fragment, and carrying it downwards and outwards, as done after transfixion. He subsequently dissected round the end of the upper fragment, and sawed away about three inches. On examination of the parts it appeared that what of callus had originally been effused had wholly been re-absorbed, and no evidences whatever of attempted union could be made out. The soft parts about the bones, especially the upper one, were a good deal thickened, as the result of the repeated operations. The ivory peg was found still firmly fixed in the bone, which it had entered to a depth of an inch. It was considerably worm-eaten over the surface which had been exposed to the bone, while on its upper part, which had lain in the soft tissues above the latter, it was not in the least acted upon. The erosions were not nearly so deep as in a peg which we saw Mr. Stanley remove from a similar case about eight years ago.

Mr. Fergusson made some interesting clinical remarks on the case after the amputation; but we have embodied the chief of them in the above narrative. It certainly puts in a strong light the necessity for great care before advising re-fracture of a badly-set bone. Most especially is such advice rash when given to a sailor just landed from a long voyage, in whom the processes of nutrition might well be expected to be not of the best. On its lesson as showing the occasional futility of our most approved methods of treating un-united fracture, even in the most skilful hands, we need not enlarge.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

THE OPHTHALMOSCOPE IN CASES OF SUSPECTED MALINGERING.

A case came under observation in Mr. Dixon's Clinique the other day, which put in a strong light the usefulness of the ophthalmoscope in cases of alleged imperfect sight without ostensible symptoms. It is well known that in the public services loss of sight is very frequently pretended, in order to obtain a discharge. To ascertain whether the imperfection of sight really existed or not, has many a time taxed to the utmost the ingenuity of the Army or Naval Surgeon. Cases of genuine amaurosis in which no external symptoms can be perceived, but in which, as in Milton's instance,

> "The eyes, though free to outward view of blemish or of spot,
> Bereft of light, their seeing have forgot,"

are far from infrequent. Immobility or very marked sluggishness of the pupil is, it is true, present in a majority of these. But in their earliest stage this symptom is for the most part wanting. Many a sailor or soldier has, we doubt not, remained long under the suspicion of malingering, in whom retinal apoplexies did really exist, or who was affected with commencing atrophy of the optic tracts. In the discovery of these lesions the ophthalmoscope will henceforth afford most valuable aid.

The man whose case has induced us to make the above remarks is a healthy looking sailor, of about 30, who applied to Mr. Dixon for advice respecting his eyes on Thursday last. He had been in the navy, and had recently, with much difficulty, obtained an order of discharge. He could see large objects, and even perceive large print when placed in certain positions before him, but could not see at all distinctly. There was no trace of congestion about the eyes, and the irides were free and the pupils readily mobile. As far as the most careful inspection could go without instrumental aid, the organs appeared quite normal. Mr. Dixon ordered the use of atropine drops, and as soon as the pupils were well dilated proceeded to an ophthalmoscopic examination. With the greatest ease it was now seen that both retinæ were blotched over with apoplectic extravasations of very various sizes, but many of them abruptly margined. The wonder was, that with such extensive disease the man could see as well as he did.

Apart from the benefit conferred in such a case as the above by the ophthalmoscope in supplying an objective symptom to a case before wholly based upon subjective ones, and therefore liable to much doubt, it furnished also very valuable knowledge as regards treatment. As soon as a Surgeon who, without instrumental aid, had arrived at the conclusion that the man was not shamming, his next impulse under the old system would, no doubt, have been to give a course of mercury, in the hope of arresting the unseen and unknown pathological changes. And such treatment under such circumstances would have been quite justifiable. Knowing, as we now do, however, that the partial amaurosis is not due to chronic inflammation, but to extravasations of blood—a sort of purpura of the retina and choroid—we see the futility of such treatment and the danger which would attend it. The extravasations under consideration often occur in the subjects of albuminuria, and are probably, even when the patient appears healthy, always a sign of impoverished fluids. Under such circumstances mercury is little less than a poison.

LARGE PORTION OF TOBACCO-PIPE LODGED IN THE ORBIT FOR FIVE WEEKS.

A boy of 15 was admitted a fortnight ago at the Ophthalmic Hospital, with a large abscess in the upper lid of the right eye. He said that he had received a blow from a man's fist five weeks before, and the parts had been stiff and painful ever since. The eye was closed by the swelling of the lid, and the skin was on a point of giving way. A puncture was made, and a large quantity, probably half-an-ounce, of mixed blood and pus escaped. All squeezing was carefully abstained from, and the probe was not used, as not a single fact was mentioned to excite a suspicion as to the presence of a foreign body. The lad was directed to apply a poultice to the abscess.

Ten days after the lad attended again, and brought with him the piece of tobacco-pipe which is here delineated. The sketch shows its exact size. On more careful inquiry, it now came out that the blow stated to have been received had been given by a drunken man in the street. The lid bled freely afterwards, but no suspicion as to the entrance of the pipe was entertained, indeed it was not known that the assailant had a pipe in his hand at the time. Soon after the accident the lid had drooped, but no acute inflammation had ensued until a week before the first application at the Hospital. The eye itself had not been touched.

On the occasion of a third visit the swelling of the lid had pretty much subsided, and the lid itself was elevated sufficiently to prove that the levator had not been seriously injured. The motions of the globe were perfect. A probe was passed into the sinus, which still remained, and was more than an inch deep, but no other fragments could be found.

The case is interesting as a remarkable instance of escape from injury on the part of the eye. The pipe had been driven into the middle of the lid, and exactly over the part where there is the least room between the globe and the orbit. The mobility of the eye had, no doubt, secured its safety, which otherwise would have been impossible.

A NEW OPHTHALMOSCOPE.

An ophthalmoscope fitted with adjusting tubes, rests for the patient's head, etc., by which the merest tyro may be enabled to see the deep structures of the eye, is now at use at the Ophthalmic Hospital. It is made by a Berlin optician, at the suggestion of M. Græfe and his assistant. Unlike the one hitherto in use, it is a large cumbrous affair, and requires to be fixed to the table or elsewhere before use. The patient's head being fixed against a rest, the telescope slides of the instrument are adjusted to a proper focus, and this once effected, a dozen observers in succession may look through the eyepiece, and all of them see exactly the same part of the retina without any trouble. It is, indeed, like looking through the tube of a microscope; the object never gets out of focus, and the proper adjustment having been effected by a skilled hand, any one can see the object. The common hand reflector and lens require a long training before they can be effectually used. For purposes of demonstration to a class the new instrument will doubtless soon throw the other out of use, since it prevents the loss of time and risk of annoying the patient's eyes, which a succession of inspections involves. To one well trained, however, so that he can find the optic entrance, yellow spot, etc. with perfect ease, we doubt whether the new instrument will add much. Its cumbrous size will confine it to the consulting-room or public institution, but at the latter for class purposes it promises to be invaluable. To the artist also it is a great relief, since it leaves the hands at liberty; and to draw from the ophthalmoscope is, with its aid, just as easy as to draw from the microscope. Its cost as at present made is, we believe, about five guineas. No doubt it will soon be to be had in the London shops.

HOSPITAL NOTES.

IS INGUINAL HERNIA REALLY RARE IN FEMALE CHILDREN?

Most of our readers, including many of those who have enjoyed considerable opportunities of observation, will, no doubt, answer the above question with a most confident affirmative. Inguinal hernia is generally considered to be rare in the female sex, but especially so among its younger part. The statistics of hernia operations which we have from time to time published, from the different Hospitals, number upwards of 800 cases, and comprise many cases of inguinal hernia in male infants, but not a single one in which the patient was a girl. We recorded a few weeks ago as a rarity, an example of inguinal hernia in a girl of eight, which had come under notice at Guy's Hospital. Since then, in conversation with Mr. J. A. Kingdon, the able Surgeon to the London Truss Society, we have been assured that the lesion in question is far from being so infrequent as has been supposed. Mr. Kingdon informs us that he has repeatedly seen inguinal hernia in female children, and even in young infants. His sphere of observation at the institution referred to, is, of course, very large indeed. He explains the present erroneous belief of the Profession on this subject, by reference to the fact, that inguinal herniæ in young females are rarely of large size, and never become strangulated, so that they attract but little attention. Still, however, even admitting that this might account for their not being often seen at Hospitals, we should have expected to meet with them oftener in private practice than we do. Mr. Kingdon assures us further, that inguinal hernia in adult females is shown by reference to the books of the Truss Society, to be of a far greater comparative frequency as regards the femoral form, than is usually supposed. These books have been regularly kept, and their records since Mr. Kingdon took office, agree in this matter with those of former years, when Mr. Taunton was the Surgeon. Here, again, the same explanation is resorted to. Femoral herniæ are very prone to strangulation, while inguinal in women, are, on the contrary, almost always of insignificant size, and easily reducible.

DIFFERENT MODES OF PERFORMING LITHOTOMY IN THE ENGLISH HOSPITALS.

A large majority of English Surgeons employ the ordinary lateral method of lithotomy on a curved staff. There has been, however, a considerable disposition to endeavour to improve on it of late years. The median plan, so strongly recommended by Mr. Allarton, has been tried by not a few London Surgeons, and amongst provincial ones has found a warm advocate in Mr. Teale, of Leeds. At the London Hospital it was first adopted by Mr. Ward about two years ago, and since then has been employed by his colleagues, Mr. Critchett and Mr. Gowlland, each in a single instance. All the three patients were children, all recovered well, and in all it was considered that much less than the usual amount of bleeding took place. At Guy's Hospital, Mr. Cock has performed median lithotomy several times, and Mr. Erichsen has done the same at University College Hospital, both Surgeons being, we believe, well satisfied with its results. On all

hands it is considered to be best adapted for children and for small stones. At St. Bartholomew's Mr. Lloyd still continues to operate in all cases by his recto-urethral (median) method, which we described in detail when he first adopted it in 1853. He informs us that he has not yet lost a case after it, and considers it decidedly preferable to the lateral operation. His colleagues, however, without exception, we believe, always employ the latter. At the Metropolitan Free, Mr. Hutchinson always employs his rectangular catheter-staff, and considers that he obtains great advantage from it. The same instrument has been employed at King's College by Mr. Lee, but it is not, as far as we observe, in use at any other Hospitals. In a recent instance in which the calculus was of large size, Mr. Hutchinson injected the bladder with oil instead of water, in the hope of facilitating the dilatation of the parts.

With regard to the median operation as advised by Mr. Allarton, it is universally admitted to be adapted only for small calculi. Now Mr. Lloyd's experience during the last few years has quite proved, that when the anterior commission of the sphincter ani is cut clean through from the perineal wound, there is no danger of the parts not healing Might it not be well, therefore, to adopt this measure whenever, after the usual median incisions, the stone has been reached and is found too large for removal? Mr. Lloyd's operation gives abundance of room

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL ANALYSIS OF SEVENTEEN LITHOTRITY CASES.

The tabular statement which follows, comprises, as far as we have been able to collect them, all the cases in which lithotrity was practised between Jan. 1854, and Dec. 1858, in the following hospitals :—

The Royal Berkshire (Reading), the Bradford, the Bristol General, the Canterbury, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Devon and Exeter, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Durham, the Glasgow Royal, the Gloucester, the Huddersfield, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Liverpool Royal, the Newcastle-upon-Tyne, the Nottingham, the Queen's (Birmingham), the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the Winchester, York County.

TABULAR STATEMENT OF SEVENTEEN LITHOTRITY CASES.

No.	Hospital.	Age.	State of Health at the time.	Operations.	Result.	Remarks.
1	Leeds	60	..	Four sittings.	Recovered.	Discharged well.
2	York	21	Good. Lithic acid. 4 years' stone.	Many sittings.	Cured by lithotomy. Case 63.	Several large fragments passed, and some had to be removed from the urethra by incision just in front of scrotum.
3	Leicester	59	Good. 3 months; stone small.	Single crushing.	Recovered.	A single crushing was performed, and during the three days next following large quantities of débris came away. He left the hospital three months afterwards, as well as ever in his life.
4	Brighton	51	Good. Stone not quite an inch in diameter.	Three crushings during first fortnight, and two others in next three months.	Recovered.	He bore the operations well, and a large quantity of fragments came away.
5	The Queen's, Birmingham	A miner 40 (?)	Phthisical, and out of health. The symptoms had followed an injury to the back.	Four crushings from April 28 to August 11; fragments weighed 3j.	Recovered. (?)	Thought to be well. The urine, which had at first been loaded with pus and phosphates, became quite clear. Lithotomy had been declined on account of the patient's state of health.
6	Hull	55	Good health.	Eight crushings between Sept. 3 and Dec. 1; fragments weighed 3ij.	Recovered.	Believed to be well. Discharged with instructions to attend again should the symptoms return.
7	West Norfolk ..	60	Healthy labourer. 1 year; stone small.	Two crushings, with ten days' interval.	Recovered.	No ill symptoms; believed to be well. The stone had at first measured only three-quarters of an inch in the grasp of the lithotrite. The fragments got away weighed four scruples; at the last two soundings no stone was detected.
8	The North Stafford	..	..	The first crushing produced severe irritation.	Not known.	We are not in possession of details respecting this case or its result.
9	The Brighton ..	57	In good health.	Five crushings were practised.	Recovered.	The collected fragments weighed more than a drachm and a-half.
10	The Glasgow ..	61	..	A single crushing was performed, and was followed by collapse.	Death.	The man died in collapse the day after the first crushing. At the autopsy nothing was discovered to account for the fatal event.
11	The Glasgow ..	23	He had been the subject of stone for many years.	No details.	Recovered.	No details.
12	The Leicester ..	59	In good health; a labourer.	At the first sitting the stone was crushed repeatedly.	Recovered.	After the crushing many fragments were voided, and no ill symptoms ensued. No subsequent sitting was necessary, and when discharged the man was believed to be free from stone. (See Case 16.)
13	The Bradford ..	56	In good health; symptoms of stone for one year.	Two crushings at a few days' interval were practised.	Recovered.	Fragments weighing ninety-six grains were voided.
14	West Norfolk ..	56	In fair health.	Three crushings were performed in the course of about a month.	Recovered.	This man had been treated by lithotrity, and apparently cured on a former occasion. Three drachms of a phosphatic calculus were got away during the second treatment, and he was discharged apparently quite well.
15	The Norwich ..	48	A farm labourer; in good health. Symptoms for 3 months.	Two crushings were performed at an eight months' interval.	Lithotomy. Not known.	After the second sitting he had orchitis, and all the symptoms of pyæmia followed. Abscesses formed beneath the fascia of one thigh, and in the left leg. Having recovered from the pyæmia he left the Hospital at his own request, and subsequently submitted to lithotomy at his own home. Result not known.
16	The Leicester ..	60	In fair health.	(Under the influence of chloroform.) The stone was twice seized and crushed.	Died. Pyæmia, 2 weeks.	He had been relieved by lithotrity in 1856 (see Case 12), and again in November, 1857. On the present occasion, symptoms of pyæmia set in on the second day, and death occurred on the fourteenth. Pus was found in several joints; abscesses in both kidneys. The portion of stone remaining in the bladder was not larger than a bean.
17	The Queen's Birmingham	72	Very feeble; urine ammoniacal and purulent.	Lithotrity was practised on ten occasions at intervals of a fortnight or three weeks.	Recovered.	Large quantities of phosphatic fragments and detritus were got away, and he recovered.

The list gives us seventeen cases, of which thirteen were believed to be cured by the treatment; two, being unrelieved, submitted to lithotomy, and two died. Of the two in which lithotomy was performed, one resulted in recovery, and the final termination of the other is not known.

All the patients were adults; treatment by lithotrity appearing to be restricted to such by our provincial Surgeons. The youngest was 21 years of age, and the oldest 72.

In one or two instances (possibly in more), the same patient was the subject of treatment by lithotrity at different times, and counts in our list as two cases. Thus the man, who, as the subject of case No. 12 was discharged from the Hospital apparently well, ranks as one of the cures, and having been subsequently again admitted, is the subject also of case No. 16, which ended fatally. Here is a source of peculiar difficulty in counting lithotrity cases. The treatment is by repeated operations, at intervals extending over a considerable period of time, and when the patient is apparently cured, the Surgeon can never feel quite sure that he is rid of his stone. If he is discharged and re-admitted within a month, it would manifestly be unfair to make him count as two cases. (a) In all probability the stone has been formed on a nucleus which was left behind, and is not really a new one. But if the patient has been well, or nearly so, for two years, then he might be classed on re-admittance as a new case. At what period between a month and two years is, then, the line to be drawn? If a man is subjected to lithotomy, has the calculus extracted and recovers, he will be counted as a new case, even if re-admitted for a second operation (as several in our Lithotomy list have actually been) within a few months of the first. The reader will see here a source of much fallacy in statistical attempts to institute comparison between the two methods of dealing with stone. Unless the utmost fairness in counting the lithotrities have been exercised by the writer, he may very easily have doubled his number of recoveries, while, of course, the number of deaths would remain stationary. On this account the advantages of lithotrity in comparison with lithotomy are probably somewhat less in reality, than they are generally supposed to be by those conversant with the statistics of the matter.

We shall not here make any comparison either between the results of the two operations in Provincial Practice and of the treatment of stone generally in the latter, as compared with that of Metropolitan Hospitals. Both these comparisons will be of great interest, and the facts which we have now accumulated are sufficient to enable us to enter upon them at some length at an early opportunity.

Several of the cases in our list are left in some uncertainty as to the ultimate result. Should any of those who may read it be aware of subsequent relapses or other important facts in the history of any of them, we shall be obliged by their communicating them to us for subsequent use.

Two cases of amputation of two enormous mammæ are related by M. Foucart. In one, a girl, 17 years old, the left breast after the operation weighed 8½ kilogrammes, the right breast 9 kilogrammes. In the other case the breasts fell down to the young woman's knees! The left breast weighed 15 kilogrammes, and the right 10 kilogrammes. In both cases the operations were perfectly successful.

Consumption of Smoke in Stoves and Grates.—We are informed that Dr. Bartlett, of Bedford-row, has patented an invention, by means of which the smoke from new coals passes through a fire made by coals from which all the smoke has been burnt, thereby consuming the smoke and economising the fuel. This invention can be applied to any ordinary grate or furnace, whether marine, locomotive, or stationary. Its application appears, from the drawings of it exhibited, to be very simple, and the fire can be easily replenished. By direction of the Prince Consort, the invention was tested in a stove in the waiting-room of Buckingham Palace, which was worked for twelve consecutive hours against another stove of precisely similar size. The result was that the quantity of coal and cinders consumed was little more than half that used in the stove to which the invention was not applied.

(a) This has, we have no doubt, sometimes been done by those anxious to make out good statistics of their practice.

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Medical Times & Gazette.

SATURDAY, JULY 9.

FEMALE DOCTORS.

During the late Crimean war, broad shoulders and brawny arms were at a considerable premium,—in fact, were articles of which the supply, in a military direction, was not equal to the demand. Among other expedients suggested to meet the want, it was recommended by the great Solomon of daily journalism, that all those fine, elegantly-habilimented gentlemen, whom we are accustomed to see parading goods of an enticing character to the eyes of our lady population in the various fashionable shops of the Metropolis and other great towns, should become soldiers. These fine youths should instantly drop tape and tape-measures, and grasp the musket, exchanging the dealing with cotton for cannon-ball. Like so many young Parises, they were to leave the ladies and their distaffs, and rush into the turmoil of glorious war—its pomp and circumstance. Not only would their presence in the army be of infinite service to their country, it was argued, but so also would their absence from their usual seats of business. For now the female sex would rush in to fill the vacuum created by the departure, and thus would occupy a true position in the social scale as dealers in linen goods, and other articles of external adornment and utility. Poor females who before were starving would now find happy occupation and homes.

Every one remembers this tale; and so does a writer on *Female Industry* in the last number of the *Edinburgh Review*. He repeats it for the benefit of the world; but he does not seem to have learnt the true application of his own story. We cannot stop, however, to weigh the arguments of the haberdashers male against their female opponents. There may be some truth in the assertion that a great part of the shopman's work is decidedly not feminine employment, in fact, is quite beyond the compass of a woman's strength; and perhaps as much weight in the answer that this part of the work might be done by a few light porters, while the bulk of the *employés* were females. Something also may be based on the present absurd style of female dress—as shopmasters say that crinolined damsels cannot move about as quickly as men, that they take up more room, and are, therefore, longer in serving customers. The other argument, that the chief dealers at these shops—the wives and daughters of the land—have a very insuperable objection to being "attended to" by persons of their own sex, we find on inquiry is utterly unfounded. For some years past the number of females employed in the chief shops has been gradually increasing, and the masters have found and acknowledged that where *ladies* have the choice of male or female attendants they almost invariably select the latter.

But we are not going to pursue the *Edinburgh Review* writer through all his long article on *Female Industry*. One page of that article, however, tells of "female doctors"—and it is so very weak

a little history, that, taking it as a speeimen of the rest, we were not inclined to prosecute our inquiries further. On *this* point we are certainly capable of forming an opinion, and our opinion is, that the writer demonstrates his incapacity of dealing with the subject he treats about. He clearly cannot either know what the business of a Doctor is, or what the female moral and physieal is fitted for and capable of, or he never would have backed up the glaring absurdity of the manufacturing or establishing of that novel hybridity—female Doctorates. Do not the very words, Mrs. Blackwell, Doctor of Medicine, at once raise up before us the image of one of those incongruous combinations which so distressed the clear mind of our friend Flaccus — the serpent of Æsculapius appended to the female face divine?

"Desinit in piscem, mulier formosa supernè."

So does not think our Edinburgh Reviewer. He evidently would go in for Bloomerism at a pinch. But let us now see his arguments, and answer them; for it is time that this piece of imported American humbuggery should be exposed.

And first let us express a natural surprise. Why is Dr. Elizabeth Blackwell here amongst us, lecturing on the rights of women to female audiences in England? She has long studied in this, as in her own country; she has filled her mind with good store of Medical knowledge, picked up in the most celebrated hospitals; she has become a highly educated practitioner of Medicine, as must be supposed from the programme. Why then, we ask, is she not, now at this moment, distributing the benefits of all these high acquirements to her go-a-head Yankee female admirers? This is no impertinent question, and we may not unfairly suggest an answer to it. Our Reviewer tells us that some of the Medical Colleges of America now admit female students and make female doctors; and that what has been done there "will soon be done here." This is granted. But he does not tell us where the degree has been granted, and the brass-plate stuck upon the door, whether or not *the business pays*—rather an important part of the question. He omits to tell us whether the Yankee population is as advanced in high discernment as the Universities which make these doctors in petticoats; whether, in fact, our lady cousins beyond the Atlantic really make use of this great opportunity; whether "the moral and emotional considerations involved in this matter" have so taken hold of their minds as to lead them, in their hours of sickness, to rush eagerly and with feelings of thankfulness and gratitude into the arms of a Physician of *the Sex*. In a word, the Reviewer does not tell us, as he ought to have done, whether the thing really does go down in America. Now, arguing *à priori* from the nature of the case itself, from the kind of duties involved in the *business* of a Doctor, and the constitution of the female mind and body,—and also from the fact of Mrs. Dr. Blackwell's presence amongst *us*, we venture to suggest that this scheme is a failure in America. Sam Slick has taught us how "a Yankee blade is fixed on a Halifax handle;" and we have had many lessons of late which ought to teach us some little caution in the accepting of American notions and wares. Puccoon has done miracles in America, *argal* it will do miracles here, was Dr. Fell's argument; and this is just the Reviewer's style of argument,—female doctoring is wonderfully good in Yankeeland, therefore it shall flourish in England. Every one remembers the "rise" taken out of us by Dr. Fell, and the laugh it gave our cousins to see us swallow their cast-off articles. Therefore, let us be wise, and rather believe, from the presence of Dr. Fell and Dr. E. Blackwell here among us, that a belief in the principles which they proclaim to suffering humanity does not exist in the country which produces Puccoon and Female Physicians.

The Reviewer says female Doctors don't go-a-head here because of the "proverbial jealousy of the Medical profession;" and, if haply his eye may meet the lines we write, he will probably put us down among the catalogue of jealous ones. But he is wrong, as well as ignorant of the facts on this point. We will tell him, as proof contradictory of his assertion, that Mrs. Dr. Blackwell received attention of the warmest kind from Physicians both in Edinburgh and London. We ourselves have seen her walking a London Hospital ward, just like any other Professor of the Art of Medicine, and receiving attention and consideration right and left. If she and her Reviewer, in behalf of the female sex, have selected a business inappropriate for female hands and wit, and if the public think so too and won't employ female Doctors, the Reviewer should abuse the ignorance of the public, and not take up that used-up weapon, the accusing of the Medical profession of jealousy, etc. Such a journal should be above claptraps so stale and contrary to fact.

The truth is, that when people talk in this way about the benefits of female doctors in a community they confuse two offices together—the nursing and the doctoring; and they conclude that because a woman makes the best of nurses she must of necessity be a good doctor. Now it has often struck us as strange, that men who thus recommend women for the offices of doctors should stop there. Why do they not claim for women admission into all the honours and duties of the other professions—Law and Divinity? We ask this in all seriousness; and have no hesitation in asserting that the special functions to be discharged by the representatives of the legal and preaching professions would come much more in unison with the "cosmogony" of woman than the functions of physic. We have the proofs on record. Our great Artist, who, we are told, never wronged Nature, has shown us what the wit of woman can do; how well she can wag her tongue, garbed in the toga of a lawyer. Portia, the doctor of law (with the little Nerissa, the lawyer's clerk), was a "Daniel come to judgment," and saved the merchant's life. When all the learned wigs of Venice had in vain essayed to strain the law to cheat the Jew of his vengeance, a woman's wit prevailed. Why, then, may a woman not as well expound the law as practise physic? That she can preach, and with a telling emphasis, the high things of divinity, we need scarcely say; history has its complement of female apostles; and in the last best novel of the day,—in *Adam Bede*—a charming little converter of souls is the *primum mobile*, the heroine of the tale. How a woman can preach, may there be learnt.

In these professions of law and divinity, there is really nothing — comparatively speaking — which need revolt the peculiar sensibilities of the sex; but in the practice of medicine there is something at every turn of it which is repugnant to the feelings and natural mode of actions of women. We do not, however, wish to argue, that because one woman has been a conspicuous warrior, like Joan of Arc, that therefore all women need go to the wars; or, that because there has been a Madame Dacier, all women should become Grecians; or, that every female intellect should be stretching up to the stars and studying parallaxes, because Mrs. Somerville was our countrywoman. Neither need we desire to see women become special pleaders, because of their recognised volubility of speech, or because Portia cut out all the Venetian benchers(a). That women can preach is certain; and certain also that St. Paul had to put them down as preachers even in his time.

Well, then, as one swallow does not make a summer, why should the existence of Mrs. Dr. Blackwell prove the propriety of such a thing as a set of feminine doctors?

> "Why are our bodies soft, and weak, and smooth,
> Unapt to toil and trouble in the world;
> But that our soft conditions and our hearts,
> Should well agree with our external parts?"
>
> *Taming of the Shrew.*

A much more sensible and correct estimate of the value of

(a) The reader of Shakspeare will tell us that Portia was put up to the clever point by Dr. Bellario, and so, after all, the wit of outwitting the Jew's counsel was the wit of a man.

Mrs. Blackwell as a Doctor and as an author may be found in the *Saturday Review* of May 28.

Telling of Mrs. Dr. Blackwell's Lectures, the witty satirist writes:—

"We do not mean to say that nonsense even as great as this is not talked in England. . . . . But an old country like England had the great advantage, that such theorists are much more quickly set down for what they are worth. A Lady-Doctor who invited an audience of London ladies to make their daughters ride because the stars move in space, and because the Spartan women made the Athenians clever, would at once be treated with proper contempt. It is evident that if women are to make Medicine a profession in England, they must do so in a totally different way from that which appears to be fashionable in America. They must be much more modest. We hope they will not lecture at all; and if they do, we hope they will not publish their lectures. They must also entirely avoid the twaddle of sham science, their peculiar office is not to talk about laws of exercise and use, but to win the confidence of females. We are not at all sanguine that women will ever make good doctors—we fear they would want nerve and the gift of silence. But they are entitled to ask that they should be allowed to try the experiment; and of the conditions under which alone the experiment can be tried successfully, they may learn a great deal by noticing the follies and extravagances of Dr. Elizabeth Blackwell."

We recommend these sensible remarks to the consideration of all admirers of feminine doctors, and especially of the *Edinburgh Reviewer*, who writes thus:—"Mrs. E. Blackwell, whose excellent work on the Laws of Health is one of the best which heads this article, led the way; and by the influence of her high character, attainments and success, she has conquered prejudice, and established the enterprise." We shall see.

THE WEEK.

The literary and political press of Paris appears to have almost unanimously taken up the cudgels in behalf of the pretended curer of cancers. "It is a spectacle," says *L'Union Médicale*, "which is to be witnessed in every age. It would be useless to throw away indignation; and to cover up one's face in despair would be an act of unworthy weakness. It is sad, indeed, to see our science and our art punished for their honesty. We confess the weakness of our art in the cure of cancers, and our confession becomes the force of the charlatan. It is natural that every sick person should desire health; and when we say that we cannot cure him, the instinct of self-preservation revolts within him, and he rushes to the impudent deceivers who cry out, I will cure you. Between these two currents, between science which respects its own dignity, and charlatanism which practises in human credulity, are placed the patient, his family, and his friends; that is to say, opinion, which is something more powerful than science and laws, the vague and indefinite sentiment, which the majority of men adopt without reason, and at last defend with the most implacable of arguments, self-love."

The trial of Dr. Smethurst, for the murder of Miss Banks, began on Thursday. It will probably occupy the court for several days; and become one of the *causes célèbres* of the country. We hear that an attempt will be made on the part of the defence to show that the symptoms and the post-mortem appearances correspond with those of acute dysentery. The sickness and vomiting will also probably be ascribed to the circumstance of the existence of an early stage of pregnancy in the unfortunate woman. From what has already transpired it appears certain that the post-mortem appearances presented by the body, the ulcerated condition of the colon, and the absence of disease in all other parts of the body, are quite compatible with the fact of the existence of dysentery. In other words, it would be impossible to assert, from the inspection of the body, that the woman did not die from dysentery. It will, therefore, be necessary to prove the murder—if murder there be—by chemical rather than by mere medical evidence.

The recent additions made to St. George's Hospital, have effected two most important objects: the one by securing adequate accommodation for the nurses; the other by providing day-wards for the patients. "The great benefits that must result to a Hospital from having wards without beds, where the more convalescent patients may be during the day, and by which their cure may be expedited, and from thereby lessening the number in the wards where those more seriously ill remain, are palpable and striking; and it is to the credit of St. George's to be the first Hospital in London," adds the *Building News*, "that has set the example of such an arrangement. To enhance the advantages of the day-wards, the roof of the central part of the Hospital will be made flat, so as to serve as an airing-ground for patients. But in order to better adapt this custom of oriental and southern climates to our more variable and inclement skies, it has been advised by the architect to erect a glazed inclosure or conservatory, in which, without injury, the convalescents may at all seasons enjoy the air and light of Heaven." The sanitary condition of the nurses of our Hospitals is matter deserving thorough investigation. The accuracy of the allegations of Miss Nightingale in the work reviewed in another column must be thoroughly investigated.

The insalubrity of Mantua, the Gibraltar of Northern Italy, is well known and acknowledged. Being situated near large lakes, and having several muddy canals in its vicinity, a pestilential atmosphere consequently often prevails in the city and neighbourhood, especially during hot weather. Many facts prove this peculiarity; but one, which becomes most interesting at the present moment, may be mentioned as an illustration. After his defeat at Bassano, the Austrian general, Wormser, retreated to Mantua, in September, 1796, with an army numbering 30,000 men, including 6000 cavalry. When he capitulated to Napoleon, on the 2nd of February, 1797, only 12,000 soldiers could bear arms—all the rest having either died, were labouring under disease, or had become physically disabled from various casualties. Not only were the Hospitals quite full, but even many of the churches had been converted into receptacles for patients. Should Mantua be now besieged by the French, much sickness must inevitably again prevail, more particularly during summer, since, even under ordinary circumstances, this district of Italy is generally unhealthy, fevers and other severe maladies being then always very prevalent.

The Board of Works, the Conservators of the Thames, the Government, and Parliament are talking a great deal about the state of the Thames; but all the talk ends in the application of lime to thirty of the principal sewers which empty themselves into the river. Whether this is of any use, or of no use, or worse than useless, remains to be proved. Chemists differ about it, as may be seen from Dr. Letheby's report, which we give in another page. In the mean time London is being poisoned. The new system of drainage cannot be of any use for the next three or four years, but Boards and Conservators, and Government, and Parliament permit eighteen million gallons of fluid sewage to flow into the Thames every day. Yet this enormous quantity of filth only contains six hundred tons of deposit, or two hundred tons of solid dry material. Surely nothing could be easier than to intercept and carry off

this six thousand tons every day by covered barges. Twenty or thirty barges and four steam tugs would do the work. We have shown before, and so has Mr. Napier, that the plan is simple and practicable. It must be effective. It probably would be self-supporting. Therefore there is not the smallest chance that either Board, or Conservators, or Government will ever think of adopting it unless compelled by Parliament or the Press.

THE FRENCH ARMY IN ITALY.

We make a few extracts from some interesting letters from the pen of M. Armand, attached to the ambulance of the 4th corps, now publishing in the *Gazette Médicale*.

The battle fought on the Ticino was hotly contested on both sides, and attended with great losses. Everything in our department was organised for acting *cito, citissime*, conformably to the urgency of the circumstances and the injunctions of Inspector Baron Larrey:—"Proceed direct to the bridge, dress the wounded as rapidly as possible, so as to put them in a condition to be evacuated on the Hospitals, and do not lose time in great operations, which may be deferred." Most of the injuries of the head only required simple dressings, for the reason that those which penetrated were usually fatal on the spot. Those of the face were accompanied by the most frightful injury, without affecting the intellectual faculties; the patients, indeed, coming themselves to have their wounds dressed. Wounds of the neck were also usually immediately fatal or comparatively slight. One of the prisoners had received a wound in the mouth with a sabre-bayonet, which glanced off at the side of the jaw, and came out at the lateral and upper part of the neck. There was hardly any loss of blood, and a simple suture at the commissure of the lips, and a bandage were all that were required. Injuries of the upper extremities almost always, whatever their amount, allowed of the wounded repairing soon to the ambulances. Penetrating wounds of the chest and abdomen, usually so fatal, allowed in several instances their victims to survive for some time—usually to die, however, on their road to, or soon after their arrival at, the Hospital. In some cases, however, vigorous reparative power of the economy, and a free use of antiphlogistic means enabled recovery to take place. Injuries of the lower extremities were numerous, and the fractures were often comminuted. The rule was here, as in other cases, to extract accessible foreign bodies, arrest hæmorrhage, and so to put up the part as to enable the patient to be carried to the Hospital, where the question of amputation would have to be decided. The Military Surgeon is thus compelled to resort to much temporising surgery; and, for our part, we scarce know the case calling for immediate amputation on the field, except when some large projectile has carried away a limb with irremediable laceration. In such a case, even, the amputation need be immediate only when there is, which is rarely the case, dangerous hæmorrhage; for in this case it is preferable to amputate, and tie the vessels regularly, than to apply a temporary ligature to the wounded vessel. When the amount of general stupor is such as to lead to the fear of fatal syncope during the operation, a provisional dressing only should be applied. As we too often saw in the Crimea, whatever we do under these circumstances, if the part injured be the leg, and still more the thigh, we shall rarely save life.

The armies now engaged both use the new fire-arms, the balls of which deviate far less after striking an object than the old spherical balls. We must, therefore, expect a larger proportion of comminuted fractures. Hollow and explosive projectiles being also proportionally more employed, the artillery-fighting has become more murderous. Altogether we have, therefore, to expect a greater proportion of fatal cases among the wounded than heretofore.

After we had disencumbered our ambulances we carefully explored the field of battle, both to remove any wounded that still might have been left, and to direct the interments. There were but few French still wanting succour, but a great number of wounded Austrians had been abandoned. The proof of the precipitancy of the retreat, or rather flight, of the enemy was the large number of wounded officers they left behind without any provision for their treatment.

While traversing the battle-field of Magenta, the saying which had formerly been current with respect to Russian soldiers, that they must not only be killed but thrown down, was brought to mind. A great number of the killed, in fact, retained in part the attitude they were in on receiving their death-blow. Those who had died from injuries of the head usually fell with their face to the ground, and with complete resolution of the limbs. In those wounded in the heart, death, though rapid, is not so instantaneous that some attitude cannot be taken. A Zouave so struck had fallen on his musket, which he held in the position of a bayonet charge, his energetic face projected forwards, with the menacing attitude of a dead lion. Not far off, as a contrast, lay an Austrian who had died of hæmorrhage; and in his agony he had taken the attitude of supplicating Heaven—his face turned upwards, and his two hands joined with fingers firmly interlaced. A Hungarian hussar killed at the same time as his horse, both being shot through the head, remained in his saddle, carrying the sabre forwards as during a charge. Some of the Austrian officers found among the slain exhibited a distinguished physiognomy, and were dressed with exquisite, almost affected neatness and cleanliness—their features, very different from those of most of their soldiers, seeming to exhibit courage with resignation. Such were some of the impressions made upon us while traversing the field of battle, giving rise to painful emotions, little calculated to dissipate those produced by still more dreadful scenes within the ambulances, the receptacles of suffering of every kind. Physical fatigue is great, indeed, but so also is the moral exhaustion of the surgeon; and great is the error of those who think his heart is hard, and that his impassibility is the result of indifference.

In our ambulances, calmness and resignation distinguished the wounded. To their honour be it said, the soldiers with severe and often fatal wounds, restrained their complaints, and patiently awaited their turns. Groans and murmurs were rarely heard. The stoicism of courage, proud in its wounds, was the general rule. The railway to Milan, which the enemy had not had time to destroy, was of immense service in transporting the wounded to the Hospitals of that city.

(To be continued.)

REVIEWS.

Notes on Hospitals. By Florence Nightingale. 8vo. pp. 108. London: 1859.

This is a remarkable book, and one of sterling worth. It deals with topics in social science, than which few are more important; and it is written by one whose many years' experience in the varied results of Hospital construction and organisation establishes her claims to the attention of the public and the Medical Profession.

No book of a similar kind exists in the English language. The work before us contains material brought together for the first time in a readable and referrable form; which, on the one hand, exhibits guiding lights to those who would undertake the construction and organisation of Hospitals for the sick and wounded, and on the other, it furnishes numerous beacons suggestive of difficulties and dangers—beacons, moreover, rendered conspicuous from the fact that they are reared on existing edifices which proclaim their own unfitness for the purposes they were intended to fulfil.

These "Notes on Hospitals" embrace: 1. Papers on the Sanitary Condition of Hospitals, and on the defects in the construction of Hospital Wards, originally read at the Liverpool meeting of the Association for the Promotion of Social Science, in October, 1858; 2. The evidence given by Miss Nightingale before the Royal Commission on the Sanitary State of the Army is here reprinted, with some alterations, from the Report of that Commission; Lastly, Three articles, contributed to the *Builder* newspaper, on the Sites and Construction of Hospitals, complete the volume.

The whole work contains matter of so much public importance, so much material for thought, so intelligently brought before the public, that we would gladly devote some time to a consideration of the topics discussed, did the limited space for reviews permit us to do so.

The first seven lines bring us, for instance, to an important

fact in the outset, namely, the remarkable difference observable in the general aspect of similar cases of disease, especially as to their duration and termination in different Hospitals. An extended experience in Hospitals of various constructions, and with varied administrations, cannot fail to impress the observer that conditions arise out of the construction and administration of the individual Hospital itself, which exercise a powerful effect on the ultimate issue of the cases which pass through the wards. There is, moreover, great difficulty in arriving at correct statistical data, so as to exhibit by comparison the striking differences in the mortality of different Hospitals. As a general rule, Hospital statistics only give the mortality which has taken place in the wards, taking no cognizance of those cases which are discharged in a hopeless condition, and that to a much greater extent from some Hospitals than from others. Again, the sanitary state of an Hospital ought not to be inferred solely from the greater or less mortality. "If," says Miss Nightingale, with a *naïveté* which not unfrequently enlivens her laconic notes, "if the function of a Hospital were to kill the sick, statistical comparisons of this nature would be admissible. As, however, its proper function is to restore the sick to health as speedily as possible, the elements which really give information as to whether this is done or not are those which show the proportion of sick restored to health, and the average time which has been required for this object."

Miss Nightingale has the rare merit of seldom noticing defects without being prepared to suggest a remedy. Accordingly, in showing that Hospital mortality statistics give little information on the point, because there are elements in existence of which such statistics take no cognizance; she suggests that the Hospitals of London and Paris ought to adopt a uniform plan, so as to give us the required information under the eight following heads:—

1. The numbers admitted for each decennial period of age for each sex per annum.
2. The numbers, similarly arranged, remaining in Hospital at the end of the preceding year.
3. The numbers dead for each sex at each decennial period of age per annum.
4. The numbers discharged cured, similarly arranged per annum.
5. The numbers discharged incurable, similarly arranged per annum.
6. The numbers remaining in Hospital at the end of the current year, similarly arranged.
7. The *Diseases* remaining, admitted, died, cured, discharged incurable, and remaining, arranged for each sex and each decennial period of age per annum.
8. The duration of cases similarly arranged.

We hope the members of the Statistical Congress, whose next meeting will be held in London, will come to some arrangement to contribute the information we require. So important would be such knowledge, that where records exist it would be worth while to go back for many years to construct such tables, and to continue the same forms hereafter. The duration of cases admitted, the general course and aspect of disease, the origin and spread of fever in an Hospital, the appearance and spread of Hospital gangrene, erysipelas, and pyæmia generally, all afford important criteria whereby to judge of the healthiness or unhealthiness of any Hospital;—nay more, an experienced and observing nurse, daily, if not almost hourly, can see changes come over patients, which changes rarely come under the cognizance of the periodical Medical visitor; but which, when seen, afford another important class of data from which to judge of the general adaptation of the Hospital for the reception and treatment of sick. Restlessness, languor, feverishness, and general *malaise*, any-one in the habit of intelligently watching patients instinctively allies with closeness of wards, defective ventilation, improper structure, bad architectural and administrative arrangements. Thus the sick in Hospital wards come to suffer from something quite other than the disease for which they were admitted.

The specific defects to which such occurrences are mainly attributable, are thus stated in the work before us:—

1. The agglomeration of a large number of sick under the same roof.
2. Deficiency of space.
3. Deficiency of ventilation.
4. Deficiency of light.

These are the four radical defects in Hospital construction; and these topics Miss Nightingale proceeds to consider seriatim in the outset. She then proceeds to examine the causes in the usual ward construction which prevent us from obtaining the conditions essential to the most healthy state of an Hospital. These are considered under the following heads:—

1. Defective means of natural ventilation and warming.
2. Defective height of wards.
3. Excessive width of wards between the opposite windows.
4. Arranging the beds along dead walls.
5. Having more than two rows of beds between the opposite windows.
6. Having windows only on one side, or having a closed corridor connecting the wards.
7. Using absorbent materials for walls and ceilings, and washing floors of Hospitals.
8. Defective condition of waterclosets.
9. Defective ward furniture.
10. Defective accommodation for nursing and discipline.
11. Defective Hospital kitchens.
12. Defective Hospital laundries.
13. Selection of bad sites and bad local climates for Hospitals.
14. Erecting Hospitals in towns.
15. Defects of sewerage.
16. Construction of Hospitals without free circulation of external air.

The varied topics here noticed are fully dealt with in a most able manner; and although we might take exception to some of the conclusions arrived at, and the details of argument which appear to have led Miss Nightingale to adopt certain opinions; yet the aim of the work is so well conceived, and its object so well carried out, and so fully illustrated, that we have the greatest pleasure in recommending it to the favourable notice of the Profession and the public.

With regard to the means of ventilation recommended, for example, we regret that Miss Nightingale entertains an idea so apparently fixed, that nothing can supersede with success the use of doors, windows, and fireplaces as a *natural* system of ventilation. Having already fully discussed this question in previous numbers of this journal, we adhere to what we have before stated on the subject. We believe that doors, windows, and fireplaces have each special functions to perform, apart altogether from the necessity of using them as apertures either for the egress or ingress of air; and we have every reason to believe that the benefits of natural ventilation can be at all times fully secured by an arrangement at once simple and efficient, which does not depend on the existence of doors and windows, and with the efficient action of which the presence of a fire or a fireplace does not in the least interfere. We refer to the system of natural ventilation contrived by McKinnell, of Glasgow, already fully described in the pages of this journal.

We highly value Miss Nightingale's "Notes on Hospitals," both from their intrinsic merit, and for the interest which attaches to the circumstances under which this book has been developed. A highly cultivated mind, early trained by actual practice into a knowledge of all that relates to a proper care of the sick; a most laborious, self-denying, sad, and bitterly-prolonged experience in the Hospitals of the Allied armies during the Crimean campaign; a subsequent extended examination into the construction and administration of many civil and military Hospitals on the Continent and at home; an extended, deep, and painstaking study of the many sanitary questions relating to the important topics which Miss Nightingale has so ably discussed, are circumstances which all contribute to enhance the value of a work whose aim and object at once commends itself to the philanthropic mind. In taking leave of this book, we beg to express the hope that better health may be vouchsafed to Miss Nightingale than she has been hitherto permitted to enjoy; that we may long continue to derive benefit from her extended experience, so that the fund at her disposal may give rise at once to a Model Hospital for the treatment of the sick and wounded, and a Training School for those who are fit, able, and willing to administer to their wants.

PATENT MEDICINES.—In the year ending the 31st March last the duty on patent medicines amounted to 43,090*l.* 14s. 1½d.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON GENERAL ENLARGEMENT OF THE LYMPHATIC GLANDS.

By Professor WUNDERLICH.

In connexion with the cases of this affection, referred to at pages 373, 479, and 509 of our last volume, we subjoin an interesting account of two others, which have fallen under Professor Wunderlich's notice:—

1. C. L., aged 22, a publican, was admitted into the hospital on August 28. Until February he had always enjoyed good health; but then, apparently as a consequence of cold, the glands of the axillæ swelled to a large size; and a month or two afterwards the cervical and inguinal glands enlarged, and a tumour projected from the upper part of the sternum. He was considerably emaciated; the skin was dry, and partly occupied with prurigo, and there were physical signs of the existence of phthisis. An immense number of enlarged glands, varying in size from a pea to a walnut, were observed in both the cervical regions, the supra-clavicular hollows, and at the nape. Under the right clavicle and at the right nipple, they varied from the size of a bean to a hazel-nut; while in the left axillary region a conglomeration as large as a fœtal head existed, soft in some parts, and hard in others, and having portions of the skin adherent. Under the pectoralis and along the arm were several swellings as large as nuts. In the left axilla a lump as large as an apple existed, having several smaller swellings near it. In the inguinal region there were small, hard enlargements. Under the use of iodine, cod-liver-oil, and good diet, his chest symptoms improved for a while, and his weight increased; but the improvement was only temporary, and he died on November 10,—new swellings of glands having of late appeared close to the old ones, while the latter underwent an increase of size, especially such of them as had been touched with iodine. At the autopsy there was found to be enlargement of almost all the lymphatic glands of the surface of the body, varying usually from a nut to an egg in size, and exhibiting in section a bacony (*speckartige*) consistency, a yellowish-red colour, and but little juice. On the sternum there was so hard a mass that during life it was believed to be a displacement of one of the bones. The xiphoid process and attachments of the ribs were surrounded by similar swellings. The whole mediastinum was filled by a similar mass, and the lungs and heart were thrust backwards. The latter organ was normal, and the capacity of the great vessels was not intrenched upon. The lungs exhibited tubercles in various stages. Professor Wunderlich describes the microscopical characters of the glands at great length.

2. A. H., aged 32, maid-servant, had enjoyed good health until August, 1853, when, without obvious cause, the menstruation ceased, and soon after swelling of the cervical glands commenced, which was somewhat reduced by pencilling with iodine. She soon afterwards became pallid and emaciated, and suffered from night-sweats. In May, 1854, pain in the region of the spleen set in, and continued at intervals. In June the glands in both axillæ, the bend of the elbow, and the popliteal space, became enlarged. On her admission, July 27, the emaciation was considerable; enlarged glands of various sizes were observed in the most different parts of the body; there was some pain in the region of the spleen, but no fever until some time after her admission. This again diminished in September, but the enlarged glands increased in number, and the spleen became much larger. On October 2 she died, worn out. At the autopsy the enlarged glands at the surface were found to be very numerous. Large packets occupied the mediastinum, the exterior of the bronchi, and various situations within the cavity of the abdomen. No tubercles were found in the almost bloodless lungs. The spleen was more than doubled in size, arising from the deposit of a yellowish-red mass, which, both to the eye and to the microscope, presented an exact resemblance to the substance of the swollen glands.

The most remarkable circumstance in both of these cases was the enormous enlargement of such great numbers of lymphatic glands. To such an extent had they increased, that they not only disfigured the form of the body, but from want of space to develope in, became themselves squeezed and flattened into various shapes. The change which the glands had undergone was in nowise of a carcinomatous or of a tuberculous nature; but consisted in an enormous hypertrophy produced with great rapidity, a portion of the nutritive material being deposited in an amorphous condition in the hypertrophied gland. The increase of the peculiar glandular parenchyma was less in the second than in the first case, there being in the former a good deal of coagulated fibrin, and infiltration of incompletely organised matter. The change observed in the spleen is, as far as the author is aware, peculiar and hitherto undescribed. To the unaided eye it most resembled innumerable points of suppuration, save that it was nowhere soft and fluidiform, but, on the contrary, very firm, and almost of cartilaginous hardness. Exactly the same change, but in far less numerous spots, was observed in the liver. The resemblance of this infiltration with the condition of the swollen lymphatic glands, leads to the inference of both being due to a common constitutional affection; and it might be indicated as spleen or liver scrofula. The causes of the affection were discoverable in neither case. The glandular swellings were not secondary to a peripheric affection. They must be regarded as an idiopathic affection; as the expression, in fact, of a constitutional disease. Both patients were excessively pale, which, together with the enlargement of the glands, and in one case the enlarged spleen, gave rise to the suspicion of leucœmia. Repeated microscopic examination of the blood did not confirm this. Little or no pain accompanied the affection. The glands caused inconvenience chiefly from their size; but their pressure being on all sides, they encroached but little on the capacity of the vessels. The heart and lungs were interfered with by the mediastinal glands. There was a slight peripheric œdema. The general condition exhibited extreme anæmia. Fever was only temporarily present, and never assumed the character of hectic. The patients sank under the increasing loss of power.—*Archiv. für Physiol. Heilk.* B. xvii. pp. 123—131.

ON GONORRHEAL RHEUMATISM.

By M. ROLLET.

Notwithstanding what has been written on the subject, this affection is not universally admitted; and Professor Thiry, of Brussels, has recently formally denied its existence—there being, in his opinion, no rheumatism that can be legitimately called gonorrheal, but only instances of arthritis coinciding with gonorrhea, without any relation of cause and effect. M. Rollet, of Lyons, has, however, just published a memoir, in which he maintains the reality and peculiarity of this form of rheumatism. First, the frequency with which gonorrheal subjects become affected with rheumatism is greater than it would be if it were a mere coincidence; and next, there is the repetition of the rheumatism so often met with in a given individual on the occurrence of a new or the revival of an old gonorrhea. While, too, it resembles ordinary rheumatism, it differs from it markedly, not only in its cause, but in the fact of its rarely affecting the muscles, nerves, or viscera, and, above all, the heart. Another remarkable difference consists in its usually being mono-articular, or at least extending to but very few joints—the knee-joint being that which is much the most frequently attacked, and then the ankle, the other joints suffering much seldomer. Then, again, this form of rheumatism is often accompanied by an iritis, the seat of which is preferentially the anterior layer of the iris, and sometimes the serous membrane lining the posterior surface of the cornea, *i. e.* Desmours' membrane, either wholly or in part.

In the absence of pathological examination, it is difficult to say in what the lesions of gonorrheal rheumatism differ from those of ordinary rheumatism; but there can be little doubt that they are not identical. At all events, it is certain that the inflammation becomes much more specially and more strongly fixed in the synovial membrane in this form of rheumatism than in the other, and hence the marked tendency to hydrarthritis which has struck all observers: and when it does not affect the joints, it exhibits a preference for the serous membranes, the sheaths of tendons, accidental bursæ, and Desmours' membrane. Clinically, gonorrheal rheumatism is distinguished by the less acuteness of the inflammatory symptoms, whether general or local, and by a less tendency to suppuration; but, on the other hand, there is a greater

tendency to anchylosis, especially in the small joints, and, in predisposed subjects, to white-swelling. The disease, again, is excessively rare in women, if it is observed in them at all.

Gonorrheal rheumatism seems to depend upon its special causes; for the predisposing and determining causes of common rheumatism have seemed to be without influence in the great majority of cases. The abundance of the discharge appears to be the most general condition upon which its production depends. Prior to the rheumatism the discharge has usually been acute, and sometimes very acute; or having become chronic, has revived again. The duration of the discharge does not seem to exert the same influence. When the rheumatism has become developed, it exerts a revulsive effect upon the discharge, this usually sensibly diminishing, although in a third of the cases it remains stationary. M. Rollet has seen it become more abundant only twice, and suppressed but once. The doctrine of metastasis has no foundation; and in treating the disease we must not seek to reproduce the discharge, as this doctrine would indicate; but, on the contrary, endeavour to arrest it as rapidly as possible, inasmuch as owing to the dependence of the rheumatism upon the urethuritis the slightest exacerbation of the latter, might be attended with aggravation of the synovitis. Therefore, copaiba and cubebs, together with injections or cauterisation of the canal, should be resorted to. For the rheumatism itself, blood-letting is useful, local bleeding being, in the majority of cases, preferable. When the acute inflammation has been subdued, or if this never existed, and when articular effusion is the predominant feature, the flying blister is a most effectual means. Emetics and purgatives are valuable remedies, as are also vapour baths, especially towards the end of the malady.—*Bulletin de Thérap.* tome lv. p. 130.

EXCERPTA MINORA.

Laudanum in Weak Vision of the Aged.—Professor Nascar, of Naples, says, that in the case of aged persons whose sight is becoming enfeebled and requires the aid of convex glasses, great advantage is derived, supposing no nervous lesion exists, from painting every evening the eyelids and brow with laudanum, and allowing this to remain on all night.—*Presse Belge*, No. 27.

Chlorate of Potass in Ozæna.—Dr. St. Arnould recommends the following injection to be thrown in or inspired night and morning, after having cleaned out the nares with some injections of tepid water. Chlorate Potass, 32 parts. Boiling water, 1000 parts.—*Ibid.*

OBITUARY.

DR. SAMUEL GRIFFITH.

We have been within the past week called upon to mourn the loss of the young and distinguished Physician whose name heads this notice. His name appears as a Medical student of King's College, London, at the commencement of the Session of 1843, 1844. And now his professional career commenced in earnest, not by book work, but by practical observation and study. He was diligent in the class and dissecting-rooms, and even more so in the wards of the Hospital. His assiduity in the dissection-rooms secured his being chosen one of the prosectors of anatomy to Prof. Partridge, but so soon as the preliminary subjects of his professional education were mastered, and the more practical ones entered on, he indicated the preference to the study of midwifery and of the diseases of women and children. He became clinical clerk to Dr. Farre, the Professor of Midwifery, who had the charge of the out-patients, women and children, and made the best use of the opportunities of observation his position afforded. He also acted as clinical clerk to Dr. Guy, the Physician for out-patients, and subsequently was in-patient clinical clerk under Dr. Todd, who learnt to esteem his valuable qualities, and who, during his subsequent career, particularly when sickness overtook him, proved himself a most kind and ready friend.

Having become Licentiate of the Apothecaries' Company and Member of the College of Surgeons, he was appointed House Physician to King's College Hospital, and in that capacity, besides the arduous duties in the wards, had to lend his aid, whenever called upon, to any less experienced students in the mysteries of obstetrical practice.

He would work indefatigably by day in the wards, and, instead of courting the needed repose and sleep of night, seemed only too happy to find himself spending the midnight hours at the bedside of some poor woman in childbirth. Such exertions were incompatible with even his robust health and vigorous frame; and at this period he doubtless made the first inroads upon a sound constitution. Unwilling as he was, it became necessary for him to remit his labours and to recruit his overtaxed powers by a holiday. At the completion of his Hospital and College career he resided with his father, and became one of the Surgeons to the Royal Maternity Charity, and soon after having taken the M.B. degree at the University of London was elected Physician-Accoucheur to the Farringdon Dispensary.

We cannot in these pages follow his movements in detail, but let us briefly state that he persevered in professional work in an undaunted manner; he lost no opportunity to forward his progress and practice; and his future history, while it is on the one hand an illustration of this assiduity, it is on the other one of the rewards accruing from it. He went to reside in Wellington-street, Southwark, and became Assistant-Accoucheur to Dr. Waller, at St. Thomas's Hospital, and a Licentiate of the College of Physicians. He was chosen Physician to St. Ann's and to the Welsh School, and to the Surrey Dispensary, and Medical Referee of the Star Life Assurance Office. He had likewise been appointed about this period one of the three Physicians of the Royal Maternity Charity, and had the large Central District assigned to him, at the same time receiving from the Committee a valuable testimonial expressive of the very high sense which they entertained of the services which he had previously rendered to that Institution. Beside the active occupation of his public appointments, private practice began to increase; and, in consequence, he found it no longer possible to perform his duties at the Farringdon Dispensary. He therefore resigned this appointment, and had the gratification to receive from the Committee of the Institution a very handsome acknowledgment of his zeal and assiduity in the discharge of the duties of Physician-Accoucheur.

After holding the appointment at St. Thomas's for a year or two, he became coadjutor with Dr. Waller in the midwifery department at St. Thomas's Hospital, and was called upon to deliver lectures on practical midwifery.

His labour was excessive without interruption, and in the winter of 1857 his overtaxed strength began to fail, of which he took little notice; but he was induced to see Dr. Todd, who, finding one of the lungs affected, ordered his immediate desistance from practice, and, after some preliminary treatment, his removal to Torquay. He remained at that town for two months, and returned to London, resumed practice with the same earnestness as before his illness, and with alas! too little caution; for in the ensuing October he was attacked with severe hæmoptysis, which again demanded his withdrawal from practice, and his removal to Devon. In a few months his health became sufficiently recruited to allow his return to London, but still it was as an invalid; the injury the lung had received still showed itself by the frequent short cough, rapid pulse, and respiration. His hopes of the future, however, remained bright; withstanding the rude shocks his private practice had received, it greatly increased, and during the last winter he took the lease of a house in St. Thomas's Street, fitting and furnishing it in anticipation of future years of activity and success. But losing sight of his invalid condition, and acting as if his rude health and powers remained intact as of old, he plunged into practice with his usual ardour. Daily the practice seemed to grow, for he was now the principal consulting Physician in female diseases, and obstetrical cases on the Surrey side of the metropolis; but in April last, having been summoned to a consultation at Greenwich late in the evening, he was exposed to a heavy rain. The fatal malady which lay latent, not extinct in his lungs, was rekindled. Congestion of the lungs followed; he still, however, continued to perform his daily duty, but severe hæmoptysis returned, a few days reduced him to a state of great weakness, and, though every care and treatment were lavished upon him, he made little progress towards amendment. He was able, however, to make the journey to Torquay, animated with the

flattering hope that the climate of that place, which had served him so well before, would again restore him; but, though at first it seemed to renovate his strength, his malady had too far advanced, exhaustion progressed, and unexpectedly, at the moment, issued in death, on the 23rd June last. Thus lived, and thus died, one who was literally respected and loved by all who knew him. A heartiness and genuineness of character, a desire to please and to oblige, a firmness and integrity of purpose, a love of truth, and the possession of sterling, moral, and religious principles, brought him numerous friends, made him beloved in life, and regretted in death.

GENERAL CORRESPONDENCE.

THE TITLE OF DOCTOR.

LETTERS FROM DRS. CHRISTISON, HAWKINS, ETC.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following correspondence relative to the new Licentiates of the Edinburgh College of Physicians, we hope you will consider of sufficient importance to publish. We refrain from adding any comments of our own at present.

In answer to a letter to Professor Christison we received the following reply:—

"Edinburgh, May 19, 1859.

"Gentlemen,—I beg to acknowledge the receipt of your letter of the 19th instant, in which you ask me, as a Professor of the University of Edinburgh, 'Whether the licence which has been sold for 10*l.* by the College of Physicians of Edinburgh to certain Practitioners of Medicine and Surgery in England, confers on them the legal right of assuming the title of Doctor?'

"In reply I have to inform you the Licence of the College of Physicians does not confer any such right, and that in Scotland the right of assuming the title of Doctor can be acquired by a Medical man only by graduation at a University. I am, your most obedient Servant,

"R. CHRISTISON."

In answer to a letter to Dr. F. Hawkins, informing him that two gentlemen of this town (Southampton), who had recently obtained the Licence of the Edinburgh College of Physicians were calling themselves on their door-plates and visiting-cards, Doctor, and that his receipt for five shillings (the registration fee for this new qualification) in which they were styled Doctor was being handed about as their highest authority for their assumption of this title; and asking if these gentlemen had really a right to be called Doctor, or if the title had been inserted accidentally? The following was received:—

"Medical Registration Office, June 3, 1859.

"Gentlemen,—In reply to your communication just received, I beg to say that a Licentiate of a College of Physicians, not being a graduate of an University, is not a Doctor of Medicine by legal right, and can only be called Doctor by courtesy. But as this courtesy is customary, and is in fact recommended by long prescription and usage, I have not hitherto seen reason to depart from it except in documents of a strictly formal character, which a mere receipt for money is not.

"I do not designate a licentiate as above described as M.D. in the Register or in any certificated copy of the Register. "I am, gentlemen,

"Yours faithfully,

"FRANCIS HAWKINS.

"To Drs. Lake, Scott, and Aldridge."

Graduates to Professor Christison.

"Southampton, June 9th,

"Dear Sir,—We beg to thank you for your communication of the 19th ultimo, respecting the right of Licentiates of the College of Physicians of Edinburgh to call themselves Doctor. Allow us again to trouble you on the matter. Two gentlemen of this town have recently obtained the above licence, and have assumed both on their cards and door-plates the title of Doctor. They defend this assumption by a receipt from Dr. F. Hawkins for the registration fee, which runs thus,—'Received of Doctor ——, &c.' This document is handed about as an official recognition of their right to the title by the highest authority. We have written to Dr. F. Hawkins stating the matter, and have received the unsatisfactory answer which is enclosed.

"We must further observe that the public are quite unable to comprehend the distinction between M.D. of Edinburgh and licentiates of the College, who call themselves Doctors of Edinburgh, and that thus an injury is inflicted not only on ourselves, but, indirectly, on the University itself.

"Under these circumstances, we hope you will, both as a Member of the Council and a Professor of the University, give us your advice whether we should take any and what further steps in the matter, and how far the University of Edinburgh itself is inclined or able to protect the rights of its graduates. We beg to remain

"Your obedient servants,

"GEO. A. K. LAKE,

"GEORGE SCOTT,

"J. H. ALDRIDGE.

"To Professor Christison, M.D."

Graduates to Dr. F. Hawkins.

"Southampton, June 9, 1859.

"Sir,—We have the honour to acknowledge the receipt of your letter of the 3rd inst.

"We cannot help expressing our surprise that you should not consider your receipt for money as a document of strictly formal character, as it appears to us that all communications relating to Medical qualifications and titles emanating from the Medical Registration Office are necessarily strictly official. That the two gentlemen of this town who have lately bought the Licence of the Royal College of Physicians of Edinburgh consider your receipt as a formal document, is evidenced by the fact of their showing this paper to their friends and acquaintances in proof of their right to assume the title of Doctor. It was because they were using your money receipt as a formal acknowledgment of their legal right to style themselves Doctor, that we took the liberty of addressing you in our last, and we must candidly state that we are by no means satisfied with the ambiguous answer with which you have favoured us. We have always looked upon your office as one formed for the purpose of enabling both the Profession and the public to ascertain without difficulty, and on authority without appeal, the position and title which each member of the Profession is legally right in assuming. If, therefore, you do not deem the Licentiates of the Edinburgh College of Physicians entitled to be formally registered as Doctors, is it right that they should show your money receipt to the world as a legal proof of their right to style themselves such on their door-plates and cards?

"We beg to remain, your obedient servants,

"GEO. A. K. LAKE,

"GEORGE SCOTT,

"JNO. H. ALDRIDGE.

"To Dr. F. Hawkins."

Dr. F. Hawkins to Graduates.

"Medical Registration Office, 14th June, 1859.

"Dr. Francis Hawkins presents his compliments to the gentlemen who have addressed him from Southampton, and begs to tell them, that although he is sorry to discontinue a courtesy which, under the sanction of no slight authority, he has been accustomed for many years to observe, yet since it seems that in some instances an attempt has been made to take an improper advantage of it, he has directed that in letters and receipts sent from this office, no person shall be addressed as Doctor who has not taken the degree of M.D."

Professor Christison to Graduates.

"Edinburgh, June 16, 1859.

"Gentlemen,—In answer to your letter of June 9, I beg to inform you that I am not aware of any right, either in law or in courtesy, by which a licentiate of the Edinburgh College of Physicians can call himself Doctor, unless he is also a Graduate of an University. You are well enough aware of a usage in society, not unknown in England, but more common in Scotland, where there is a far larger proportion of Graduates, according to which almost any Medical man is familiarly spoken of and addressed by unprofessional persons as Doctor. You probably also know, that the Medical Act of last year does not prevent a man from calling himself Doctor, provided he do not call himself Doctor of Medicine. Hence any of the new Edinburgh licentiates may, in strict legal phrase, call himself Doctor, because any body whatever may

do the same, even a low quack; but in Scotland there is neither law nor courtesy to support the pretensions of an ungraduated licentiate of the Edinburgh College of Physicians to be called, or to call himself in any formal way, as for example, on his door-plate, or in announcing himself on going into company, Doctor. The simple reason is, that until a few weeks ago no such anomalous individual was known in Scotland at all as an ungraduated Licentiate of the College of Physicians.

"As to the usage in England, I cannot speak, England must regulate its own courtesies. Whether the General Registrar is correct, or not, in addressing these ungraduated Edinburgh Licentiates as Doctors in his letters, I cannot pretend positively to pronounce, but I think it is an error. The grand general principle of the Medical Act is to concede to every Practitioner of the realm those rights which he has acquired by his qualification, or qualifications, in any division of the realm. If this equitable principle be impassionately acted on, it ought to affect rights by courtesy as well as rights by law. In that case, the said Licentiates have no right to call themselves Doctors in England, having no such right in Scotland.

"I have delayed answering your letter, in the hope that the question might he cleared up by our College of Physicians at a meeting held yesterday. I was unfortunately unable to remain long enough at the meeting to put the question at the only right time for it, but another Fellow informs me that he put the question, and that the President, the head of this very dubious movement, declined to give an answer. I can say, however, that several of the Fellows, who have concurred with him in the movement, assured me some time ago that it was neither their wish nor their intention that ungraduated Licentiates should call themselves Doctors.

"I wish I could accede to your request to be advised by me as to your course of procedure under these circumstances. I do not at present see that the University of Edinburgh can take any steps in the matter. It is not improbable that the question may be mooted at the next meeting of the General Medical Council in August, but I don't know whether that body can solve the difficulty. Meanwhile, every Graduate ought to avoid the concession of the title of Doctor to any but Graduates, unless he be satisfied that ungraduated Licentiates of the London College are already by established courtesy a fair exception.

"I am, gentlemen,
"Your most obedient servant,
"R. Christison.

"To Drs. Lake, Scott, and Aldridge.'

Graduates to Dr. F. Hawkins.

"Southampton, June 28, 1859.

"Sir,—We beg to thank you for your letter, and the order you have given as communicated in your last.

"We have the fullest authority for stating, that in Scotland ungraduated Licentiates are neither in practice, courtesy, or law, styled in a formal way Doctor. Moreover, this being a new thing, your remarks 'that you discontinue a courtesy, which, under the sanction of no slight authority, you have been accustomed for many years to observe,' cannot apply at all.

"There is no secret made in this town, that the sole object of obtaining the Edinburgh licence to practice is, to be styled Doctor; and it seems not a little mortifying, that the first results of the new Medical Act should be such a prostitution of Medical titles.

"We beg to remain,
"Your obedient servants,
"George A. K. Lake,
"George Scott,
"John H. Aldridge.

"To Dr. F. Hawkins."

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letters from Mr. Estcourt and Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged by your giving insertion to the following letters, in order that the Poor-Law Medical Officers may perceive that their cause, though in abeyance for a time, in consequence of the ministerial changes, has not been forgotten by me, I am, &c.,

Richard Griffin.

12, Royal Terrace, Weymouth, July 1, 1859.

"My Lords and Gentlemen.—I beg most respectfully to call your attention to the complaints of the Poor-Law Medical Officers, with the hope that you will immediately take their case into your serious consideration. A full account of their grievances will be found in the accompanying pamphlets, and in No. 3, (pages 30 and 32,) is the following statement of the Right Honourable T. Sotheron Estcourt, the then President of your honourable Board: "Looking at the question practically, I think we have made some progress. Last May there was almost a doubt as to whether there was a grievance, but now the existence of the grievance is admitted. What I hope to do is, in the course of the present session to prepare a bill (if we can arrive at a solution of the difficulty) and lay it on the table of the House . . . it may then be printed and circulated in the shape of a bill, towards the end of the session, and if it is duly considered during the recess, there will, next session, be no difficulty in carrying it . . . . The matter ought not to continue in its present state, and if I continue in office, I shall use the best means in my power to put the question on a better footing, and to make such arrangements as will be satisfactory both to you and to the public." The above quotation will enable your honourable Board to understand the position of the question, whilst in the hands of your predecessors; and as the army and navy Medical departments have been placed upon a more equitable footing, by orders of her Majesty's Government, I earnestly hope that your Medical officers, upwards of 3000 in number, and who have annually the treatment of more than a million and a quarter of the sick poor of England and Wales, will have their grievances removed and their services so requited that they may be enabled to do their duty to the poor without feeling that, as is the case in too many instances at present, the paltry pittance accorded to them by the guardians,(a) does not pay the cost of suitable medicines, omitting all consideration of the value of the time and talents devoted to a service which is public, and therefore ought to be remunerated in an equitable manner.

"In the accompanying pamphlets will be found almost all that can be stated on the subject; but should your honourable Board desire to make further enquiries of your medical officers, and will name a day for a deputation to wait upon you, I will call a meeting for that purpose; or, at any time I will attend personally to answer queries, or to assist in preparing measures for a reasonable adjustment of the question.

"Once again, I pray your honourable Board will take up our cause without delay, and carry out the promises made by your honourable predecessors when in office, and that you will carefully re-model a system which is cruel in the extreme to very many of your officers, and I greatly fear is also injurious to the welfare of the sick poor.—I am, &c.

"Richard Griffin."

The following letter from the Right Honourable T. Sotheron Estcourt, on quitting the office of President to the Poor-Law Board, explains the intentions of your immediate predecessors:—

"Sir,—I assure you that it is a matter of regret to me that I should be transplanted to a new office, from one where I had gradually become exceedingly interested in the management, and where I was engaged in watching the progress of certain proposed improvements, and hoped to have been permitted to bring them to maturity. Amongst those, I need not tell you the scheme for an alteration of the method of Medical Relief holds a chief place, and I am anxious to lose no time in informing you, and through you, the gentlemen with whom you are associated in this matter, that my successor, Lord March, expresses to me a wish to identify himself with me in the course which I have hitherto followed in this business, that it will not be necessary to re-produce before him the papers and documents, or to re-state the arguments which you have already furnished to me, and that he will, at as early a period as other business will allow, attentively consider the bearings of the question with a view to a practical measure.—I am, &c.

"March 4, 1859. "T. Sotheron Estcourt.

"R. Griffin, Esq."

(a) 79 Medical Officers receive less than 1s. per patient they attend, and 806, less than 3s. per case, though the duration of illness averages 22 days.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—July 1.

LUNATICS.

Mr. Walpole moved for the reappointment of a Select Committee to inquire into the operation of the Acts of Parliament and regulations for the care and treatment of lunatics and their property. The right hon. gentleman said the former committee had proceeded a great way with their inquiries, but had not completed them when Parliament was dissolved. He believed all the members of the late committee but one were members of the present House.

The motion was agreed to.

July 4.

PUBLIC HEALTH ACT (1858) CONTINUANCE BILL.

Mr. Lowe moved for leave to bring in a bill to make perpetual the Public Health Act (1858). He observed that the bill of 1858 was proposed at the end of the session, for the purpose of giving to the Privy Council the powers which were contained in the Diseases Prevention Act of 1855, the principal of those powers being the power of inspecting diseased districts. The Act of 1858 would expire on the 1st of August, and not much time therefore was left them to legislate in the matter. He need not say, however, that the proposed measure did not comprehend the compulsory powers of the old Board of Health, but simply gave the Privy Council those powers which had been found necessary and serviceable.

Leave was given, and the bill subsequently brought in and read a first time.

SEWAGE OF THE METROPOLIS.

Mr. John Locke asked the First Commissioner of Works whether the Metropolitan Board had commenced the construction of low level sewers, for the purpose of preventing the sewage of the metropolis from passing into the river Thames; or whether, on the contrary, they were merely proceeding with high level sewers, in order to divert the water from brooks and rivulets, and also the rain water, from passing into the river through the present sewers.

Mr. Fitzroy said the department with which he was connected had no control whatever over the Board of Works as to the drainage of the metropolis. The whole jurisdiction, superintendence, and construction of those works was vested exclusively in the Board by Act of Parliament. (Hear, hear.) But not to be wanting in courtesy to the hon. gentleman (Mr. Locke), he had put himself in communication with the Chairman of the Board of Works on this subject, and had received from him the following statement, which he would read to the House:—

"The Board have commenced the intercepting scheme by the construction of the high level sewers, in order to divert the flood waters from the lower districts and to facilitate the construction of the low level sewers. They are deeply impressed with the necessity for affording the earliest possible relief to those districts, as well as of diverting the whole of the sewage from the river without any avoidable delay, and have, therefore, directed their attention to providing the engines and machinery for raising the sewage, without which it would be impossible for the low level sewers to perform their office. They have further ordered the immediate preparation of the contract drawings for the northern outfall sewer, into which the contents of the low level sewer will have to be pumped, and have instructed their engineer to lay before them some suggestions for affording immediate relief to the localities referred to pending the execution of the permanent works."

Sharp Practice.—Hospital gangrene, as we are told by his son, is cured without fail by Dr. Pinilla, at the Hospital of St. Jean de Dieu. He covers the gangrenous part with lint, soaked in concentrated sulphuric acid; filling up any hollows with pellets of lint, soaked in the same! "The pain is excessive for two hours, and then gradually diminishes. A hard, dry, adherent surface is left, which separates in eight or ten days, and leaves a healthy-looking wound."

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 30, 1859:—

Spode, Josiah, Tasmania.

The following gentlemen also, on the same day, passed their first examination:—

Jeaffreson, Horace, Framlingham, Suffolk.
Lancaster, William James, Barnsley, Yorkshire.
Martin, Timothy Henry, Merthyr Tidvil.
Mitchell, Thomas Carter, Kempston, Bedfordshire.
Royle, Arnold, Southampton.
Wales, John, Downham Market, Norfolk.
Wingate, Robert, Hareby, Spilsby, Lincolnshire.
Winkfield, Alfred, Bedford.

DEATHS.

Anderson.—On the 3rd inst. at his residence at Dalston, James Anderson, late of the H.E.I.C.S. aged 68.

Malcolm.—Dr. J. Malcolm died at Dundee on the 3rd inst. in the 52nd year of his age. Dr. Malcolm's health had for some time past been such as to alarm his friends, and a few weeks ago he went to Bridge of Allan, in order to try the effect of a change of air. He returned, after a fortnight's stay, apparently much recovered. On Friday, however, his symptoms became worse, and he expired on Sunday. His demise will be deeply regretted by a large number of friends, and his loss will be felt by a numerous circle of patients, by whom he was much appreciated in his professional capacity. Before he went to Dundee, Dr. Malcolm was two or three years in the East India Company's service, and made two voyages to China in their employ. He commenced the exercise of his profession in Dundee in 1835; and he has held several appointments of a public character in the town, having been one of the district Surgeons of the Royal Infirmary, to which he was appointed shortly after he commenced practice here, and also of the Parochial Board for a number of years. During the visitation of cholera at Dundee in 1849 and 1853, Dr. Malcolm also exerted himself with great zeal and activity on behalf of the poor sufferers, and received the thanks of several of the public Boards for his conduct on that occasion.

Parkinson.—On the 18th June at Brussels, William Hancock Parkinson, M.D. F.R.C.S.

The Poplar Hospital on the 29th June held its third anniversary dinner. About £700 were collected on the occasion.

The Vice-Chancellor has granted a licence to G. M. Humphry, M.D., of Downing College, Cambridge, to open a hostel for Medical students.

King's College Hospital, on the 30th of June, celebrated its twentieth anniversary. Nearly £3,000 were collected on the occasion. Dr. Todd presided.

The vesicles of clouds and fogs, M. Langlais says, are hollow, containing in their interior, not air, as is generally believed, but watery vapour.

In a Congregation held in Oxford, on June 30th, the degree of Bachelor of Medicine was conferred upon Augustus Newman, St. John's; John Henry Bridges, Oriel; Edward Robinson, Harvey, Christ Church.

Two-thirds of patients affected with chorea are, according to Dr. Marcé, injured in their moral and intellectual faculties. The symptoms vary between simple change of character and fancies and entire loss of memory, and furious mania.

The Medico-Chirurgical Academy of Ferrara offers a prize of 200 crowns to the author of the best essay on the subject of "Mental Diseases in Relation to Legal Medicine." The essays in Italian, Latin, or French, to be sent to the Secretary of the Academy before 31st March, 1862.

Baron H. Larrey, before setting out to join the army in Italy, made a gift to the commune of Baudéau of the house in which his illustrious father was born, and also of 500 francs per annum, in order to establish an asylum and school for the children of the commune. Baron Hippolyte Larrey, who now occupies the same post in the French army in Italy as that held by his father, the celebrated Baron Larrey, had a horse killed under him in the thick of the fight at the battle of Solferino.

M. Velpeau, on placing the 3rd edition of Professor Bennett's work on the "Principles of Medicine" before the Academy of Medicine, proposed that his name should be inscribed on the list of candidates for the title of Foreign Associate.

Medical Knights.—Last week the following Knights-Commanders, Henry George Roberts, Inspector General of Hospitals, and Dr. John Macandrew, were introduced, and received from the Sovereign the honour of knighthood, and were invested by her Majesty with the insignia of the Military Division of the Second Class of the order of the Bath.

The conversion of cane-sugar into grape-sugar takes place, according to M. Gelis, when cane-sugar has been subjected for a long time to a high temperature. In such case, two equivalents of cane-sugar are converted into one equivalent of grape-sugar, by displacement of the water which they contain.

Fucus Vesiculosus rightly administered, says M. Duchesne-Duprae, will cure a man of his obesity without injuring his health. The *tripe de roche*, also a well-known alga, has cured many a poor fellow of his obesity, who has been forced to subsist upon it in the Arctic Regions. Its use is at length followed by diarrhœa.

In Holland there are three assurance offices for cattle's lives. One company has all its assured cattle vaccinated, as a preservation against contagious pneumonia. Another company innoculates only when the disease has invaded the animals' stalls. The third company does not vaccinate at all. It has been calculated that the first company has lost 6 per 100 of cattle; the second, 11 per cent; and the third, 40 per cent.

The following advertisement, written in good Spanish, is to be seen every day in the *Diario* of Madrid. The *Espana Medica*, January 27, 1859, which copies it, puts it into Latin, for the sake of decency:—"Pallidis puellis quarum valetudo nondum florescit, laborante menstruo, illis quæ frustrà hactemis cupiebant gravidas fieri, hic est remedium quod ab exterà regione secum perducit juvenis viator. Facile, simplex, naturale, datur secretè.'—*L'Union Méd.*

M. Deville asserts that the number of dead births in Paris is greatly on the increase. "From all this," he says, "it follows mathematically" (according to statistical mathematics it should be understood,) "that the number of children born dead in Paris, has constantly increased during the last thirty years. In 1829, the number was 5 per 100; in 1839, 9 per cent.; and in 1849, 11 per cent. The causes he attributes to the too frequent use of ergot of rye in parturition, and to criminal abortion."

University College, London.—The Council at a session held on Saturday last, after passing a vote of thanks to Viscount Palmerston, for his kindness in acting as president at the distribution of prizes that day, for the eloquent and impressive address which he delivered, and for the ability and courtesy with which he discharged the duties of the office, appointed Dr. Harley to the Professorship of Medical Jurisprudence, about to be resigned by Dr. Carpenter, in consequence of his being required to devote the whole of his time to the registrarship of the University of London.

A curious case of an ovarian cyst opening spontaneously five times during three years into the digestive tube, is related by Dr. Isnard. The cyst must have opened both into the stomach and the colon, as the liquid was evacuated by vomiting as well as by stool. The patient appears to have been radically cured by the injection of 50 grammes of tincture of iodine into the cyst. The iodine caused no symptom of poisoning, although the presence of the metal could be traced in the urine ten days after the operation. Two years after the operation the patient was in perfect health; the remains of the tumour being scarcely perceptible in the side.

Wounded in Italy.—The following from a Vienna correspondent must be taken *cum grano*:—"From an Austrian Surgeon, now a prisoner of the French, we hear of the most atrocious deeds perpetrated by the Zouaves on entering a hospital at Magenta. Directly the battle was over, the infuriated savages rushed into the streets, stormed the building, although a white flag was waving from the roof, and actually shot a number of the wounded men lying in their beds. They bayoneted another Austrian Surgeon, of the name of Dr. Forst, who was at the time bandaging the arm of a Frenchman. Those of the wounded who were able to stand up fled to the cellars of the house, whence they were rescued by the timely interference of the officers. Afterwards, the French Surgeon, Dr. Mery, endeavoured to compensate, by the greatest attention, for the ill-treatment these poor invalids had suffered at the hands of his countrymen."

Births and Deaths at St. Petersburg. These were as follows in 1853—7:

In	Births	Deaths.
1853	16,668 ..	21,607
1854	16,649 ..	22,482
1855	17,252 ..	26,724
1856	17,549 ..	24,680
1857	18,110 ..	20,708
	86,228	116,201

From this quinquennial statement it results that there is an annual average of 23,200 deaths—18,314 males, and 4886 females. In the year 1857 an exact enumeration exhibited 494,656 inhabitants, viz. 348,336 males, and 176,320 females. In the course of the five years the births exceeded the deaths by 25,078.

The Queen's University in Ireland.—The report of the Examiners on the June Examinations in Medicine was received by the Senate of the Queen's University, at a meeting held on the 27th ult. The following gentlemen have passed for the degree of M.D.:—1. Mr. Thos. Alexander O'Flaherty (recommended); 2. Mr. Robert Edward Heath (recommended); 3. Mr. Arthur P. Holmes; 4. Mr. Michael J. Rahilly. And the following gentlemen have passed the first Medical Examination of the Queen's University:—1. Mr. Matthias O'Keefe, M.A. (recommended); 2. Mr. Henry Whittaker (recommended); 3. Mr. Albert A. Gore; 4. Mr. William Jones. The degrees will be conferred at a public meeting of the University, to be held on the 14th of October.

Prize Questions.—The Société de Médecine de Toulouse offers a prize of 300 francs for the best essay on the "Value of Caustics in the Treatment of Cancer." The essay, legibly written in French or Latin, to be sent to the Secretary of the Society before the 1st January, 1860. The subject of the prize for 1861 is, "The Influence of Cultivation upon Plants employed in Medicine." The Medico-Chirurgical Society of Bologna offers a prize of 100 Roman crowns for the best essay (written in Italian, French, or Latin, and sent in prior to the 31st May, 1861) upon the following subject, "Suckling Considered in Relation to the Diseases of the Nurse and the Infant." The Medico-Chirurgical Academy of Ferrara offers a prize of 200 Roman crowns for the best essay on "Mental Diseases in their Relations to Legal Medicine." The essays in French, Italian, or Latin, to be forwarded by 31st March, 1862.

Royal Society.—The following gentlemen were elected Fellows of this Society on Thursday, June 9th:—Samuel Husbands Beckles, Esq., Barrister, St. Leonards-on-Sea; Frederick Crace Calvert, Esq., F.C.S., Professional Chemist, Oxford-road, Manchester; Henry J. Carter, Esq., S.E. Ind. Service, Bombay; Douglas Galton, Esq., Captain R.E., Chester-street, London; William Bird Herapath, M.D., Lond., F.R.S.E., F.C.S., Bristol; George Murray Humphry, Esq. M.D., F.R.C.S., Surgeon, Cambridge; Thomas Sterry Hunt, Esq., A.M., Professional Chemist, Montreal, Canada; John Dennis Macdonald, Esq., Assistant-Surgeon, R.N.; William Odling, Esq., M.B. Lond., Sec. C.S., Chemist, Kennington-road, London; Robert Paterson, Esq., M.R.I.A., Belfast; John Penn, Esq., C.E., Lewisham; Sir Robert Schomburgh, Her Britannic Majesty's Consul, Bangkok;

Thomas Watson, M.D., F.R.C.P., Henrietta-street, Cavendish-square; Robert Woodcroft, Esq., Superintendent Great Seal Patent Office, Fulword College, St. John's-Wood; William Yolland, Esq., Lieut.-Col. R.E., F.R.A.S., Inspector of Railways under Board of Trade, Westbourne-park, Hyde-park.

Vital Statistics.—During thirteen years of observation Dr. Marc D'Espine, a most persevering statician, has collected 16,856 cases of death from 80 different kinds of diseases. Each of the principal causes of death has been studied separately by him; the deaths caused thereby are divided into twelve periods of ages, and at the same time separated according to sex, and habitation in town or country. A second table gives a distribution of deaths through the twelve months of the year, with a similar division of sex and habitation. Finally, in the text, which accompanies each of these instructive tables, the author gives particular details, which he has not introduced into the tables, such as the powerful influences of fortune. This work of comparison and criticism, which must have cost him great labour and researches, is very precious. It enables us to discover the meaning of the differences met with here and there; and it strongly confirms the conclusions offered in England, Belgium, and Geneva. The author, moreover, is a true statician; he well knows the importance of a critical examination of statistical documents, and he very seldom omits subjecting his own materials to it. Here is one example of his method:—*Cancer.*—The cancerous diathesis has a decided preference for the upper classes of society. This cruel disease, which between 40 and 70 carries off more than one-ninth of the population, is a cause of death *twice* as frequent in the upper classes than among the general population; (of 1000 deaths 111 are of the upper class, from this cause, and 52 only of the general) and as regards sex, 57 women to 32 men. In cancer of the stomach, 52 deaths in the upper classes to 23 general; of the breast, 14 to 5; of the uterus, 13 to 8.

Middlesex Hospital.—The annual distribution of prizes to the students in the School of Medicine took place yesterday at the hospital, the Dean of Canterbury presided. The prizes were distributed as follows: Prizes and certificates of honour awarded in the summer session of 1858—Materia Medica, Mr. T. Jones; midwifery, Mr. W. Brend; Medical jurisprudence (general examination), Mr. W. Brend, (weekly examination), Mr. S. C. Noble; practical chemistry, Mr. W. Brend and S. C. Noble, equal; botany, Mr. R. Wrixon. Prizes and certificates of honour awarded to first year's students, winter session, 1858-9—Mr. T. W. Spurgin, first prize; Mr. J. Harper, second prize certificates of honour; Physiology and general anatomy, Messrs. T. W. Spurgin, J. Harper, C. Sutton, R. P. Tyley; anatomy, Messrs. T. W. Spurgin, J. Harper, R. P. Tyley, C. Sutton. Prizes and certificates of honour awarded to second year's students, winter session, 1858-9—Mr. T. Jones, first prize; Mr. B. Wrixon, second prize. Certificates of honour—Medicine, Messrs. T. Jones, R. Wrixon, and R. Williams; physiology and general anatomy, Messrs T. Jones, R. Wrixon, T. Dane, R. Williams; surgery, Messrs. T. Jones, R. Wrixon, R. Williams, T. Dane; physiology and general anatomy, Messrs. T. Jones, R. Wrixon, T. Dane, R. Williams; anatomy, Messrs. T. Jones, R. Wrixon, R. Williams, T. Dane. Prizes to third year students—clinical prize in Medicine. Mr. P. R. Cresswell, Melbourne, Australia. Governor's prize for the best reports in clinical Medicine and Surgery, Mr. W. Brend; honorary certificates of general good conduct and diligence, Messrs. G. Birch, W. Brend, C. Bromley, J. P. Cresswell, P. R. Cresswell, H. M'Neile Gould, R. J. M'Morris, S. Meredith, S. C. Noble, S. H. Perkins, A. J. Roberts, W. Sawkins, H. Tayler, A. Tyler, F. S. Worthington. Dr. Stewart and the Dean of Canterbury having briefly addressed the assembly, the proceedings concluded.

The Edinburgh College of Physicians.—We extract the following passage from a very able address by Dr. Radclyffe Hall, at the annual meeting of the South-Western Branch of the British Medical Association:—"During the past year, the Medical Act has formally become law, and no sooner had it so become than the two Colleges of Physicians of London and Edinburgh respectively altered their constitution. But how differently! Whilst the London College, with just and proper liberality, offers to admit within its ranks all respectable physicians who do not already belong to it, the Edinburgh College proffers to make any medical practitioner who is not a physician at all into a physician on his paying to it ten pounds sterling! In virtue of the new Act, he can afterwards demand to be registered as a duly qualified physician, having passed no physician's examination whatever! It is to be hoped that the self-respect of our profession will deter its members from supporting this sale of medical indulgences; and so, by rendering the English traffic less lucrative than was anticipated, lead its promoters to remember the purpose for which their college was established. A distinction in letters, whether in medicine, law, or divinity, which may be obtained by merely paying down a few pounds, is worth—precisely what it costs; it proves pecuniary ability; nothing more. The initials of physician by purchase would correctly intimate the estimation in which the possessor of such a distinction will be held by every one but himself. Meanwhile, the profession as a class suffers. There is a want of more of recognized authority in our profession; and not of less. And although colleges may have but little power to create this, they are not, as in this instance, without the power to lessen that which exists. I feel personally that faith is not kept with those who formerly considered it creditable to be connected with the Edinburgh College of Physicians; and that in bare justice, every fellow ought to have a vote in deciding whether or not so radical a degradation of his college should take place. Surely there is great defect in the constitution of the Medical Council of Great Britain, if it cannot interfere to prevent so grave an abuse of vested authority as this."

State of the Thames.—The following important remarks are from a report by Dr. Letheby:—"Last year I commenced my inquiries on the 20th June, when the river was exceedingly offensive, and from that time until the 17th of July it was regularly examined. The phenomena which have been observed on the two occasions are very similar. There was first a continuance of dry weather, then a succession of heavy rain storms. These occurred at the time of low tide, so that the filthy matters which were scoured out of the stagnant sewers were carried upwards in the course of the river. The previous drought had filled the bed of the river with sea or brackish water, and then a rise of temperature to about 60 degrees set the whole of the corrupt matters in a state of active fermentation. The amount of ammoniacal vapour and of fetid gases evolved from the water has been enormous: as much as 15 cubic inches of the latter, and a grain and a half of the former have been obtained from a gallon of the water by simply heating it; and although the fetid gases do not contain a trace of sulphuretted hydrogen, they contain a putrid organic vapour which is in the highest degree offensive. Last year the soluble organic matter in the Thames at high tide ranged from 10 to 20 grains per gallon, and the insoluble from half a grain to six grains. This year it has been from four to ten and a-half grains, and the insoluble from half a grain to six grains. The condition of the river has not, therefore, reached its maximum of impurity. It was in its worst state in the week ending on the 21st of May, when the soluble organic matters amounted to rather more than seven grains per gallon. From that time until the week ending on the 11th June, it gradually improved, and the proportion of organic matter fell to about four grains per gallon; but since then it has been steadily increasing, and last week it contained more organic matter than I have yet seen in it. I expect, therefore, that when the final conditions of putrefaction are present, the river will again put on its most offensive appearance. Nor will the lime which is now being cast into the sewers at their outfalls have the least protective influence; for though it may check putrefaction for a time by fixing the organic matter in an insoluble form, yet the precipitate which is thus produced will be cast upon the fore-shores of the river, and will then pass into a state of active decomposition. At Leicester and Tottenham, where the process of defæcation is carried on, the greatest care is taken to prevent the organic precipitate from flowing into the rivers; because experience has proved that lime will not prevent putrefaction, but will merely hinder it, and that the precipitate which it forms with the organic matter of sewage, will soon take on the most disgusting kind of decomposition. I have had bottles blown to pieces by the force of the fetid gases set free during the putrefaction of the lime slush contained in them; and

those who have visited Leicester or Tottenham, must have seen how soon the lime precipitate takes on the putrefactive change if it is not speedily separated from the clear liquor and dried. That which is required therefore in the treatment of the Thames at the present time, is some more radical remedy than the mere palliative influence of lime, which may perhaps in the end be worse than useless. I make this remark, because I know that a false confidence will be placed in the protective power of lime, and because it has been stated that the remedy is of my suggesting. If lime is used at all as a defæcating agent, it must be employed in the proportion of not less than twelve grains per gallon of sewage; and the precipitate must be carefully separated from the clear liquid; if not, it will assuredly ferment in a short time, and then there will have been a useless addition of many tons of insoluble matter to the already turbid river."

Virchow's Cellular Pathology.—The object of Dr. Virchow's work on Cellular Pathology is to establish a new foundation for the creation of a Philosophical Medicine. Dr. Virchow desires to put an end to all the one-sided theories now in vogue—to the theories of the humorist and the solidist; to the crasis, exudation, and blastema, iatro-chemical, and iatro-mechanical, theories. In the place of all these partial stories, he proposes a knowledge of the fine organic processes of cell-life as the only foundation of a rational doctrine of disease. The cell-theory, and its relation to practical medicine, however, is not altogether a novelty; but according to Virchow it has as yet only reached a certain stage of progress. What has been heretofore done, stands as a mere forerunner to his cellular pathology,—just as ideas stand to deeds, and imagination to investigation. The foundation upon which he fixes his deductions are actual histological facts, which he places before his disciples in the shape of microscopical preparations and drawings. It will be said by some that there is nothing new in the founding of pathology on histology. And on this score reference may be made to the last edition of Rokitansky's work, which is filled with numerous microscopic representations of diseased structures. It may be indeed asserted that Rokitansky even laid the axe to the root of his earlier, and somewhat humoral style of pathology. He has rejected the doctrine of Crases. In his third edition Rokitansky says:—"The origin and increase of cells and nuclei take place, either immediately out of a blastema, as free cells and nuclei, or in mother-cells and mother-nuclei, endogenously;" and he adds, "the extra-cellular origin of these elements out of a free blastema cannot be doubted, in my opinion, at the present moment." Virchow, on the other hand, utterly rejects the theory of the origin of free cells in a structureless blastema; just as elsewhere men reject the theory of equivocal generation. He asserts, that only out of ready-formed structures arise cells; and that out of old cells there is a continual growth and development of new cells, *omnis cellula ab cellulâ*. He substitutes a cell-growth theory for the blastema theory. He does not consider exudation as a peculiar product of the capillary vessels, containing plastic and other constituents; but he regards it as an ordinary transudation mixed with the products formed in the diseased structures outside the vessels, among which products may be mentioned fibrin, pus, mucus, etc. Hence, then, according to Virchow, the inflammatory process does not take place in the capillaries, but in the elements of the tissues themselves—in the cells which through an increased activity attract the blood to them, and become thickened and swollen. In this manner, by cell-growth and by attraction of the juices, likewise arise all other new formations; the homogeneous, as well as the heterologous and malignant, so also new areola, or bony tissues, pus, tubercle, sarcoma, and cancer, the disease of plants, etc. The history of heterologous forms is this. In a particular place, or at a particular time, or in a particular degree, there arises a growth which is not proper to the part. Some other structure normal in some parts of the body is substituted at the part for the structure normal to it, forming what Virchow calls a pathological substitution of tissues. The malignaney of heterologous growths consists in this: that the tissue affected is, by its vascularity, disposed to form a fluid, which is injurious to the structures around. The dyscrasiæ, also, can only arise through the propagation by means of the blood, of the products of certain existing local affections. For example, the so-called phlogistic or fibrinous crasis depends originally upon a local production of fibrin in an inflamed tissue—fibrin being always a local product, and never arising in the blood. Many other blood-diseases, also, depend upon diseased states of the spleen and lymphatic glands—those being glands in which white and red blood corpuscles arise. The disease which authors call pyæmia consists partly of thrombosis and emboli, partly of ichonhæmia, of leucocythemia; the substance which forms the obstruction in phlebitis not being pus, but a purulent-like detritus. Pus arises only out of tissues. Life and disease, in fact, cannot be explained by physical or chemical actions, but are the developments and processes of organised elements. —*Schmidt's Jahrb.*

Vital Statistics of Berlin in 1858.—The enumeration in 1858 gave 463,000 inhabitants, exclusively of the soldiery, and during the year there occurred 16,577 births and 12,730 deaths, so that there was a birth to every 27·9 inhabitants, and a death to every 36·3, and 121 births for every 100 deaths. Of the 16,577 births, 8491 (51·2 per cent.) were males and 8086 (or 48·8 per cent.) females. The illegitimate children amounted to 2506, or 15·1 per cent. of all the births, so that there was 1 illegitimate birth in 6·6 of the general births, and to 5·6 of the legitimate. Of the illegitimate children, 49·8 per cent. were males and 50·2 per cent. females. There were 873 (500 males, 373 females) children born dead. There were 218, or 8·6 per cent., of the illegitimate children born dead. The marriages amounted to 4701, or 1 marriage to 98 inhabitants. Of the 12,730 deaths, 6823 (53 per cent.) occurred in males, and 5907 (47 per cent.) in females. Including the dead born, there were 4865 (38 per cent.) who died during their first year, 6401 (52 per cent.) during the first five years, 6803 (53 per cent.) under 15 years of age, and 1743 (13 per cent.) who reached more than 60 years of age. Among the causes of death were debility from birth in 505, debility from old age in 530, suicide in 119, accidents in 142, childbirth in 100, variola in 396, gastric liver in 439, inflammation of the brain in 676, delirium tremens in 52, croup in 136, inflammation of the thoracic organs in 830, inflammation of the abdominal organs in 176, erysipelas in 35, scarlatina in 38, measles in 16, pertussis in 27, trismus and locked-jaw in 106 (96 being children in their first year), unspecified forms of convulsions in 679 (540 of these being young infants), diarrhœa and cholera in 687 (651 being infants), scrofula in 119, dropsy in 355, diabetes in 2, organic cerebral affections in 144, diseases of the spinal cord in 21, phthisis in 1675, marasmus and debility in 1017, chronic bronchitis in 122, organic heart disease in 184, organic disease of the stomach in 60, softening of the stomach in 82, jaundice and organic disease of the liver in 115, Bright's disease in 49, abdominal phthisis and other organic diseases of the abdomen in 683, and sudden deaths from apoplexy, etc. in 758. At the beginning of 1858 the Charité Hospital contained 962 patients, and in the course of the year 9967 others were admitted, and 9919 discharged, 1116 of these last (giving a mortality of 10 per cent.) being dead. In the whole of the charitable establishments of Berlin there were 1642 patients on the 1st of January, and 15,041 were admitted, and 15,053 either died or were discharged during the year. The entire mortality amounted to 1844, which, upon the entire number of 16,683 patients, furnishes a mortality of 11 per cent. The number of days of treatment were 655,667, *i. e.* upon an average, 39 days for each patient.

Harveian Oration.—Dr. Aldis commenced the oration to which we alluded last week by adverting to the honour due to those Medical men who by their learning and experience had contributed so many and great things to the improvement of their profession. The following topics were then eloquently alluded to in the course of the oration:—The origin of Medicine; the impossibility of learning it properly by experience alone, and the necessity of studying both ancient and modern writers: but in the words of Harvey, men were not to swear such fealty to their mistress, Antiquity, as openly and in sight of all, to deny and desert their friend, Truth. Medical history, unfortunately, afforded many examples of despisers of the mighty dead and of eminent living authorities. Paracelsus burnt the writings of Galen and Avicenne before his pupils, and proclaimed himself king of Medicine. Hahnemann much resembled Paracelsus, for he despised the inspection of dead bodies, and preferred the homœopathic doctrine to pathology. Hahne-

mann's doctrine, that numerous chronic diseases originated in the itch, was neither new, safe, nor true. Dr. C. G. Zieger had many years before promulgated the same idea in a dissertation published at Leipsic in 1758, without boasting, as the other did, that he was engaged twelve years in the discovery. False theories, however, with scientific pretensions, had flourished through many ages. Hence arose Homœopathy, Kinesipathy, table-turning, and various despicable "isms" of the present day. But happily for the poor, at least, such lies could not exist in the schools of Harvey, Baillie, and Hunter. The low consideration of Medicine at the time of Linacre, and its improvement with the aid of Henry VIII. and Cardinal Wolsey were then mentioned. Linacre, the founder of the College, and Dean Colet, the founder of St. Paul's School, of grateful memory to the orator, were among the first to restore ancient learning to this island. The election of Dr. Watson as representative of the College in the new Medical Council, and the labours of Dr. Francis Hawkins, when Registrar, were noticed. Some remarks upon Harvey's grand discovery of the circulation of the blood, appropriately introduced the consideration of those epidemic diseases which contaminate the vital fluid and destroy numbers of the population. Hence the vast importance of sanitary science, not as a speciality, but as a component part of Medicine. This subject having been prominently brought forward, it was thought that the exertions of the Earl of Shaftesbury in improving the dwellings of the poor, and of the Earl of Carlisle in obtaining the enactment of the Nuisances Removal and Diseases Prevention Acts, deserved the highest praise, as well as those of Drs. Southwood Smith and Arnott, who were the pioneers of preventive Medicine. A well-merited and feeling eulogium was then passed upon the late Drs. Bright, Hughes, and John Scott, with a notice of their lives and writings. Reference was made to the attention bestowed by the Fellows on the formation of a new Charter, by which it was intended to embrace within the College those Physicians who had been too long dispersed and disunited. The College was now to be congratulated upon its increasing numbers and extending usefulness. A statue had been erected to the honour of Jenner, under the auspices of Prince Albert, and if he deserved this tribute, surely Harvey, the fountain and origin of modern Medical science, merited similar reverence. Even the remains of Harvey are now lying in a neglected state; but an inquiry had been commenced by the College with the view of removing such a scandal. The statue formerly placed by the Fellows in the College had unhappily perished by fire, and had never been replaced. The orator concluded by expressing a strong wish that a grateful country would either erect another statue or at least found a Scholarship in honour of the learning and genius of Harvey.

Medical Education at Rome.—"For one Baroni who honours Rome, Italy, and Europe, we of course must expect to meet many asses. But these are more numerous at Rome than at Paris or Bologna, because the priests there interfere with Medical instruction. I shall not soon forget the mad laugh which escaped me, when on entering the amphitheatre of the Santo Spirito Hospital, I saw a body exposed for the study of the young men covered with a vine leaf. In that land of modesty, when the chaste vine entwines itself into all the branches of the science, a Doctor in Surgery employed in an Hospital confessed to me, that he had never seen the breast of a woman. 'We have,' he said, 'two doctorates to pass, theoretical and practical. Between the first and the second examinations, we practise in the Hospitals as you see. But the priests, who interfere with our studies, do not permit a Doctor to assist at an accouchement before passing his second examination, and obtaining the practising licence. They are afraid of scandalising us. We exercise our hands by delivering images of dolls. In six months I shall have passed through all my studies, I shall have practised Surgery, and I may then deliver as many women as I please, without ever having seen a single case!'"—*About. La Question Romaine.*

BOOKS RECEIVED.

Lectures on Pathological Anatomy. By S. Wilks, M.D. London: 1859.

An Inquiry into the Curability of Consumption. By J. Turnbull, M.D. 3rd Edition. London: 1859.

The Condition of the Children in the Cork Workhouse. By J. Arnott, Esq. M.P. Cork: 1859.

A Memoir on Epidemic Cholera. By J. Ayre, M.D. London: 1850.

The Englishwoman's Journal. July, 1859.

On Syphilis of the Uterus. By Langston Parker, Esq. London: 1859. (A Reprint from the British Medical Journal.)

Meliora. July, 1859.

On the Treatment of Internal Aneurism. By T. Brady, M.B. Dublin; 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 2, 1859.

BIRTHS.

Births of Boys, 833; Girls, 907; Total, 1790.
Average of 10 corresponding weeks, 1849–58, 1610·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	530	494	1024
Average of the ten years 1849-58	606·8	518·7	1125·5
Average corrected to increased population..	..	..	1238
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	38	18	56

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	2	10	..	16	3
North ..	490,396	1	9	6	3	7	13	4
Central ..	393,256	2	10	7	1	4	1	7
East	485,522	6	2	10	..	7	17	7
South ..	616,635	2	6	17	7	3	11	8
Total . . .	2,362,236	11	31	42	21	21	58	29

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·907 in.
Mean temperature	63·5
Highest point of thermometer	81·3
Lowest point of thermometer	48·5
Mean dew-point temperature	55·8
General direction of wind	Variable.
Whole amount of rain in the week	1·24
Amount of horizontal movement of air in the week.. ..	345 miles.

TO CORRESPONDENTS.

M. A. B.—Duncan-terrace, Islington.

Dr. Young's paper will be acceptable.

Mr. Corner.—The case shall not be neglected.

Fresco, M.D. had better make the inquiry of the Secretary of the College.

Mr. Lewis.—We know of no such claim to reward as that put forward by Mr. Lewis.

Dr. Fox's paper on Cyanosis has been received, and shall be inserted in an early number.

Her Majesty's Levée.—Among the names of Medical men presented at the last Levée, we should have inserted Dr. W. W. Mott, of the Bengal Army, by Lord Kinsale.

A Member of the Royal College of Physicians.—We never insert any communication unless authenticated by the real name of the writer, for our own guidance, not necessarily for publication.

Dr. Spencer speaks highly of the use of a saturated solution of Camboge in water as an injection into the rectum when ascarides are present. He uses "ten or a dozen syringesful" of this solution.

Habot.—Dr. Guy, from modified data, gives the following as the average, duration of life in different classes:—Aristocracy, 67·31; gentry, 70·22; learned professions, 68·86; trade, 68·74; officers of army and navy, 67·59; literature, &c., 67·55; fine arts, 65·96. Married, 66·77; single 62·06—difference 471.

Mr. Craig complains that in a review of his book "On the Influence of Varieties of Electric Tension as the Remote causes of Epidemic and other Diseases," we have incorrectly represented his views. On a careful comparison of Mr. Craig's work with our review, and with his recent letter, we find no reason to retract our sentiments as to his facts or his theory. We are entirely at variance with Mr. Craig as to

the identity of nervous power and electricity; and we deny tha "digestion and respiration can be maintained and produced" by that agent.

Dr. S.—Small-pox is (as is well known) on the increase in this country. The following is the list of the deaths from this source in the City of London during the few past years:—In 1855, the number of deaths from it was 58; in 1856, the number was 33; in 1857, it was but 14; and in 1858, it was only 6; but during the last nine months of the present year it has risen to 19. It appears that not only the non-vaccinated, but that the vaccinated also, are attacked frequently by the disease, although in a very modified form. This seems to point out the necessity for re-vaccination.

A Surgeon and Apothecary.—Ulcerations consecutive to the operation of tracheotomy are always prevented, M. Bretonneau asserts, by the use of his tube, which is composed of three pieces— a half canula above, and a half below, containing between them an internal cylindrical canula. The advantages obtained by its use (as related by M. Trousseau) are these:— 1. Once introduced the two half canulas are kept apart and immoveable by the perfect canula within them. 2. The internal canula may be always readily removed and cleansed. 3. the trachea is never injured; and the operator can, if he desire it, readily pass a curved instrument with a sponge, etc., into the larynx, etc., without removing the canulæ.

The Cyclopædia of Anatomy, etc.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you do me the favour, in your next number, to correct an error which may injure me, contained in your review of Todd's Cyclopædia of Anatomy and Physiology (see the 19th page of your last number) by which I am placed at the head of a list of those contributors to that work who have been removed by death during its progress.

I am, &c, B. G. Babington,
Author of the Article on Morbid Conditions of the Blood.

31, George-street, Hanover-square, W. July 4, 1859.

[It was *Mr.* not *Dr.* Babington, alluded to in the Review as one of the deceased contributors. We publish Dr. Babington's note at his request, although the highly respected writer is too well known to be still among us to render it probable that any of our readers can have been led into error.—Ed.]

German Ophthalmic Hospital.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Relative to an article which appeared in the last number of your paper, perhaps you will have the goodness to give publicity to the following few remarks.

Germany can boast of more eye hospitals, private as well as public, than all the rest of Europe together. The Ophthalmic Hospital of Vienna is one of the largest public Institutions of the kind in the world, and has been hitherto justly considered as the parent source of ophthalmological science, having produced more eminent Ophthalmic Surgeons (viz. Beer, Jäger, Gulz, von Graefe, Arlt, Rosus, Liffenbach, Mackenzie, Quadri, and a host of others), than any other school in the world. When I name it the parent source of Ophthalmic medical science, I do so from the well known fact that the greater number of the heads of this speciality in our own country, as well as in France, Russia, Italy, Sweden, and Denmark, have studied there.

Almost all the smaller towns in Germany can boast of an eye hospital, be it small or large; Halle has one, Munich two, Leipsic one, and Prague, Pesth, Breslau, Königsberg, Bonn, Heidelberg, and other towns too numerous to mention have each their eye hospital and school for the study of diseases of the eye. I am, &c. James G. Hildige.

Dublin, July 4.

Air-Pessaries.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Only one of the misrepresentations which Dr. Keiller's last letter contains appears worthy to be confuted. After having fully determined on the treatment to be adopted, I chanced to be passing Dr. Keiller's house on the night in question, and considering that such cases as the one I have recorded are of infrequent occurrence, and believing Dr. Keiller to be interested in the possible applications of the caoutchouc air-bags, I called on him with the simple desire that he should have an opportunity of witnessing their application in what I then believed to be an untried capacity. Influenced by the same considerations, I related the successful issue of the case to Dr. Keiller, whom I happened to meet on the afternoon of the following day—not, as he incorrectly states, during Hospital visit, but at a private operation, at which I had been engaged to assist, and at which he chanced to be present. How my well-meant courtesy has been repaid your readers are aware.

Dr. Keiller publishes an irrelevant letter from his "friend," who appears to know just as little about the matter as might have been expected.

But it cannot escape your readers that Dr. Keiller entirely shirks the question at issue, viz. whether, previously to my case, he had ever suggested the application of the caoutchouc air-bag as a plug, and whether he had ever used it as such.

Two months ago, when I wrote my paper, I had not been so fortunate as to obtain M. Gariel's Mémoire in its entirety, else I should not have done him the injustice to state that he had only applied the caoutchouc air-bag as a pessary in the treatment of uterine displacements; nor should I have attributed to Dr. Keiller the unmerited credit of having originally applied the instrument to the induction of premature labour, and to the dilatation of the passages in primiparæ. The extracts from M. Gariel's pamphlet, which I now send in the hope that they will appear in your columns this week, may safely be allowed to speak for themselves. M. Gariel recommends other equally ingenious and useful applications of the air-bag, and Dr. Keiller would do well to acquaint himself with them before he gives to the world his promised paper, in which it is to be hoped that he will not further stultify himself and insult the Profession, in the year 1859, by claiming originality for applications which were approved by the French Academy in 1851. M. Gariel may well feel "annoyed by the cool assumption which Dr. Keiller has in this matter so publicly displayed."

I am, &c. J. Jardine Murray.

Brighton, July 4, 1859.

[This account of M. Gariel's bags, etc. will appear next week.—Ed.]

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I perceive by your issue of the 2nd instant that you are about to publish some correspondence between some practitioners of Southampton (Drs. Lake, Scott, and Aldridge), Dr. Christison and Dr. Hawkins, the Medical Registrar, respecting the right of undergraduated Licentiates of a College of Physicians to assume the title of Doctor, may I request the favour of your publishing the following official certificate, and letter from Dr. Hawkins respecting the title which I claim, and have used since the year 1842, when I returned to this country after practising as a Physician in Havana and at Porto Rico, after visiting other parts of the West Indies during 10 years of the most enterprising portion of my professional life? I am, &c. David McConnell Reed, M.D.

(Registered) Licentiate of the Royal College of Surgeons, Edinburgh, 1831.

Official Certificate.

"I hereby certify that the bearer, Dr. David McConnell Reed, has produced his diplomas, etc. at this office, and that they were carefully examined.

"If the documents, copies of which are herewith enclosed, signed by the British Consul are correct, which I must assume thay are, I consider the above-named gentleman eligible for a first-class appointment in the Turkish service. "I am, &c. Andrew Smith,

"Director General Army and Ordnance Medical Department.

"To His Excellency, the Turkish Minister, &c., &c., &c.

"January 10, 1855."

Medical Registration Office, 32, Soho-square, London, W. June 16, 1859.

Sir,—I have submitted your statement and the documents which you sent me to the Branch Medical Council for England. But I am instructed by the council to state that they do not feel authorised under the Medical Act to direct that your degree from Havana should be registered.

I return the documents herewith. I am, &c. Francis Hawkins.

Dr. D. M. Reed.

The circumstances of this case, which are recorded at the Foreign Office, having been submitted to the consideration of her Majesty's late Minister for Foreign Affairs, Dr. Reed was favoured with the following official note from his Lordship:

"Mr. Seymour Fitzgerald presents his compliments to Dr. Reed, and is directed by the Earl of Malmesbury to state to him that her Majesty's Minister at Madrid, has been instructed to endeavour to procure the information regarding the 'Real Junta Superior Gobernativa de Medicina, which is requested by Dr. Reed in his note of the 10th inst.

"Foreign Office, May 23, 1859."

Dr. Reed in conclusion begs to add, Mr. Editor, that he has no wish, as a legally qualified medical practitioner according to the laws of this Kingdom, and once a titled and dignified Physician according to the laws of a neighbouring kingdom, to interfere with Dr. Hawkins or any other gentleman in the conscientious and faithful discharge of the duties imposed upon him by the conditions under which he accepted office, but he merely wishes it to be understood, that, having done his best to account to the public and to the Profession for the origin of the title which he conscientiously bears, he will say no more on the subject, if you will favour him with the insertion of this communication in your widely circulated journal.

Riga Cottage, Blackheath-road, S.E. July 5, 1859.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Babington; Dr. Humphry, Cambridge; Professor Raddi; Mr. J. J. Murray; Mr. Moore, York; Registrar-General; Mr. Gould; Mr. Millard; Mr. Morin; Mr. Hinton; Justice; Mr. Power; Mr. Wood; Mr. Clarke; Mr. Kingdon; Mr. Astell; Dr. Young, Edinburgh; Dr. Hildige, Dublin; Dr. Jaco, Truro; Dr. Spencer Dr. Monastier, Edinburgh; Mr. Lewis.

APPOINTMENTS FOR THE WEEK.

July 9. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3¾ p.m.

11. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

12. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

13. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

North London Medical Society, 8 p.m.

14. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; Loudon, 1½ p.m.; Great Northern, 2½ p.m.

15. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Fergusson—Lithotrity.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XVIII. *Continued.*—ON PELVIC CELLULITIS.

THE SYMPTOMS AND DIAGNOSIS OF THE DISEASE.

You will find that the symptoms of pelvic cellulitis differ according as you meet with the disease at a period before suppuration has begun, or after it has become established. They are, therefore, divisible into two groups, which must be considered separately.

A. Before Suppuration has begun.

1. *Inflammatory Fever.*—In its earliest stages the disease is marked by fever of greater or less intensity, which is usually ushered in by rigors, more especially in puerperal females, in whom it sometimes occurs as one of the forms or complications of puerperal fever. In non-puerperal patients the fever is usually of a highly inflammatory type—the strong rapid pulse, the hot skin, the furred tongue, and all the ordinary constitutional phenomena of a well-marked synocha being present. Along with these general febrile symptoms you have various local symptoms, such as,

2, *Pains in the Pelvis.*—These pelvic pains are experienced more especially in those organs beside or around which the inflammation has been set up, and they are due to the pressure exerted on the particular organ by the matter effused in its vicinity. One of the most common symptoms of the occurrence of pelvic cellulitis is dysuria, from the pressure of the inflammatory tumour on the bladder or on its neck; and whenever you find a patient labouring under a smart fever, and complaining of frequent desire for micturition, and pain in passing water, it will be your duty at once to ascertain if the symptoms be not due to a commencing attack of pelvic cellulitis. Or, again, the patient may suffer from pain in defæcation, when the inflammation is set up in the cellular tissue around the rectum, and leads to the effusion of fluids there, as has happened in the case of one of our Hospital patients. You have, then, symptoms of distress in the bladder and rectum when these organs are emptied, accompanied generally by a constant throbbing pain in the pelvis; and if these are attended with a marked degree of fever and constitutional disturbance, you may be pretty certain that pelvic cellulitis has set in. But you can only make yourself perfectly certain of the fact by instituting a physical examination, and ascertaining the existence of a,

3, *Tumour in the Pelvis.*—This is to be felt by examining with the forefinger of the right hand through the vagina or the rectum, palpation or pressure being exercised at the same time with the fingers of the left hand over the inlet of the pelvis. On making an exploration in this manner you can detect a swelling, usually at first more or less oblong or rounded in form, but sometimes modified by the form and density of the fascial layers which invest and limit it. Commonly it is firm and hard, but exquisitely tender to the touch, and it rapidly increases in size and density. If the disease be checked at this stage, such a tumour may be resolved, and all the attendant symptoms may gradually subside and disappear; and this is what actually occurs in perhaps about a-half, or indeed more, of all the cases of pelvic cellulitis. But in the remainder the disease is of longer continuance, and leads to further changes, chiefly from the development of pus in the part; and as these are the cases which often come alone under our care, and which remain longest under treatment, it becomes a matter of importance to know how to recognise the disease,

B. After Suppuration has been established.

When the disease has reached this stage you have still fever, pain and intumescence, but all more or less altered in character. Pains that had for a time subsided may now return. Thus it not infrequently happens that the dysuria which marked the onset of the disease disappears for a time when the bladder has become accustomed to the pressure of the inflammatory tumour, but recurs when suppuration is set up. Or the patient may begin to experience pain in other parts where formerly none was felt; and cases of pelvic cellulitis have sometimes come to be treated as cases of sciatica of an aggravated type from the pressure of the pus in the sciatic nerve, as it makes its way along it through the great sciatic notch, or from implication of the nerve in the inflammatory process. There is a state of the limbs on the side principally attacked which is not common, but still highly worthy of your remembrance. When the inflammatory effusion is located principally or solely in the cellular tissue of one of the iliac fossæ, and around the muscles there passing downwards to the thigh, the lower extremity on that side occasionally becomes drawn up, and cannot, without extreme suffering,—or, indeed, cannot at all,—be retracted and extended. I have seen this symptom principally in cases of puerperal Pelvic Cellulitis. The tumour, too, is changed, and instead of being hard and brawny, it assumes betimes, and first in one or more central points, the fluctuating feeling of a fluid collection. In addition to the changes which occur in the pre-existing symptoms, however, some entirely new symptoms develope themselves and demand our notice. Such is,

4, *Hectic Fever.*—Instead of the constantly high and bounding pulse and the equally elevated temperature of the skin characteristic of continued inflammatory fever, you will find the patient becoming subject to remissions and exacerbations of the fever. Hectic fever is established, and I have seen more than one case of the disease being actually mistaken for phthisis. The pulse becomes weaker and softer, though still very rapid; she has occasional slight rigors, and the fever becomes more intense in the evenings. The skin is still generally hot, but it becomes cold at times, and at other times it is covered with profuse perspiration, more particularly when the patient sleeps. She is gradually and occasionally rapidly reduced in strength, and comes to present an appearance which it is not easy to describe, but which is almost pathognomic of the establishment of suppuration. You will find Mr. Travers telling of Sir Astley Cooper, that he was called on one occasion to see a patient in the country, and whenever he went into the room and looked at the patient he at once put the question to the medical attendants, "Where is the matter?" It had not before been suspected that suppuration had occurred, but on more careful examination the facial diagnosis so promptly made was fully confirmed, for, under the pectoral muscle a large abscess was discovered, which Sir Astley at once evacuated, and so cured the patient. It is difficult, I say, to describe in so many words, the expression of countenance assumed by patients who are suffering from collections of pus in any parts of the body; but you must go and observe it for yourselves in the wards of the Hospitals, and when once you have learned to recognise it, you will find it to be a sign of great value in enabling you to form a just conclusion as to the nature of many an otherwise obscure or doubtful case. Then, in endeavouring to make up your mind as to the presence of pus in a case of pelvic cellulitis, you will sometimes be enabled to come to a determination on this point, by taking into consideration the length of time during which the inflammation has existed. For, if inflammation have been going on in the cellular tissue of the pelvis for three or four weeks, and little, or indeed, no abatement has taken place in the severity of the symptoms, but only such changes as I have been attempting to point out, you may be almost certain that by that time the inflammatory process has reached such a stage as to have led to the development of pus. That such is in reality the case, however, you can become absolutely certain by noticing,

5, *The Feeling of Fluctuation.*—The spot at which you will most frequently be able to recognise the feeling of fluctuation for the first time in most cases of pelvic cellulitis, is in the roof of the vagina immediately behind the cervix uteri, or to one side, as if where the broad ligament would open and split below if its layers were separated by accumulated fluid. From some peculiar arrangement of the layers of the pelvic fascia, when pus is formed in the course of a pelvic cellulitis occurring in the upper half of the true cavity of the pelvis—and this, you must remember, is the most frequent

seat of the disease—it has a tendency always to point in this direction and to find an exit for itself, either at the lower base of the broad ligaments, or in the posterior cul-de-sac of the vault of the vagina; and it is at these spots, where the fascial layer seems to be unusually thin and weak, that the feeling of fluctuation is ordinarily first to be detected. But in cases where the pus has been formed, but is too deeply seated to allow of your discovering its presence by the sense of touch, you must have recourse to some other means to assure yourself of its existence. The best means that you can employ with this view is,

6, *The introduction of an exploring-needle* into the centre of the tumour. This instrument, which is of invaluable service in the examination of diseases, is never used to more advantage than when employed for the exploration of pelvic abscesses, when they happen to be unusually difficult or doubtful in their diagnosis. For in the common run of cases you will usually be perfectly able to make out the diagnosis without this assistance. In any case, however, of pelvic cellulitis where you are in doubt as to the formation of pus, and have reasons for being certain of its presence, you may make sure of it at once by pushing an exploring needle into the centre of the tumour. The instrument has, perhaps, been neglected too much as a means of diagnosis in Surgery, when we consider with what freedom from danger its employment is attended, and how frequently abscesses, aneurisms, and other tumours have been confounded together, when by its use such mistakes could easily have been avoided. I know of a case where a distinguished Surgeon introduced an exploring-needle into a tumour in the groin, under the belief that it was a bubo, and to prove to others present that it was so; but, to his astonishment, no pus escaped, and instead a quantity of air. It was a crural hernia, the sac of which had become inflamed, and into it he thrust the exploring-needle, and thus saved himself from committing the fatal mistake of laying open a hernial tumour with a bistoury, when he intended only to open an inflamed and suppurating gland. The use of the exploring needle saves, I know, from many mistakes in obstetric Surgery; and since the safety with which it may be introduced into the most important organs and the most malignant tumours has been abundantly demonstrated, I think its employment might be advantageously extended. The best exploring needle is a long, slender, thread-like trocar, with a wire stylet passing through it. Of course there will be no escape of pus through it, when it has been thrust into a solid tumour or into an inflammatory swelling before pus has been fully formed, and even when pus is there, it is usually only a drop or two that escapes through the narrow tube. You will not find the pus in some cases traverse the trocar, particularly if the pus is thick, but on withdrawing the trocar and blowing through it, a drop or two will escape from the end of the trocar. But when none flows out, the negative sign is itself of importance. While, on the contrary, if a drop escapes it may be a sufficient warrant for you to proceed to the more free evacuation of the purulent collection. A Medical practitioner, of great ingenuity, who had been many years in India, when his health began to fail him, came home several years ago, and while spending a short time in Edinburgh, I had an opportunity of showing him some cases of pelvic cellulitis, where I succeeded in demonstrating the presence of pus by the use of the exploring-needle. Soon after going to London he met some Medical men there in consultation upon an old Indian patient of his. The case, as he afterwards told me, seemed to him to present the chief characteristics of the examples of pelvic abscess which he had seen here. He expressed to the Medical attendants of the lady his opinion of the case, and proposed as a means of settling the difficulty to introduce an exploring needle into the seat of the disease. The other doctors rather scoffed at the idea; but, as they were altogether at sea as to the nature of the disease, they agreed to allow him to introduce the exploring needle, which he accordingly did. To his great surprise and vexation, however, no escape of pus followed the withdrawal of the stillet; but, being still unconvinced that his opinion was erroneous, as a last resource he applied his mouth to the end of the tube, and succeeded, by sucking it, in extracting a few drops of pus sufficient to convince his sceptical brethren of the true nature of the case, and of the value of the exploring-needle as a means of diagnosis. He was then allowed to open the abscess, and the patient got speedily well. In consequence of his treatment of this case, my friend got rapidly into a large practice in London, but after a few years his disease unfortunately returned, and death struck him down.

When, then, you have a patient attacked with rigors, followed by a high degree of fever, and attended with pain in the interior of the pelvis, and when, after a time, the fever changes in character, and instead of being inflammatory presents more of a hectic type, you may be pretty certain that she has been suffering from an attack of pelvic cellulitis which has passed on to suppuration. And in every case it will be possible for you to correct or confirm your diagnosis by means of a careful local examination. One or two marked symptoms may enable you sometimes to make a good guess as to the existence of the disease. Several years ago, I was attending with my friend Dr. Andrew Wood, an anxious case of labour, where the lady had manifested symptoms of insanity in the last periods of pregnancy. While thus engaged, a gentleman came, bearing with him a note to me from the North of England. The note was written by the Medical attendant upon the gentleman's wife, and anxiously desired me to visit the lady as soon as possible. In relation to her disease it stated only two bare facts, viz., that the lady who had been confined six weeks before, was hectic, and was suffering from great pain in the pelvis and down one of the limbs. I read the note to Dr. Wood, saying it was, I believed, a case of pelvic abscess, against the accuracy of which diagnosis he was inclined to wager. On visiting the patient in England next day I found a large pelvic abscess which I freely opened, and the patient made an excellent recovery.

Formerly, the changes produced by the disease caused it frequently to be confounded with cancerous, fibroid, or cystic tumours of the uterus and ovaries, or other organs of the pelvis; but now we may be almost always sure of the true nature of the case when we find the tumour associated with constitutional phenomena, running a regular and rapid course, and adhering to the bone or periosteum in the remarkable manner to which I have referred. For, let me repeat, inflammatory tumours feel fixed and immoveable to a degree seen in the case of no other morbid growth, and more particularly when occurring in the broad ligament,—their most common seat—and lying close to the ilium, they feel so hard and adherent that they might almost be mistaken for an osseous tumour. The old stories of large ovarian and uterine tumours of a supposed nature yielding under mercury, etc. were in all probability merely tumours formed by inflammatory effusions of the kind I have been speaking of.

Before leaving the subject of diagnosis, I wish to mention one point more, that perhaps I ought to have alluded to earlier. We have already found that abscesses, the result of pelvic cellulitis, may ulcerate and discharge the pus which they contain by various channels. Internally, they may thus spontaneously open, 1, into the vagina; 2, into the cavity of the uterus; 3, into the rectum; 4, into some higher portion of the intestinal canal; 5, into the urinary bladder; and, 6, but happily very rarely, into the cavity of the peritoneum. The same abscesses may open externally at the umbilical region, in the hypogastric or iliac region, or they may burrow downwards and open at the top of the thigh, or pass through the posterior pelvic nitches and open on the ilium or sacral region behind. I have seen once or twice the thin plate of the ala of the ilium apparently perforated by them. Their spontaneous opening in any of the internal mucous canals which I have named, is ascertained by watching diligently for, and tracing the escape of pus from these several canals. But I am anxious to impress upon you an additional fact. When an abscess is formed in the cellular tissue of the pelvis, it may discharge itself through more than one opening and in more than one direction; I have known abscesses thus open in the same person simultaneously or consecutively both on the cutaneous surface of the abdomen and into the bowel; both into the bowel and bladder; both into the rectum and vagina, &c. I have seen cases where in this way fistulæ have been established between the different points which I have named,—and between other points which did not seem at all likely to be in the course of them, as between the bowel and bladder, the intermediate genital canal having escaped. But when in any case after the pus has been evacuated these various openings remain and continue to furnish a purulent discharge, it often becomes a matter of importance to ascertain whether these fistulous orifices and canals communicate with each other, and whether the fluid that

escapes from them be derived from one common source; and I have not yet told you how you are to settle this question for yourselves. Sometimes it is ascertained by observing the contents of one canal escaping through another, or escaping externally, as fæces by a cutaneous or vaginal fistulous orifice. In a case which I alluded to a minute ago, of inter-communication between the intestinal canal and bladder, this course of the fistula was first ascertained by small appearances of feculent matter passing with the urine. But there are cases occasionally met with where you have not such peculiar discharges to guide you in your diagnosis,—as where the inter-communication is between the vagina and a cutaneous fistula, etc. How are you to ascertain the presence or absence of any inter-communication in such a complication? The first time that I ever had an opportunity of making a diagnosis as to this point was in the case of a patient who, after suffering for some years from the effects of pelvic cellulitis, was brought here from Holland to be under my care. She had three different openings—one in the vagina, a second in the thigh, and a third in the groin, all leading into the pelvis towards the side of the uterus, and all yielding a supply of pus. It became a question whether they all communicated with each other or not; and, although they seemed to converge, yet I could not succeed in passing a probe through one and bringing it out at the other, nor could I be sure that they met at any point until, on throwing a quantity of very much diluted tincture of iodine into the opening in the groin, I saw it come pouring out simultaneously into the vagina and through the opening in the thigh. By injecting, then, milk, or any coloured fluid, as a little weak tincture of iodine in this way into one of the openings in any case where a pelvic abscess has made its way to the surface in more than one direction, you will be able to determine whether these openings are connected with a common sinus, without subjecting your patient to the unnecessary pain of probing her; and, in addition to its extreme simplicity and ease of application, this means of diagnosis has the further advantage, let me tell you, of sometimes being a most effectual means of cure. It may be employed in cases of complex fistula in ano or fistula in vulva as well.

PROGNOSIS OF THE DISEASE.

Pelvic cellulitis is by no means a very fatal disease, however formidable it may be in appearance; and it proves, in the great majority of cases, very amenable to treatment. In many instances it may lead to no further result than the effusion of serum for a week or two, which causes much pain and distress at the time, but soon becomes absorbed, and leaves no bad effects behind. If coagulable lymph have been effused, the case becomes more tedious, and the patient may be long an invalid, and unable to walk; but ultimately you will succeed, or rather Nature will succeed, in most cases, in effecting its complete resorption. When pus has been developed and an abscess formed, its evacuation, whether spontaneous or artificial, is usually succeeded by a cure of the disease; but it is from the development of pus that the chief dangers attendant on the progress of pelvic cellulitis arise, for when an abscess has formed it may prove fatal in one of three different ways. Either, first, it may burst into the peritoneum and lead to a fatal peritonitis—an accident which, as I have already had occasion to explain to you, is a very rare occurrence indeed in connexion with pelvic cellulitis. Or, secondly, the cavity in which the pus was formed may not close up after the fluid has been evacuated, but may continue to give out a purulent discharge, and if these sinuses be of considerable extent, and the purulent secretion copious, the patient may be gradually worn out by the long-continued drain. But, thirdly, I have seen one or two cases where the disease, after subsiding for a time, again returned, and gradually became established in a chronic form, and where the patients eventually died of tubercular disease of the peritoneum—almost all cases, as you are aware, of chronic peritonitis being truly cases of tubercular peritonitis. No doubt these patients were constitutionally predisposed to the occurrence of tubercular disease, but there can be as little doubt that the localisation of it in the peritoneum was determined by the degree of irritation so long kept up in the pelvic cavity.

Pelvic cellulitis comparatively rarely destroys life; and if it does not go on to suppuration, it may not even afterwards affect the functions of the uterus. Menstruation is seldom much, or at all events permanently influenced by it; but what I mean is, that the function of reproduction is not necessarily destroyed, especially when the disease is cut short in its first stages, and before suppuration supervenes. Many years ago, I received an impressive lesson on this point. Along with Drs. Abercrombie and Begbie I visited a lady who was suffering under an acute attack of pelvic cellulitis. There was a large and hard inflammatory effusion, which felt so very dense and firm when examined through the rectum that Dr. Abercrombie—and there never was a practitioner with a greater power and certainty of diagnosis—was inclined, after making a rectal examination, to declare the case one of a malignant or carcinomatous tumour. I had seen a sufficient number of cases by that time to be assured of the true and simply inflammatory nature of the malady, and I ventured to prognosticate a perfect recovery of our patient; but I added that she would have no more children after such an extensive pelvic effusion. She speedily recovered under the active antiphlogistic measures used by Dr. Begbie; but she did more—she afterwards became pregnant, and was delivered of twins.

In my next lecture I shall take occasion to point out how these dangers are to be avoided, and what should be the treatment generally in cases of pelvic cellulitis.

ORIGINAL COMMUNICATIONS.

SOME ACCOUNT OF DIPHTHERIA AND EPIDEMIC SORE-THROAT,

AS THEY HAVE PREVAILED IN THE PARISH OF ISLINGTON IN 1858-9.

By EDWARD BALLARD, M.D.

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Scope and Method of Inquiry.—The Medical Officers of Health in the metropolis are, by the courtesy of the Registrar-General, furnished every week with a copy of the mortality returns in their several districts. During the period embraced in this inquiry, I made it my business to investigate, as far as circumstances would permit me to do so, the conditions under which each case of fatal disease occurred, which was returned under the term Diphtheria or any other designation pointing to the fauces as primarily or secondarily the seat of the malady. The plan that I adopted was to obtain from the medical attendant an accurate statement of the date of origin, order of symptoms, and other facts of each case. At the same time, on visiting the house to ascertain the existence of any local cause, I took the opportunity of obtaining information upon such other points in relation to the origin of the affection, and the previous history of the patient as I desired. At the close of the first quarter of the present year, I found that I had a record embracing a greater or less number of particulars, of 80 cases, which I proceeded to tabulate. The results of this tabulation, together with some points of interest as regards some individual cases, are what I propose now to communicate.

Nature of tabulated cases.—Out of the 80 fatal cases there were 13 returned as cases of "Diphtheria" in which I failed to obtain any information beside what was briefly conveyed in the registrar's returns. These were for the most part the earlier cases in 1858. In all the other 67 instances I ascertained, among other matters the presence or absence of the peculiar exudations which characterise true diphtheria. In the following remarks I shall, therefore, classify the cases as follows, viz.:—

Class 1.—Cases in which I have obtained satisfactory evidence of the presence of the true diphtheritic exudation upon the throat, or in which I saw it myself during life.

Class 2.—Cases which were certified as deaths from "Diphtheria" by the medical attendant, but in which I have obtained no particulars of the appearance in the throat.

Class 3.—Cases in which I was assured by the medical attendant that the exudation was absent.

These last-mentioned cases were returned as deaths from "Tonsillitis," "Quinsey," "Gangrenous Quinsey," "Inflammatory Sore-throat," "Gangrenous Sore-throat," and in one

instance as "Diphtheria." With respect to Class 2, it is important to observe, that whereas out of 58 deaths returned as from "Diphtheria," there were only 2 in which the exudation and other symptoms of the disease were ascertained on inquiry to have been absent, it is probable that of the 13 cases of which I failed to obtain full particulars, the majority, if not all, were really instances of the true disease. I refer to this, because it has been held by some that Medical Practitioners were applying the term "Diphtheria," loosely to all varieties of sore-throat that they observed during the course of the epidemic.

The numbers of each class stand thus:—

	Males.	Females.	Total.
Class 1	31	25	56
Class 2	4	9	13
Class 3	6	5	11
Total	41	39	80

By far the greater number of deaths from sore-throat, then, were of that class which presented the characteristic marks of true diphtheria. Of these the male deaths somewhat exceeded the female, the proportion of the two sexes is, however, brought nearly alike, if the cases of Class 2 are included.

Age.—The ages of the 80 persons varied from 16 days to 61 years. There were 5 infants who died under 1 year. They were aged respectively 16 days, 5 weeks, 8 months, and two were 9 months. All these were male children. There were 6 persons who died at ages above 20 years, and these were aged respectively 26, 29, 37, 49, and 61 years. All but one of these were females. The deaths were distributed among the ages thus:—

Age.	Under 1 year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 20	20 and upwards.
Class 1 ..	4	9	7	10	6	14	2	4
Class 2 ..	..	2	2	1	1	4	2	1
Class 3 ..	1	1	2	2	..	1	3	1
Total ..	5	12	11	13	7	19	7	6

I do not presume to draw from this table any conclusion as to the liability of different ages to fatal attacks of this epidemic, for this I should have to compare the deaths with the number living at each age, but still the following conclusions may I think fairly be deduced from my cases:—1. That the disease was comparatively rarely fatal to infants in their first year. 2. That it has been chiefly fatal to children under 10 years of age. 3. That up to 10 years of age the greater number of fatal cases were in males, the numbers being 39 males and 28 females; and that in ages above 10 years the preponderance of fatal cases was in females, the numbers being 2 males and 11 females.

Symptoms and Progress of Diphtheria (Class 1).—I am unable to say in what proportion of cases premonitory symptoms were observed. In the larger number, if present, they appear to have been overlooked. In some, however, they were sufficiently marked for periods varying from a week to a day before the setting in of the throat affection. For the most part they consisted in an undefined sense of illness with lassitude or prostration of strength, headache, heaviness, and redness of the conjunctivæ. Patients in this condition were usually considered to have "taken cold." In some instances there were pains in the back, general muscular pain or pains, now and then severe, in the joints, as in the wrists and ankles. In three instances the early disturbance of the system was characterised by diarrhœa with or without vomiting. I have no question that in certain cases the disease breaks out without any warning.

The earliest symptom that attracted attention to the throat was usually a difficulty in swallowing, or "an unpleasant sensation in the throat." At this period if the exudation was not apparent the mucous membrane of the fauces was reddened, the colour being usually dusky or of a claret hue. The appetite was lost early, except in a few cases, where food was not refused until near the termination of the case. With these symptoms there was more or less pyrexia. The amount of the febrile reaction varied: in a few the rapid pulse observed at the first was also firm, but neither the firmness of pulse nor heat of skin lasted long, giving place in two or three days at the longest to the weak and rapid pulse of the confirmed disease. Mostly the pulse was weak and atonic from the first appearance of the throat symptoms. In some cases the first symptom noticed was unusual hoarseness of the voice; in a few the swelling of the tissues about the base and angles of the jaws first attracted notice; and in three instances the disease was ushered in by a very remarkable drowsiness, the child sleeping nearly all the first day of the illness.

The Symptoms of the Confirmed Disease were generally these—*Difficulty in swallowing*, especially solids,—difficulty, I believe, rather than pain; although in some cases the pain in swallowing was marked, and, as in tonsillitis, extended to the ears. This difficulty conspiring with the febrile anorexia, led the patients to *refuse food* from an early period of the attack. It was commonly observed that liquid food, wine, and medicines, which would not be swallowed when offered by the attendants, were taken pretty readily when the medical man administered them himself. It now and then happened that although the other characteristic features of the disease were present, liquid food was accepted whenever offered, and swallowed, apparently without difficulty throughout. The *exudation* varied in the seat of its earliest appearances: sometimes it was first seen upon the tonsils, uvula, or soft palate, at others on the pharynx, inside of the cheeks or lips or upon the dorsum of the tongue. Sometimes, when first seen, it was in the form of little roundish patches of the size of a split pea, which, sooner or later, coalesced; or when first noticed it was spread continuously over the parts affected. Its colour was white, cream-coloured, ashy, and sometimes more or less dark brown, from admixture of blood corpuscles; when removed, the membrane beneath was dark coloured and pretty sure to bleed. With all this the membranes and tissues beneath were, with the tonsils, more or less swollen. Sooner or later the breath became offensive, so much so occasionally as to constitute a "horrible fœtor," perceptible on entering the room. I am assured that in some of these cases, although I have seen no such instance myself, there was absolute death of some of the tissues, and in one the entire uvula disappeared by this process. There was usually disfigurement by swelling of the tissues beneath the angle or base of the jaw: the swelling was hard to the touch in all the cases that I saw, and sometimes the skin in this situation was ecchymosed. In the greater number of cases the voice became first husky, and at last was altogether lost, the patient being unable to speak, except in a whisper; but in some the voice, although altered, did not altogether disappear. Croupy breathing and cough were also by no means constant phenomena, in some cases they were wanting throughout; in two or three instances the fibrinous casts of the upper air passages were coughed up with decided temporary relief to the dyspnœa. Where the laryngeal symptoms were severe there was the customary restlessness with turgescence of the features. Sometimes the attempt to swallow was followed by a return of the food through the nose. In many of the advanced cases there was a discharge of bloody mucus or ichor from the nares. The general condition of the patient in this confirmed stage of the diphtheria was invariably one of prostration: the pulse was small and rapid, and there was a tendency to coldness of the extremities, which in cases verging upon asphyxia became cold and blue. In five cases there were purpurous spots noticed upon the trunk, neck, or extremities; in one of them so long as ten days before death, but in the others either on the day of death or the day preceding. In four instances there was more or less severe epistaxis; in one of these it appeared to relieve a violent headache accompanied with delirium; in the others, coming on later in the case, it as evidently hastened the death by the exhaustion it occasioned. The intellect usually remained clear to the last, but in some the final exhaustion was accompanied by delirium and coma.

Duration of the Disease.—In only two cases did I fail to ascertain this point, which is represented in the following table:—

Days	1	2	3	4	5	6	7	8 to 14	15 to 21	22 to 28
Class 1	..	1	7	4	6	5	5	18	6	4
Class 2	1	1	1	1	2	1	2	3	..	..
Class 3	..	..	..	3	..	1	1	4	1	..
Total ..	1	2	8	8	8	7	8	25	7	4

The sex and age of the patients exercised little or no influence over the duration of these fatal cases. In the instance of four infants under one year, however, included in Class 1, the mean duration was four days. At each of the other ages, the mean duration was from nine to eleven days.

Mode of Death.—In 59 of the cases that I inquired into, the mode of death was stated by the Medical attendant as follows:—

	Class 1.	Class 2.	Class 3.	Total.
From extension of the disease to the larynx, œdema of the glottis, or asphyxia	22	..	5	27
Sudden	4	..	1	5
From exhaustion	20	1	2	23
,, disease of brain	1	..	..	1
,, convulsions	..	1	1	2
,, suppression of urine and dropsy	1	..	..	1
Total	48	2	9	59

These numbers will also assist in determining the periods of the disease at which these several modes of death are imminent. The following table embraces 58 cases:—

—	1st week.					2nd week.				3rd week.			4th wk.
	Laryngeal complication.	Sudden.	Exhaustion.	Brain disease.	Convulsions.	Laryngeal complication.	Exhaustion.	Convulsions.	Suppression of urine.	Laryngeal complication.	Sudden.	Exhaustion.	Exhaustion.
Class 1	15	2	7	1	..	7	7	..	1	1	2	2	4
Class 2	..	..	..	..	1	..	..	..	..	..	..	..	..
Class 3	3	1	..	..	..	1	1	1	..	..	..	1	..
Total	18	3	7	1	1	8	8	1	1	1	2	3	4

The danger from which a fatal result is mainly to be apprehended in the course of the first week of the disease is extension of the latter to the upper part of the air-passages, and consequent asphyxia. The sudden deaths in this week are probably due to the same cause, giving rise to spasmodic closure of the glottis. As the malady advances into the second week, the chances of death from this cause are only equal to those from the general prostration of the vital powers. In the third and fourth weeks, the latter is the condition mostly to be dreaded; the sudden deaths at this time being probably due to syncope. They have occurred during some muscular effort, the patient falling back dead into the nurse's arms.

The following table is constructed to show the mode of death in 59 patients of various ages:—

	Ages.											
	Under 5 years.				5 to 9 years.			10 to 19 years.			20 yrs. & upw.		
	Laryngeal complication.	Sudden.	Exhaustion.	Convulsions.	Laryngeal complication.	Exhaustion.	Suppressed urine.	Laryngeal complication.	Sudden.	Exhaustion.	Laryngeal complication.	Exhaustion.	Brain disease.
Class 1 ...	14	4	12	...	7	4	1	...	...	2	1	2	1
Class 2 ...	...	...	...	1	...	1	...	...	...	...	...	...	...
Class 3 ...	3	...	1	1	...	...	...	1	1	1	1	...	...
Total...	17	4	13	2	7	5	1	1	1	3	2	2	1

The following represents the frequency with which the disease in the 80 cases is stated to have occurred primarily or secondarily to other maladies. But I attach little weight to these numbers, since the certificates of death furnished to the Registrars by Medical men do not always state whether the disease of which a patient dies is primary or secondary. In the main, however, this table is tolerably correct so far as my inquiries proceeded, that is, in respect of classes 1 and 3:—

	Primary.	Secondary to				
		Scarlatina.	Measles.	Hooping-cough.	Croup.	Influenza.
Class 1 ...	47	5	2	1	...	1
Class 2 ...	9	1	1	1	1	...
Class 3 ...	10	...	...	1	...	...
Total...	66	6	3	3	1	1

Social Position of the Patients.—An opinion has prevailed, that while fatal maladies of the zymotic class have selected their victims generally from the lower ranks of life, diphtheria and epidemic sore-throat have prevailed more among the middle and comfortable classes of our population. In order, as far as my means permit, to put this idea to the test of numbers, I propose to divide the population into two groups:—1. *A superior group*, residing in streets the houses of which I know are occupied by single families in easy circumstances; and, 2. *An inferior group*, residing in streets occupied mainly by labouring men and their families, or the houses in which I know to be let out in single rooms or tenements. The following is the result of a distribution of the 80 cases on this plan:—

	Class 1.	Class 2.	Class 3.	Total.	Mean mortality of three years in streets, etc., where these deaths occurred.	Per-centage of deaths from diphtheria and epidemic sore-throat.
Superior group	36	7	7	50	142	35.2
Inferior group	20	6	4	30	124	24.2

The above proportion is preserved if merely the true and reputed deaths from diphtheria are compared with the mean mortality of the streets in which they occurred, the number then being for the superior group 32.8 per cent., and for the inferior, 21.6 per cent. Taking the class 1 alone, the proportion is for the superior group 32.1 per cent., and for the inferior, 23.5. Thus the fatality of epidemic sore-throat and diphtheria appears to have been half again as great in the middle as in the lower ranks of society, when a comparison is made with the mortality arising out of diseases of all kinds. The absolute frequency of the fatal attacks could only be determined by such an enumeration of the population of the several streets as I do not possess.

Let me contrast this result with that which I found in respect of zymotic diseases of all kinds as included in the list adopted by the Registrar-General. The following table represents the number of deaths in three years in 109 streets inhabited by persons of the superior, and 150 by persons of the inferior class:—

	Number of streets.	Total deaths in 3 years.	Deaths from disease of zymotic class.	Per cent. of all deaths.
Superior group	109	734	133	18.1
Inferior group	150	2237	687	30.7

Here the inferior group is that which exhibits the zymotic mortality in excess, a result in accordance with universal experience.

(To be continued.)

CASES OF ACUTE NECROSIS FOLLOWED BY PYÆMIA.

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THREE cases have been admitted into St. Thomas's Hospital, under the care of Dr. Goolden, within a few months, which present some features of interest.

All of them have consisted essentially of very rapid and acute necrosis of a large bone. All have terminated fatally within a short time from pyæmia, secondary on the local disease.

The general symptoms in all were such as would naturally mislead the observer. Indeed this was so remarkably the

case, that although all were, strictly speaking, Surgical cases, one was actually transferred from a Surgeon's ward to the care of the Physician, as being a case of typhoid fever; the other two were assigned to the Physician, treated and considered as acute rheumatism.

Careful post-mortem examinations were made in every case. These are important, not only as throwing much light on the pathological history of both the local and the general disease; but, taken in conjunction with the symptoms during life, as offering valuable indications for the diagnosis and treatment of other similar cases.

Lastly, it is not impossible that some of the obscure cases of pyæmia on record may have originated in some such local lesion as this, which has remained undetected. Dr. Bristowe is of opinion that there are reports of autopsies made during former years at St. Thomas's Hospital, which very much favour such a supposition.

Case 1.—M. A., aged 15, servant. Admitted December 18, 1858. A well-developed girl, of healthy aspect. Stated that she had always enjoyed good health previously to this illness. Had never had acute rheumatism, or other serious disease. The catamenia had only recently made their appearance, but were not in any way abnormal. Seems to have been in a good place, and not subject to any privation. Was well and at work until five days before her admission. At that date (December 13) she began to suffer from severe pain in the left forearm, especially on its posterior aspect. Some swelling appeared in the course of the day. Her general health does not seem to have been materially affected until the following morning (December 14). On that day she had a severe rigor, accompanied by vomiting, headache, pain in the chest, and cough. She took to her bed, and became rapidly worse, complaining of the same symptoms, with delirium for the last night or two.

On admission, the general aspect was that of a case of acute rheumatism, with cardiac complication. As such it was taken in. It was not, however, thought possible, or desirable, to make a minute examination in the taking-in room. When seen in the ward, she was manifestly suffering from extensive and severe disease. The face was anxious and pale; the manner confused, and only partially conscious; although loud questions were rationally answered. Pulse 130, but only counted with difficulty from its feebleness. Respiration 44 per minute, accompanied with a moan. Skin cool, and not perspiring. Some ineffectual cough, and apparent inability to expectorate.

On examining the chest, loud rhonchus with large moist crepitation was audible in every part; and could also be felt as a thrill conveyed to the fingers. In an interval of respiration, the heart could be heard beating feebly, but with normal sound. There was no abnormal dulness, and no great tenderness of surface. The left arm and forearm were swelled and tense, rather red, and somewhat tender, though not acutely so. All the articular movements were easily performed, and without pain. Neither the wrist nor elbow-joints bore traces of rheumatic inflammation. The swelling was greatest in the middle and upper thirds of the forearm; of a doughy feel, giving no evidence of fluctuation. The hand was not at all implicated. Wine and a stimulant mixture were given; but she sank the same evening, without alteration of symptoms.

On post-mortem examination, forty-two hours after death, the following morbid appearances were found:—

The left arm was much swelled, and rather hard, with patches of redness. The lower third of the radius, exclusive of the epiphysis, was denuded in nearly the whole of its extent, and surrounded by thick pus, which infiltrated the cellular and muscular tissue in the neighbourhood. On making a section of the bone, its interior presented no unhealthy appearance. The muscular substance of the arm was generally healthy; but most of the superficial and muscular veins were filled with imperfectly-formed clots and puriform fluid. The wrist-joint and radial epiphysis were perfectly healthy, as was also the ulna. The brain was considerably congested, but otherwise healthy. Both lungs were slightly attached to the parietes by a layer of recent lymph. This was unequally deposited in patches, and much more abundant on the left than on the right side. The lungs were of ordinary size, and for the most part crepitant. They presented numerous patches of pulmonary apoplexy, from the size of a filbert downwards, irregularly scattered from apex to base. Some of them were a little decolorised at the margin, and the small branches of the pulmonary artery connected with most if not all of them were distended with adherent decolorised clot, mixed, in some cases, with a little pus-like fluid. A few distinct abscesses, from the size of a horsebean downwards, were scattered here and there.

The bronchial tubes contained a large quantity of frothy fluid. The pericardium was lined by recent lymph. It was more abundant on the surface of the heart than on the parietal layer, and was chiefly aggregated on the left side. The heart was of ordinary size, and firmly contracted. Its surface presented beneath the false membranes numerous spotty and mottled patches of intense congestion and extravasation; and on making sections of the organ, many abscesses, from the size of a pea downwards, in various stages of formation, were found in the substance of the muscular parietes. The valves were healthy; the cavities contained a little partially decolorised coagulum. Peritoneum healthy. Liver of usual size, for the most part healthy. The surface presented several irregular pallid patches, surrounded by a broad congested margin. On section, these patches were found to be composed of blocks of tissue presenting similar characters, and extending some little distance into the organ. Spleen, pancreas, stomach, intestines, and suprarenal capsules healthy. The kidneys presented a considerable number of minute abscesses surrounded by congestion, but the organs were otherwise healthy. On microscopic examination of the fluid in the pulmonary branches, it was found to consist chiefly of distinct pus cells, but in some instances of granular matter and débris of coagulated fibrine.

Case 2.—M. H., aged 29, servant, admitted November 24, 1858. A robust healthy woman, above the middle height, was stated to be suffering from rheumatism, and taken into a Medical ward in consequence. It appeared she had been out of health for a fortnight, and that before that time she had been suffering from mental anxiety and some privation. She had, however, been able to do her duties as household servant until a week before admission. She had at first complained of severe pain in the right thigh, which had soon after become swelled and tender. Two days before admission there had been some aggravation of the symptoms, but without any change in character. When taken in she had the aspect of a person suffering from acute rheumatism, with considerable febrile symptoms. She was quite sensible, and complained most of pain in the right thigh. On examination, this was found to be swelled and puffy, of a doughy feel, and very tender. It could not be discovered whether the knee-joint was implicated, from the great œdema and tenderness. There was no circumscribed redness or fluctuation in any part. An anti-rheumatic treatment was adopted.

On the following day (25th) she was much worse. After a severe rigor, she became violently delirious, throwing the bed-clothes off her, and making much noise.

On the morning of the 26th, the delirium gave way to signs of collapse. These were accompanied by sudden and violent bronchitic symptoms; moist crepitation, both large and small, became audible in all parts of the chest, and could be distinctly heard when standing at the bedside. The face became livid and suffused; the respiration very rapid; pulse insensible at the wrist. She was able to speak sensibly and firmly until a few minutes before her death, which took place at noon of this day.

On post-mortem examination, twenty-four hours after death, the appearances were as follow:—

The right thigh appeared unusually plump. On cutting down to the bone a large quantity of thin pus escaped. The femur, in the lower two-third of its shaft, was to a great extent denuded, and bathed in pus. The muscular tissue around was softened and infiltrated with pus. Many of the veins of the musele were distended with coagulum, partly recent, partly buff-coloured and adherent; they contained in many places thick sanious puriform fluid. The bone was not completely denuded, for here and there soft shreddy muscular fibres were still attached to its surface; and in one oval patch, about two inches long and one inch broad, was a softish granular deposit of recent bone, thin at the margins, increasing in thickness towards the centre, and at the latter point presenting a circular orifice about a quarter of an inch in diameter, the bottom of which was formed by denuded shaft.

The joint and epiphysis were healthy. On making a vertical section of the shaft, the greater part of the medullary cavity

was found to be occupied by soft lymph, puriform fluid, and coagulum.

The larger vessels of the thigh and their contents seemed healthy.

There was a shallow commencing bedsore over the sacrum.

Brain congested, with some increase of serum on its surface; otherwise healthy.

Pericardium and heart healthy.

The pleuræ were for the most part healthy, and free from old adhesions. The surface of both lungs, however, presented two or three largish, exceedingly thin, and scarcely visible patches of recently deposited lymph. Each of these was found to radiate from a central spot, in which the subjacent lung was elevated, and of a black colour. On section, the black spots were found to be distinct apoplectic masses, from the size of half a marble downwards. There were about six in the left, and three or four in the right lung. All were clearly and wholly apoplectic; none was of the nature of an abscess, though one or two presented an imperfect buff-coloured margin. In addition to these, were some black elevated patches of extravasation into the sub-pleural tissue. The lungs were congested and œdematous, but crepitant. The bronchial tubes contained a good deal of secretion, and were somewhat congested.

Peritoneum healthy. The liver was of usual size, and for the most part healthy; its surface presented several irregular mottled patches of various sizes, which had a distinct port-wine colour, together with several tracts of remarkable pallor. The congested condition was quite superficial; the pallid extended some little distance into the substance of the organ. Spleen, stomach, pancreas, intestines and suprarenal capsules healthy. The kidneys were for the most part healthy; the right was very large, and presented a group of indistinct abscesses, altogether about as large as a hazel-nut; the suppurating part formed an irregular cylinder in the cortex, consisting of a number of smaller imperfect cylinders of suppuration, separate from each other and surrounded by congested margins. On separating the capsule from the diseased tract, the small abscesses abutting on the surface were laid open.

(To be continued.)

METHOD BY WHICH

THE ACUTE AIN OF GLAUCOMA WAS REMOVED BY OPERATION.

By HAYNES WALTON, F.R.C.S.

Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

The treatment of glaucoma by surgical operation still occupies the attention of Surgeons; and there are marked differences of opinion respecting the curative benefits of Græfe's iridectomy, or excision of a piece of the iris. But this is a question I shall not enter into. It is about the acute pain alone in the later stage of the disease, when the eye is already spoiled, that I intend to say a few words.

A female, in middle age, was sent to me in private by Mr. Wall, of Paddington, with acute glaucoma of the left eye, which was very tense, much injected, the pupil dilated, and the iris pressed forwards by the semi-opaque lens. Vision was quite lost; and I was consulted solely on account of the severe suffering, sometimes lasting for several consecutive hours, but more generally in paroxysms, which nothing has been able to subdue. The extreme vascularity of the eyeball, and the general plethora, induced me to order cupping to the temple, and purgatives. Not the slightest benefit ensued. Opiates, both locally and generally, were then tried, with no more effect than securing better nights' rest than hitherto, but the general health was deranged by the narcotics, which were discontinued. Other drugs were administered in vain. Thus, after a period of five months, the patient got no material benefit either from myself or from any other Surgeon by whom she had been treated, and she had applied to several. She expressed her desire to submit to any operation likely to afford relief, and she was the more anxious as the right eye was certainly sympathetically affected, as manifested by intolerance to light and lachrymation. Rather than extirpate the eyeball, a practice that my patient had heard of, and which is certainly very objectionable if it can be avoided, or rather than reduce it by the removal of the anterior portion, an operation that is very serviceable in checking certain morbid actions, and which should when applicable be preferred to the above, I determined to try the experiment of extracting the opaque lens, and evacuating some of the vitreous humor. I effected this without wounding the iris. The vitreous humour was apparently quite normal.

The acute pain ceased, and there was less uneasiness during the healing process, which was quickly effected, than is often experienced in successful operations for the extraction of the cataract. It is just five weeks since I operated. There has been no recurrence of pain; there is yet conjunctival vascularity; there is no other abnormal appearance about the eye, except that the pupil is irregular, a part of it being adherent to the corneal wound, but there is no prolapse. The right eye has lost the sympathetic irritation.

I desire not to set more value on a single example like the present than it is worth, nor do I attempt to generalise from a single instance; but even as a unit, as an isolated fact, it has its value. It will encourage me to investigate the matter further, and I doubt not that with this publicity the subject will receive attention from others. I shall not attempt to explain the rationale of the operation, nor do I venture to speculate on any advantages that may be gained by this means when adopted in the earlier stage of the disease. My object is to record an experimental success in the removal, by a simple plan, of a distressing symptom that will not at all times succumb to any ordinary treatment, except that which mutilates or disfigures. I can affirm, from personal experience, that Græfe's iridectomy does fail in these instances.

The tendency to internal hæmorrhage, when a diseased eyeball is incised, is well known; and I adopted the generally successful preventive of applying a pledget of cotton wool and a bandage over the eye, and retaining it two or three days. No bleeding occurred.

69, Brook-street, Hanover-square.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

FISTULOUS CHANNEL THROUGH THE TIBIA.—OPERATION.

(Under the care of Mr. STANLEY.)

If in a case of compound fracture of the leg, there should still remain, at the date of more than a year after the injury, a fistula passing down to bone, the ordinary inference would be that some fragment had necrosed and was keeping up irritation. That such however need not necessarily be the fact was demonstrated the other day, in the case of a patient under Mr. Stanley's care in St. Bartholomew's. A man of about 25, in fair health, received a compound fracture of his right leg eighteen months ago. He had the usual treatment for that accident, and good union without deformity ensued. Two sinuses, however, remained, the one on a higher plane and to the inner side of the other, and both about two hands breadth above the ankle, in the front of the leg. By either of these the bone might be reached. There was no material swelling about the part. Loose bone had never been detected. A fortnight ago, Mr. Stanley, assisted by Mr. Paget, proceeded to explore the part in the hope of finding some fragment which might be removed. By free incisions the two sinuses were laid into one, and the surface of the tibia exposed. It was now found that a probe could be passed quite through the shaft of the bone from an opening on its inner surface to another lower down in its outer aspect. With bone-pliers, the overlying bridge of bone was cut away, and the osseous fistula laid open. After the most careful search, no exfoliated fragment could be discovered, and the bone wherever exposed was healthy and well supplied with vessels. The track of the fistula was lined by granulations.

Mr. Stanley commented at the conclusion of the operation on the peculiarity of the case. Although undoubtedly rare instances of fistulæ passing through bones and obstinately refusing to heal until laid open had been met with before, and he had seen cases like the present in which no evidences of

diseased action going on in the osseous structure could be detected. The only plan was to treat them as you would a fistula in soft parts and lay them freely open. It was impossible to tell before hand that no necrosed fragment was present, and the most careful search ought, therefore, always to be made. The Surgeon ought not, however, to feel disappointed on not finding any, but should rest satisfied that the measure adopted has been the best for his patient.

The man in this instance has done very well since the operation; the wound is healthy and likely to heal quickly. No exfoliation of bone has since occurred.

DISEASED HIP AND KNEE IN OPPOSITE LIMBS.—ANCHYLOSIS OF HIP IN BAD POSITION.—FRACTURE.—EXCELLENT RESULT.

(Under the care of Mr. STANLEY.)

There is, in one of Mr. Stanley's wards, a little boy whose case, besides exemplifying the occurrence of destructive disease of the hip on one side, and a like affection of the knee on the other, has presented several distinct phases of great practical interest. He has been in the Hospital nearly two years, and is now convalescent in a far better condition as regards power of walking than could at one time have been expected. Originally, he came under care two years and a half ago at another Hospital, with what appeared to be a large abscess in the left thigh, unconnected with either hip or spine. At any rate, as regards the freedom from disease of the latter regions, he could run about as well as ever, had no pain in back or hip, and presented not the slightest deformity. He was at that time a fair-complexioned boy of five years old, with blue eyes, and beautifully soft flaxen hair. His mother at the time was the subject of phthisis, from which she has since died. The abscess threatening to burst, was punctured, about the middle of the front of the thigh, and nearly a pint of matter was evacuated. For a fortnight after this, he continued to walk about, and had no material pain in the part, when suddenly the symptoms of acute inflammation of the joint developed themselves, and he became confined to bed. Most profuse suppuration followed, and he sank into a condition of extreme hectic. The limb now became thrown outwards, and when, two months from the commencement, he was put under chloroform, in order to have the thigh brought down and a straight splint applied, there were evidences that the head of the bone was destroyed. He could not bear the splint, and his life being despaired of, it was removed, and the limb, supported on pillows, allowed to rest in any position most comfortable. The upshot of this was, that it became fixed almost at right angles with the pelvis, sticking out away from the trunk.

During the greater part of the period above alluded to, the boy was at his own home, and was not under the regular treatment of any medical man. We have obtained the above particulars from a Surgeon who saw him occasionally, and at long intervals. When admitted under Mr. Stanley's care, the state of his left limb was as described. He was reduced to the last degree of emaciation; as near an approach to an *anatomie vivante* as could well be imagined, and his right knee was stiff from long disuse. After some months' constitutional treatment, which resulted in much improvement, Mr. Stanley determined to make an attempt to bring the limb into a better position, and here begins the second stage of interest in the case.

The boy being under the influence of chloroform, it was endeavoured by force to bring the thigh down, but the anchylosis was found to be so firm, that this was impossible. Suddenly, however, in an effort at bending, a crack occurred, and it was evident, from the altered condition of things, that the neck of the bone had fractured. Availing himself of this occurrence, Mr. Stanley brought the limb down straight, and applied a splint to keep it there.

A stranger seeing the boy now (July, 1859; more than a year subsequent to the artificial fracture of the bone) for the first time, would not notice that anything was amiss with his left limb. It is quite straight, well placed under the trunk, and the boy can bear full weight on it, and use it freely. So much for the very successful result of the bold practice pursued. Unfortunately, however, while surgical science has been doing so much for the anchylosed hip, a complication has been developed in the form of acute and destructive inflammation of the opposite knee. The disease, in this instance, ran a very similar course to that which the preceding attack in the hip did, being attended by profuse suppuration and rapid disorganisation. It is now in abeyance, but the boy, although about the ward, still has splints, &c., about his knee, and his right is much the worse limb of the two. There is no motion in the left hip, but the pelvis moves so freely with the limb, that this is scarcely noticed.

CASE OF POPLITEAL ANEURISM TREATED BY THE NEW FLEXION METHOD.

The case of popliteal aneurism under Mr. Paget's care, to which we alluded in a recent number, has since been treated by ligature of the femoral artery. It will be recollected that much swelling and irritation about the sac had followed a trial of the flexion plan. At the time of the application of the ligature, Mr. Paget did not consider that the aneurism had become diffused; but about this he stated there was some doubt. The man has done exceedingly well ever since; and although the operation was only on Tuesday week last, the ligature has already come away. The aneurism is solidifying, and diminishing in size.

GUY'S HOSPITAL.

FOREIGN BODY IN THE TRACHEA—TRACHEOTOMY—DEATH—AUTOPSY.

(Under the care of Mr. COOPER FORSTER.)

Early in the morning of June 6, a little boy, aged 3, was brought to Guy's Hospital, with the following history. At two o'clock on the day before while playing with a French bean he put it into his mouth, and soon afterwards suddenly became choked. He coughed, struggled violently, and became livid in the face. His father snatched him up and hurried with him to the nearest Surgeon. On his way he suddenly became relieved. Some medicine was ordered, and the danger being considered over, he was taken home again. Gradually during the evening difficulty of breathing developed itself, and he passed a restless night. Towards morning the dyspnœa and restlessness had became aggravated, and at eight a.m. he was taken to Guy's Hospital.

Mr. Cooper Forster saw the boy very soon after his admission, and found him with livid lips, gasping for breath, and showing all the signs of urgent thoracic distress. On auscultation no respiratory murmur could be heard in the right side of the chest, the right lung appearing to be quite impervious to air. With the exception of the first paroxysm, there had been no cough throughout. Mr. Forster stated that he felt no doubt that the bean was lodged in the right bronchus. To this conclusion, the history of the case and the symptoms present alike pointed. There had been at first the indications of impaction of the bean in the larynx, after this a lull had followed, and now there was positive evidence that some obstruction existed to the passage of air into the right lung. Was there any reasonable probability that the child would get rid of the bean *per vias naturales?* Our readers will, we think, be unanimously with us in answering this question in the negative, regard being had to the size of the larynx in so young a child, and to the dimensions of the intruding body, as accurately represented in the sketch below. Practically, however, the imminent and rapidly increasing danger to the child's life put this question quite aside. The dyspnœa was fast increasing, the veins of the neck were already turgid and prominent, and, unless relief could be afforded by operation, it was clear that the child must sink. Under these circumstances, Mr. Forster at once performed trachcotomy. No chloroform was given. The neck was unusually thick and fat. The veins which were divided in the incisions bled most profusely, and two of them required ligatures before the operation could be proceeded with. On reaching the trachea, Mr. Forster intentionally made the slit in it much longer than usual. The child's dyspnœa appeared to have been much relieved by the loss of blood, and when the operation was completed, he seemed much more comfortable than before. Attempts were first made to excite cough, in the hope that the bean would be expelled, but these failed. The child was now laid on its chest, and struck sharply on the back, and subsequently he was also held for a time with the head downwards, the strokes on the back being repeated in that position. All efforts to effect the dislodgment of the bean proved, however, fruitless, and were at length, of necessity, desisted from.

On the day following the operation the child was feverish.

Mr. Forster attempted, by the introduction of a pair of long curved forceps, which had been procured for the purpose, to seize the bean, but could not succeed in doing so.

On the 8th inst. at six in the evening, the child, who had been getting gradually worse, died.

At the autopsy the bean was found firmly plugged into the right bronchus. Its size is represented in the appended cut. It closed the orifice of the bronchus much as a cork might have done, and projected out into the trachea above. The right lung was collapsed and solid, but had no traces of inflammation. It will be seen that the bean had swollen by the moisture of the part, until it might well be supposed to fix itself very firmly in the bronchial tube. At first it had no doubt acted the part of a ball valve, and while allowing the air to escape upwards, prevented its ingress. Its rounded exterior would make it almost impossible for it to have been grasped effectually by forceps. There was no reason whatever to think that the child's death had been hastened by the operation; on the other hand, indeed, so far as it went, it decidedly seemed to relieve the breathing, although, from the peculiar character of the foreign body, it was ineffectual in the accomplishment of the main intention. The left hand figure shows the bean of the size to which it had swollen, and the other that of a similar bean while dry.

SAMARITAN HOSPITAL.

THREE CASES OF OVARIOTOMY.

(Under the care of Mr. SPENCER WELLS.)

(Concluded from page 33.)

Case 3. MULTILOCULAR OVARIAN CYST—OVARIOTOMY—RECOVERY.

[From Notes by Mr. PHILLIPS, House Surgeon.]

J. F. aged 29, lady's-maid, single; admitted under Mr. Spencer Wells, May 17, 1859.

History.—Has been in good health until eighteen months ago, when she first noticed a hard swelling on the right side. This increased, and Mr. Burton, of Blackheath, diagnosed ovarian disease. Increase continued, and she was admitted into St. George's Hospital, under Dr. Lee, in August, 1858. She remained there ten weeks, and left with directions to return when tapping became necessary. The catamenia continued regular up to November; since then they have appeared every fortnight. She was re-admitted to St. George's on the 1st of March, 1859. She was tapped, and 31 pounds of thick amber-coloured fluid removed. After three weeks she went to the country, where she remained for six weeks previous to her admission to the Samaritan Hospital.

State on admission.—A well-formed, middle-sized, rather delicate-looking person. The abdomen is greatly distended, measuring 41 inches in circumference at the umbilicus, and 19½ inches from ensiform cartilige to symphisis pubis. She suffers great pain from the distension, and from indigestion. The respiration is much impeded; fluctuation very distinct all over abdomen; dullness on percussion anteriorly and laterally, but clearness in right lateral lumbar region; both lumbar regions, and left lateral lumbar, dull; anterior wall of vagina depressed; uterus normal and moveable, but pressed backwards; pulse rapid and feeble; thoracic organs healthy.

Progress of the case.—May 18.—Has passed a very bad night, suffering from distension; but some relief was obtained by opiates and a purgative.

May 20.—It was decided in consultation that Mr. Wells should tap, and if the cyst proved to be unilocular, inject iodine; while, if it were multilocular he should perform ovariotomy if her general health improved, and before the cyst became so much distended again. Accordingly, he removed 23 pounds of viscid fluid, sp. gr. 10.12, and by the use of Dr. Hewitt's ovarian sound, satisfied himself that there was a cluster of smaller cysts within the principal one. Iodine, therefore, was not used. Some temporary relief was obtained by the tapping, and she left the Hospital May 27 with directions to return when the girth reached thirty-six inches.

She was re-admitted June 22, 1859, in much better health than before, and it was decided after consultation that Mr. Wells should remove the cyst.

24th.—Chloroform was administered by Dr. Graham Weir, of Edinburgh. Present, the staff, Dr. Fyfe, Mr. Evans, of Torquay, Mr. Cumberbatch, etc. Mr. Wells made an incision, four inches long, over the linea alba, midway between umbilicus and symphisis pubis, dividing the tissues until the cyst was exposed. He then broke down some extensive but very slight adhesions to the parietes first with the finger and then with the hand, and rapidly emptied the principal cyst by a large trocar. Some traction was made on this cyst as it was being emptied, but it could not be withdrawn. A second interior cyst was then tapped and emptied, but the cyst still remained firm. Mr. Wells accordingly enlarged the incision until it extended from the umbilicus to about an inch from the symphisis pubis, and after separating a large portion of omentum which adhered to the upper portion of the cyst, and a coil of intestines, the cyst was withdrawn, and the edges of the wound carefully pressed together to prevent protrusion of the intestines. The peduncle was short and very broad, but after separating some portions of it which did not contain vessels, by the hand, it was secured by a clamp fastened close to the uterus, and the cyst cut away, leaving a portion projecting beyond the clamp. Considerable traction was necessary to keep the clamp outside the wound: but this was effected, and the divided edges of the abdominal parietes, including the peritoneum, united by harelip pins and by intermediate superficial wire sutures. The opposite ovary had been examined and found healthy.

The tumour consisted of one large cyst, and a group of smaller ones containing fluid of very different density. One contained almost pure blood.

She remained depressed for about two hours, when she became restless and complained of intense pain all over the abdomen. A large linseed poultice, covered with linen so that it could be changed easily, was applied very hot over the whole abdomen, and an enema of thirty minims of laudanum given in two ounces of water. This gave great relief. Sickness continued troublesome, but she passeed a tolerable night.

It is needless to give a daily report of the case further, as it was almost one of uninterrupted recovery. The opium enema was repeated occasionally when there was pain. The poultices were used constantly for several days. On the third day she suffered a good deal from flatus, which was relieved by an injection of turpentine and assafœtida in thin arrowroot, a copious motion following it. Mr. Wells removed the pins on the fourth day. On the fifth the catamenia appeared unexpectedly. On the sixth day she appeared rather low and feverish, and the pulse became feeble and rose to 110. Mr. Wells carefully examined the wound, and pressed out from one to two drachms of very fœtid pus from the track of one of the pins. This gave almost immediate relief. Sickness continued troublesome at times during the first week. The clamp was removed July 2, and the last of the superficial sutures on the following day. A fortnight after the operation she was sitting up in bed, eating and sleeping well, almost free from pain, pulse 80, and the wound quite healed, except at the spot where the peduncle had passed. Here there was still a little fœtid purulent discharge.

July 14.—Wound healed; convalescent. She is to leave the Hospital in a few days.

Remarks.—The chief differences in the treatment of this case to those previously reported, were the use of very hot linseed poultices to the abdomen frequently removed, the smaller use of opium, and the earlier clearing of the bowels by enemata. The relief afforded by the poultices was very great and unmistakeable. The clearing of the bowels on the third or fourth day by enema, may appear bad practice to those accustomed to keep the bowels confined by opium for a week or ten days, but after trying this plan Mr. Wells has become convinced that it is carried too far, leading to flatulent distension, keeping up sickness, and probably doing as much harm as the opposite extreme of those operators who give calomel and black draught if the bowels are not open on the second or third day. In this, as in all other cases, the Surgeon will do well to cast aside routine treatment, and, following the dictates of common sense, adapt his measures to the varying circumstances of the case before him.

ST. THOMAS'S HOSPITAL.

BOTH LUNGS WOUNDED—RECOVERY.

(Under the care of Dr. BARKER and Mr. CLARK.)

[Reported by Mr. H. GERVIS, House-Surgeon.]

THE following case is an instance of what is certainly very rare—recovery after punctured wounds of both lungs. It is of especial interest to the practical mind, on account of the therapeutic measures under which a recovery so unexpected was brought about. The treatment was that of the old school—free bleeding in the first instance, and mercury and opium to ptyalism afterwards. We make no assertions as to the post hoc or propter hoc, but the facts remain:—that the man lost a large quantity of blood—so much that he was quite blanched—and took mercury, and that he made an excellent recovery. It is true, the loss of blood was not from the surgeon's lancet, but from the wounds; but this does not alter the effect which such loss must have had upon the circulation. The reader must, however, carefully bear in mind that the case teaches nothing as regards venesection for *inflammation* of the lungs, but only as regards *wounds* of those organs.

The following is a copy of Mr. Gervis's notes of the case:—

C. E., aged 37, policeman, was admitted into Isaac's Ward, 1·30 a.m., May 28, having, in an encounter with a negro, received some serious wounds on the chest—posteriorly there were five: two over the left scapula, just above the spine, and one close to its posterior border, probably entering the lung. On the right side there were two wounds, one about opposite to the scapular spine, and one below and to the inner side of the inferior angle, one or both of which must have entered the right lung; anteriorly on the left side there was a slight cut, and several about the scalp and hands, but unimportant ones. Venous blood was trickling from nearly all the wounds; his lips and cheeks were blanched, and he complained of great dyspnœa. There was no hæmoptysis; there was emphysema about the upper part of the chest and shoulders posteriorly. The wounds were brought together by strapping, but the venous oozing did not cease until the movements of the chest were restrained by a broad flannel roller. The following draught was administered, and repeated every two hours: sp. ether sulph. ʒj. solut. morph. mur. ʒss. ex aqua. The pain and dyspnœa and faintness were relieved, but he got no sleep; he was unable to lie on his back, but was propped up by pillows. In the afternoon, his bowels not having been opened, ol. ricini ʒiii. were given, which procured an evacuation. At night, tr. opii. mxxx.

May 29th.—Complains of considerable pain and difficulty of breathing. Orthopnœa continues. There is a good deal of emphysema, anteriorly, to be felt above the roller.

30th.—Roller was removed for the sake of examining the chest stethoscopically. Effusion of air and fluid was found in both pleuræ; both being above preternaturally resonant, and below preternaturally dull; more so on the right side than on the left. Corresponding absence of respiratory sounds: this dulness and absence of breath-sounds was as marked posteriorly as in front. A creaking sound is perceptible just below the left mamma. The heart is pushed out of its place toward the right side. There has been a little bloody expectoration, but not florid, or much—a few dark clots only. He has not much cough, nor fever. Pulse, 116, small and rather sharp; skin cool, tongue rather furred, but not dry. He takes light nourishment pretty well. Mercury was commenced. Pil hydrarg. gr. v.; opii gr. ¼; 4tis horis. Rep. Haust. Morphiæ e ether.

31st.—Has had a better night; has been easier since the removal of the roller. The amount of effusion is increased on both sides. The creaking sound heard on the left has disappeared. Breath-sounds inaudible on both sides below. Over the upper part of the right, breath-sounds are puerile. Respiration is not hurried; the skin cool; tongue furred, but moist. He seems, indeed, to have lost just the right quantity of blood to stay excessive inflammatory reaction.

June 1.—Respiration more audible on right side. On left side, mammary region almost tympanitic on percussion, and respiratory sounds very faint. The heart can be felt in its natural position. He has less pain and sense of weight in his chest; the cough is not very troublesome, and is unaccompanied with expectoration. He is feeling very weak. Pil hydrarg. et opii. 6tis horis.

2nd.—Better in every respect; rather low; gums just a little touched; pain in chest still less; a curious, splashing sound in the chest is heard on the left side, over the mammary region—connected with respiration, not with the heart; over the lower part of the left lung there is still dulness on percussion, but feeble respiratory sounds are just audible. Mist. pot. cit. ʒj. 6tis.

3rd.—Improving; no pain when quiet; sleeps well; mouth rather sore; tongue clean; bowels open; appetite good. There is no abnormal resonance on either side. Respiratory sounds still absent from lower part of right lung. Pil. hydrarg. alt. noct.

4th.—Has had a good night; is looking better; mouth decidedly affected by the mercury. Pulse better; the curious sound heard on left side of chest is not now to be heard, but feeble respiratory sounds are audible; heart sounds are more audible to the right of the median line of the sternum; dulness on percussion over lower part of right side not so great as it was: faint breath sounds audible on taking deep inspiration.

6th.—Was not so well yesterday; having pain in his chest and difficulty of breathing. This morning he is better again, though he had not a good night. The wounds in the back are slowly healing—one or two are suppurating.

7th.—Better.

10th.—He was put on a meat diet.

11th.—Has been up, and walked in the ward for a short time.

16th.—Allowed wine, ʒiv.

23rd.—Wounds all healed.

28th.—He is now able to get about with tolerable comfort. He has no pain in his chest, not even on taking a deep inspiration. The left is sufficiently resonant everywhere, and respiration normal. On the right side the chest is still dull over the lower lobe, and respiratory sounds feeble; anteriorly, also, some creaking sounds are perceptible, indicative of more or less pleuritic adhesion.

The man was now considered sufficiently well to be sent to the convalescent institution at Walton, and consequently left the Hospital; but when attending at the Old Bailey a fortnight ago to give evidence against his assailant, I again saw him, and he then informed me that he was going on very well, though feeling weak and looking pale.

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Medical Times & Gazette.

SATURDAY, JULY 16.

WHO IS A DOCTOR?

THE late Sir Robert Peel once put the kingdom into a state of monetary excitement, by asking in the House of Commons, What is a sovereign? Our Profession seems to be likewise on the road to a little Medical excitement; it having become a matter of importance for us to know, What is a Doctor of Medicine.

The Colleges of Physicians of the United Kingdom will be forced by the present condition of Medical matters to take up, and at a very early moment, the question: Whether their Licentiates can or cannot justifiably assume the title of Doctor? The question is really becoming very serious. It is one in

which the interests of a great number of our Profession, and more especially the interests of our Universities, are intimately concerned.

We do not conceal from ourselves the fact, that many difficulties surround the subject, and that the solution of it is not altogether so easy as, *primâ facie*, men might think it to be. There are, however, certain principles of right and wrong to guide us here, as in most other matters, and we fancy that by keeping these steadily in view we shall not fail in the end to arrive at what is the right and the justice in the matter.

It is self-evident that from their very nature Colleges of Physicians have no power whatever of granting degrees. Their charters allow them solely the privilege of licensing men to practise as Physicians. We may assume it as certain, indeed, that at no period of history was it ever intended that the Licence of the College should supersede the University degree. This is manifest enough; for if the licence of a College contained within its powers the title of Doctor, of what avail becomes the University degree, and what is the use of a University?

But it may, and doubtless will be said, that Medical corporations are undergoing a process of fermentation, and that all the remnants of close-boroughism which may be still clinging to them are being quietly and rapidly worked off. We shall be told, as princely Teutonic wisdom a few years ago informed us of our country's institutions, that Medical corporations are on their trial; and that what was all very well in past days is no longer fitted for the requirements of these modern and enlightened times. If, it will be argued, you tell a man that he is fit, and give him the actual power and a seal and signature, to practise as a Physician—it is mere folly and contradiction to boggle at his assuming the title of Doctor of Medicine. The public, who is now all for freedom of trade in physic as well as in corn, can neither understand, nor will its common sense recognise, such a travestie as this; a Physician is a Doctor and a Doctor is a Physician, and argument to the contrary is the argument of antique, bigoted, and out-of-place conservative gold-stickism.

This is what will no doubt be cried out; and more than this. M.D.-less Licentiates will also argue, and with justice, that if prescriptive right, and the written law will not help them, still, that custom which is ofttimes as powerful as law itself, and sometimes even over-rides the law, gives them its sustenance in the assumption of the title of Doctor. They will say, and with truth: It was from one of your very Colleges that we first caught the inspiration. Your own wit first blew the breath of Doctor into the body of an M.D.-less Licentiate; and on your records still stands the memorandum which—all *in courtesy*, if you please—permitted him to take before the world this *courteous* title. And is it fair that you should now, to suit your own purposes, refuse to let us into the list of Doctors by Courtesy? But, indeed, if it comes to that, why have not we as much right ourselves to take the term, as you had to grant it, in courtesy?

Such, we believe, is fairly what the aforesaid Licentiate may argue by way of justification. And now let us see what may be answered to him, by those who think his assumption ill-founded. Let us see whether there be any principle of right and justice affected by his title-taking act. In the first place, we have the Universities, with their rights and privileges—seats of learning and of wisdom established for the teaching and edification and making of learned citizens; and are all their privileges to be set at naught? Is university education to be considered a thing of no account whatever? Are degrees all mere empty vanities? It is not for us, here, to answer these questions; but this in all justice we must confess, that the Professors of those high places have some right to be heard in their complaint—for where is to be found in past or present times, the accomplished Physician whose name was not enrolled on a University list? Is it wise—even if it be just—to discourage the centres of knowledge? Will any one successfully pretend that university education is not the best of all educations? But if your Colleges ignore our degrees, will you not destroy us? Such will be the arguments of the Universities.

And then come the claims of all University men. Are their titles of M.D. useless paper? Do their Diplomas really give them no more grace than the Licence of a College can give? Is the heavy document a mere incumbrance—an expensive and antique ornament? And they will also say: What is it to us if in some past days, to please their purposes, a learned and imperious junta should have decreed that its College Licence would make a Courtesy-Doctor? The abuses and illegalities of past days can never justify a present wrong, or turn a standing evil into a permanent right. And, indeed, there have been always existing in the College referred to, men who have maintained the impropriety and the illegality of the proceeding. It has passed muster hitherto, has this proceeding, because the exercise of the privilege has been on the most limited scale; but now comes the grave question which the College can no longer pretermit, which it is forced to answer: Must such a precedent be any longer maintained and sanctioned by College authority?

The College of Physicians of Edinburgh has by its proceedings forced, as we conceive, the London College to utter an opinion on this subject. It has assumed—not nominally but virtually—the privilege of a University, and is at this moment engaged in the issuing of Doctors on a large scale for the benefit of England; or to speak more correctly, it is granting its licence to a very considerable number of our Surgeons and Apothecaries during a year of grace!—to gentlemen who, as the College is perfectly aware, pay their 10*l.* because when they have received, per return of post, the quid for the quo—the Edinburgh licence—they intend to call themselves Doctors. And they do call themselves Doctors then, and the Edinburgh College knows it, and knows also that it is solely for *this* end that they pay their money. This method of granting a licence is what is called "marching with the spirit of the times;" and it is now to be seen whether the London College will or will not ignore such a species of enlightened progress. It would be, indeed, amusing, if it were not sad, to note what this free trade in physic can do for us. A list of gentlemen who were sent by the Edinburgh Council to the Fellows for election to their licence lies before us. We find in it the names of a very great number of gentlemen who have no other title than that of M.R.C.S. Everyone knows or may readily ascertain, if he be curious, the amount of *Medical* knowledge required of its members by the College of Surgeons—it amounts to absolutely nothing; and yet of such the Edinburgh College makes Doctors and Physicians! Is it not time for the London College to rescind a resolution, which is interpreted into a precedent by the Edinburgh College? The Edinburgh College has been called upon to express its opinion; but it is ever discreetly silent. It has not the moral courage to assert either that its licence does not, in its opinion, give the bearer title to add Doctor to his name; or that the title may be honourably adopted by its ungraduated Licentiates.

It seems to us, that if Colleges of Physicians are of service at all in furthering the ends of Medicine, they can only be so by taking a position highly scientific and honourable, and by demanding from those who seek admission to their honours proofs of extensive Medical knowledge and a certain standing in the Profession. If they throw their Licences about right and left for a small fee to the first comer, it must follow inevitably, that in the end the possession of their licences will no longer be a credit to the possessor, and therefore, that the Profession in the end will not care to seek them. It follows that a College of Physicians ought to demand an honourable

degree from all its Licentiates; and ought, as far as its powers permit, to prevent and discourage those of its Licentiates who possess no degree from assuming the title of Doctor.

We shall doubtless have occasion to return again to this subject; and we will then enter upon and fairly meet what may, with a show of reason, be considered the individual hardships which this mode of proceeding would occasion. This only we will now say: that it is utterly impossible, in the entangled state of the politics of the Profession in this country, to lay down rules which shall satisfactorily meet every case; but, nevertheless, it is the clear duty of a great corporation to legislate for the bulk of its members and not for the individual. It is equally the interest as well as the duty of institutions like the College of Physicians to maintain a high professional standard of acquirements from its members. These colleges depend solely on their high and honourable reputation for their actual existence. Their legal privileges custom once, and now law, have abrogated; so that they have manifestly no foundations whatever to rest upon, other than that of good character. The instinct, therefore, of self-preservation warns them to maintain, at all hazards, that excellent virtue. Every single act which tends to bring the College down to a low general level is a suicidal act.

THE WEEK.

We understand that a subject of very great interest to the Profession at large is undergoing discussion at the College of Physicians of London at the present moment. Perhaps no question of greater importance has come before the Fellows for discussion since the passing of the Medical Act. It is one which affects very intimately the future position of the large body of our Professional brethren—the General Practitioners of this country. Can the College of Physicians frame a bye-law, such as will enable the General Practitioner to receive from the College the honourable title of Licentiate of the College? This is, in a word, what the Fellows of the College have now to decide. We understand that the proposition which is to be brought before the Fellows under the authority of the Charter Committee is to this effect. The College proposes to establish by bye-laws a third class of Medical men, viz., *Licentiates in Medicine*, its present Licentiates taking the title of *Members*, and retaining all their rights and privileges. Thus, then, the College would consist of Fellows, of Members, and of Licentiates. This new class of Licentiates would be permitted to practise pharmacy, to make up Medicines, but only for their own patients. They bind themselves not to take the title of Doctor, or in any way to assume that of a Member or a Fellow of the College. Such are, in outline, the main features of this important document. Without further discussing its merits or demerits, we would now only observe that there is, as we hear, a party in the College who desire to see the object carried out in a different way. This party think that an attempt should now be made to establish a perfect General Practitioner, a Licentiate in Medicine and Surgery; in fact that the two great Colleges of the country—the College of Physicians and the College of Surgeons—should combine, and form a Board for the purpose. Such a scheme, we must say, has our hearty concurrence. We believe that a diploma granted by a joint Board of these two Colleges would grant the very honourable title which is required to make the Practitioner of this country what he ought to be. This is a scheme which we believe would give universal satisfaction. It recommends itself strongly to the common sense of every one; and we cannot doubt that if carried out, the Medical Council would take the matter in hand, and obtain an Act of Parliament which would legalise the licence before the world. Difficulties, of course, in the constitution of such a joint Board must necessarily arise, but we cannot think them insuperable. There can, surely, be only a little straightforward determination required on the part of the two Colleges to bring to a happy conclusion such a desirable object; and if we are not mistaken the path thereto has been already opened by an interchange of sentiments on the subject.

The Medical world of Berlin has lately been excited by the departure of M. Schoenlein. A Deputation, consisting of Virchow, Langenbeck, De Græfe, Wilms, etc., waited upon the Nestor on the occasion, and presented him with an address. In this we read: "It was you, Sir, you renewed the link which unites Medicine to the natural sciences; who enriched German Clinical Medicine with all the auxiliaries requisite for modern investigation; it was you who excited an energy among students unknown in the history of our science, and which has been propagated from Germany through all the Medical Schools of the civilised world." His retirement seems to be connected with his duties of Physician to the King. M. Frerichs is to be his successor in the chair of Clinical Medicine.

A case was tried at Guildhall on Monday, which shows the great risk Surgeons continually run from the tricks of ungrateful patients. Mr. Davenport, of Abridge, in Essex, was called to the wife of a blacksmith in 1855, who had injured one of her arms by falling from a cart. He thought there was a fracture, and put up the arm in splints. Other Medical men saw her, but accepted Mr. Davenport's report, and did not examine the arm. Some two months after the accident, Mr. Bowers, of Romford, was called in, and said that there never had been a fracture, but that the wrist had been dislocated, and it was then too late to reduce it. The poor woman suffered very much, and it was asserted that the nervous system had been so shattered in consequence of the injury, that she became maniacal, and was now in a lunatic asylum. The defence was, that the plaintiff had never complained until Mr. Davenport had sent in his charge for attendance, and then brought an action four years after the accident occurred. That the lunacy had followed an attack of fever, and had nothing to do with the injury, and that the result of the treatment had been satisfactory, as the woman has a very good arm, and is now able to use a needle in the asylum. Mr. Davenport asserted that there had been no dislocation, and only one of the bones of the forearm fractured, and that his treatment had been right and proper. We are happy to add that the Doctor, for once, obtained justice; but it is very doubtful if he will ever get his fee.

It is always interesting to read what intelligent foreigners say of our institutions, although it is somewhat provoking to observe the errors they fall into. M. Liegard, recently on a visit here, in a communication to the *Gazette des Hôpitaux*, is speaking of Guy's Hospital when he says:—

"The sisters fulfil the same duties as our hospital religieuses, and it is they alone who attend to the dressings, at least at the time of the visit, unfastening the apparatus for the examination of the injuries, and replacing it again. No student ever assists in these dressings; far different to the pupils in the French hospitals, to whose care the wounded are confided, and who themselves wash the parts, change the dressings, and assist the Surgeon in putting up the fractures. At the time of the visit they lay aside all their dandyism, and cover their worst clothes with a white apron. But for the English students, the hour of visiting is the hour for the toilette; and a little time before the arrival of the Surgeon they repair to their rooms to dress, glove themselves, and they even carry canes; and it is in this parade costume they visit the patients!"

After expressing his great admiration of the laboratory, dis-

secting-rooms, and especially the museum at Guy's, M. Liegard states that the students there, as well as those of the other London schools, pay on their entrance £100, which franks them for the period of their Medical studies; "the student is boarded and lodged during all this period by the Hospital administration, and between six and ten he is allowed to go out for exercise in the town, but at all other times he is obliged to remain within the establishment." He maintains that this splitting up Medical instruction into as many schools as there are hospitals (of which he says there are forty or fifty in London) is eminently mischievous to the student, as it is quite impossible that the Medical officers can find time to give that vast course of Medical instruction furnished by the fifty-two Professors of the Medical Faculty of Paris.

"This it is which renders perfecting courses of study necessary to the English students, so many of whom resort to Paris for these, without which their education would remain incomplete and limited."

All this from a well-intentioned visitor, who says he comes to London having English friends here! They might have taught him better.

A curious case has just been tried before Mr. Justice Byles; the first, we believe, in which an action has been brought against a Medical witness for non-appearance in a Court of Law. The plaintiff, Mr. Yeatman, a barrister, took proceedings in the Ecclesiastical Court to annul his marriage, on the ground of his wife's insanity. Dr. Dempsey, the defendant, made an agreement with the plaintiff, under which the defendant was "to take charge of his wife, and to watch her, and assist to get up the case for a divorce," and the plaintiff was to pay all expenses out of his pocket, and also to remunerate him for his time and labour after the trial should have been decided. During the six months that the plaintiff's wife resided with the defendant he had frequent opportunities of seeing her state of mind, and he had expressed his belief that she was not sane, and that the plaintiff ought to succeed in obtaining his divorce. Proceedings were then commenced in the Divorce Court, and the defendant was communicated with, and came to London the day before the trial of the cause, and had an interview with the plaintiff, and all was arranged, as the plaintiff believed, for their meeting in court the next morning; but when the trial came on the defendant was not present, and left a note saying he would have nothing more to do with the case, and he had gone away from town. The want of the defendant's evidence, which was by far the most material, had rendered it necessary for the plaintiff to withdraw the suit, and the expenses he had incurred amounted to above £500. Dr. Winslow had also been consulted as to the state of mind of Mrs. Yeatman, and he had given a certificate of her derangement of intellect. He was present on the day of the cause coming on, but as he said his evidence would depend chiefly upon what Dr. Dempsey said, he was not called as a witness. The defence now set up was, that there was no contract on the part of the plaintiff to appear as a witness in the case, and that the plaintiff had neglected to pay the defendant what he was entitled to receive. The defendant averred that he had several times asked the plaintiff for money, but had been refused until after the trial was over, and that he had told the plaintiff he should not proceed further in the case unless he received a sum of money. The plaintiff's answer to this was, that the defendant had received more than his costs, and that the agreement was that he should receive nothing more until the trial was over. Serjeant Pigot and Mr. Beresford appeared for the defendant, and submitted that this was the first time that such an action had ever been brought. They admitted there was some understanding between the parties that the defendant should appear as a witness, but it never amounted to a contract on the part of the defendant. A contract to assist in getting up the case was not a contract to appear as a witness, and it was the plaintiff's duty to have subpœnaed the defendant, which he neglected to do. The jury returned a verdict for the plaintiff. Damages, 50*l*.

The "Founder's Day" of the Medical Benevolent College has passed off in a manner which must be highly gratifying to its indefatigable and benevolent founder, and to all the friends of the Institution. Speeches were made, prizes distributed, and dinner eaten in orthodox fashion; a good deal of money collected, and a very pleasant day passed in the delightful spot where a College has been raised, in which 170 boys are already assembled, and which bids fair to rival the very best of our public schools. The Bishop of Bath and Wells remarked with great truth, that if the boys wanted an example of patient, steady, careful perseverance, let them look to the founder—Mr. Propert. "He came up to London," said the Bishop, "without friends, without much money, and without any advantages, excepting those which always attend the sound purposes of an honest, good, and faithful man. God prospered the work of his hands, and then he conceived the idea of doing something for those of his honourable profession who had been less fortunate. This magnificent building which adorned this glorious landscape was owing to the perseverance and determination of one single man." It is well that all this should be remembered.

The Recorder at the Central Criminal Court last week, awarded to the notorious "Ear Doctors," Watters and Edwards, eighteen months imprisonment. It was stated that Walters, otherwise Watters, had above twenty years ago been charged with arson, and had suffered six months' imprisonment for making a false declaration to a Surgeon's certificate.

The Adulteration of Food Bill was, on the 7th inst., we are glad to say, passed by the House of Commons to a second reading. Of course there will always be people to cry out against such a measure, as being inquisitorial, un-English, and so forth; and to defend, as they call it, the rights of the traders; but it is curious that gentlemen who have such bowels of compassion for the retailers of daft and chicory, and saw-dust, should take so little care and have so little compassion for the tortured and robbed stomachs of the millions on whom especially and with severity falls the brunt of all this adulterating commercial iniquity.

The trial of Dr. Smethurst is adjourned until August 15th, in consequence of one of the jury having been taken seriously ill. The Austro-Gallic armistice ends on the same day.

It was stated by a leading dentist of Chicago, in a recent address to his brethren, that the value of the gold plate and leaf used in the United States for the replacing and repair of defective teeth, was 2,250,000 dols. This is a fact that tests the existence of a high civilisation, and a good deal of toothache in that blessed land.

A New Malady.—A letter from Venice of the 24th ult. in the *Austrian Gazette* of Vienna, states that a malady, hitherto unknown, has broken out there. It begins with a pricking sensation in the region of the stomach and the bowels, which is afterwards followed by fever, cramps, and convulsions, and in a few hours the patient becomes a corpse. Upon dissection, the whole stomach and the bowels have been found coated with a thin viscous pellicle, which prevented the free circulation of the blood. As yet there have been only five or six victims, but none of those attacked have escaped death.

REVIEWS.

The Psychology of Shakespeare. By J. C. Bucknill, M.D., Medical Superintendent of the Devon County Lunatic Asylum, etc., etc. 8vo. pp. 264. London: 1859.

Few persons thought that anything new could be said about Shakespeare. But Shakespeare is like Nature herself, who can be discoursed of for ever, yet without monotony or exhaustion. Certainly Dr. Bucknill's treatise is like that of no other commentator; he has looked at Shakespeare from a point of view which no predecessor has commanded, and he has given us a work of most decided originality. Coleridge, indeed, may be said to have analysed Shakespeare as a Psychologist; but Coleridge's knowledge of mind was chiefly introspective and speculative, and wanted that practical education in aberrant as well as in healthy mental operations, without which some of Shakespeare's most wonderful creations can hardly be understood. We will venture to say that Dr. Bucknill has invested Lear, and even Hamlet, with quite a new interest; and that if we would understand these plays properly we must take his starting point. The tracing out of Lear's madness is excellently done, and it is the best compliment to Dr. Bucknill to say that we almost forget the lucid exposition of the Commentator in our admiration of the exquisite skill which the commentary shows to have been possessed by the Poet. Indeed so great is this skill that we are almost led to question whether Dr. Bucknill has not overrated it, and whether, in fact, it is not merely by some admirable chance that Shakespeare has created a character in which is pictured with such wonderful accuracy the first faint causes, and the subsequent almost necessary growth of insanity. And as some have supposed that a Poet is not really a deep thinker, in fact is seldom so, but is merely a man whose power of expression suggests things foreign to his original thought, and, indeed, often above it; so we might suppose that Shakespeare's delineation of Lear did not proceed from any intelligent study of insanity, but was merely an instance in which mere dramatic power, and the art of adapting circumstances to produce stage effects, produced the impression of a deeper knowledge than was really possessed by him. Whoever may hold such an opinion will, however, find it much shaken by Dr. Bucknill's analysis. So coherent a picture of insanity as is given in Lear, a picture which is wanting in no detail, and is yet not disfigured by the intrusion of unreal colours, could hardly result merely from a happy accident. And, as if to guard us against such a notion, Shakespeare has introduced into his play a specimen (in Edgar) of feigned insanity, which serves as an excellent foil for the true disease. In his elaborate and curious notes to Thomson's "Seasons," the late Dr. Anthony Todd Thomson indicated this point.

"The madness of Lear," he says, "is unequalled for correctness of detail by any prose descriptions of the disease in Medical writers; and the distinction between the most skilfully feigned and the real disease was never drawn with a more masterly pencil" (a).

But if we admit that Shakespeare drew Lear not by a kind of hap-hazard, but with a real insight into insanity, how wonderful was such insight. How did he get it? Where were his models? Who were his teachers? Dr. Bucknill thus endeavours to account for it.

"Although for many years the dramas of Shakespeare have been familiar to the author, the extent and exactness of the psychological knowledge displayed in them, which a more diligent examination has made known, have surprised and astonished him. He can only account for it on one supposition, namely, that abnormal conditions of mind had attracted Shakespeare's diligent observation, and had been his favourite study. There is no reason to suppose that when Shakespeare wrote, any other asylum for the insane existed in this country than the then poor and small establishment of Bethlem Hospital, the property of which had been taken from the monks by Henry the Eighth, and presented to the city of London for conversion into an asylum, only seventeen years before the poet's birth. In his time the insane members of society were not secluded from the world as they are now. If their symptoms were prominent and dangerous, they were indeed thrust out of sight very harshly and effectually; but if their liberty was in any degree tolerable it was tolerated, and they were permitted to live in the family circle or to wander the country. Thus everyone must have been brought into immediate contact with examples of every variety of mental derangement, and anyone who sought the knowledge of their peculiarities would find it at every turn. Opportunities of crude observation would therefore be ample; it only required the alembic of a great mind to convert them into psychological science." (Preface, p. vi.)

This explanation seems a reasonable one, and we must therefore assume that Shakespeare studied insanity with a success which astonishes even the enlightened psychologists of our days. This is infinitely more wonderful than that he should have picked up a few technical law terms, and have learnt to apply them rightly. But for the full extent of this wonder we must refer the reader to Dr. Bucknill's own pages, where he will find not only Lear and Hamlet, but Macbeth, Constance, Ophelia, Timon, Jacques, and Malvolio, discussed with the science of a profound psychologist, and with the vigour and powers of expression of a practised writer. We shall be surprised if the reader does not find that even the well-known passages of his favourite parts acquire a new significance, and give him a novel pleasure.

(a) Thomson's "Seasons," edited by A. T. Thomson, M.D. F.L.S.: 1847. P. 237.

MEDICO-CHIRURGICAL USES OF VULCANISED INDIA-RUBBER.

The Medico-Chirurgical applications of caoutchoue air-bags are being again brought under the notice of the profession in this country; but the merit of originality belongs to M. Gariel, whose proposals appear to be ingenious and practically useful. We believe that our readers will find the following extracts from M. Gariel's Mémoire (a), translated and sent to us by Mr. Jardine Murray, of Brighton, to be interesting and instructive. The woodcuts are selected from among M. M. Gariel's illustrations.

Fig. 1.

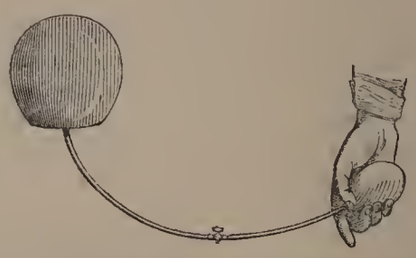

Fig. 1.—Caoutchoue air-bag, which may be used either as a pessary in displacement of the uterus, as a plug in uterine hæmorrhage, or as a dilator of the vagina.

Fig. 2.

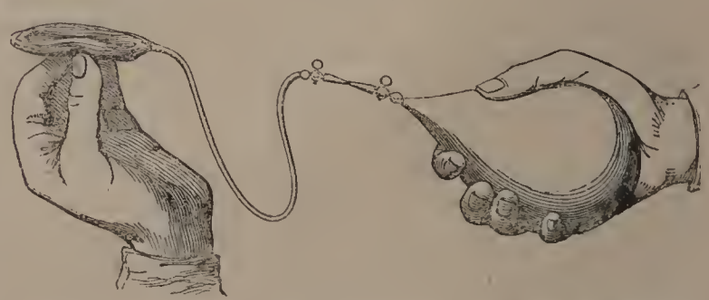

Fig. 2.—A similar air-bag of large size is here represented in the collapsed condition in which it ought to be introduced. The caoutchoue bag is distended to the requisite extent by compressing the insufflator, which is represented as held in the right hand. A ball-valve syringe may possibly be found preferable to the bag insufflator here represented.

(a) "Mémoire sur les applications Médico-Chirurgicales du Caoutchoue Vulcanisé." Par M. M. Gariel, docteur en Médecine, ancien Interne Lauréat des Hôpitaux et Hospices civils de Paris, Membre Titulaire de la Société Anatomique, et de la Société Médicale d'Observation. "Ce Mémoire a été couronné par l'Académie des Sciences en 1851."

Fig. 3.

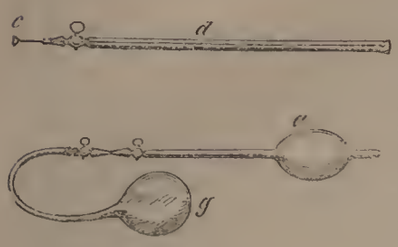

Fig. 3.—This figure represents M. Gariel's application for dilating strictures of the urethra, œsophagus, cervix uteri, &c. In its collapsed state the bulb is hardly to be detected. To facilitate introduction, the tube is fitted with a wire stylet *c d*, which is withdrawn when the end of the apparatus has been carried past the stricture. An insufflator, *g*, is then attached in the usual way, and the bulb, *e*, may be distended to the necessary degree. M. Gariel's ingenious chapter on this subject will amply repay perusal.

"APPLICATIONS FOR DILATATION.

P. 35. B. Air Sounds for the Dilatation of the Vagina and Cervix Uteri.

"186. The sounds with bulbs applicable to the dilatation of the vagina and cervix uteri, must (like the bulbous sounds already described,—œsophageal, urethral, etc., p. 33) be introduced empty of air.

"187. The continuous and progressive dilatation which may be obtained by insufflation, is so powerful, that all congenital or acquired strictures of the vagina must give way before it, unless these latter be complicated with extremely hard cicatricial products (bridles).

"188. Their application is easy, however great the degree of stricture, since a sound 3 millimètres in diameter, may readily be made to produce a dilatation of 2 or 3 centimètres. It may be necessary, however, to use sounds of various sizes; but it is only after having employed the smallest sounds that the larger sizes can be used.

"189. Might not this property of the bulbous air-sound be turned to advantageous use in inducing premature labour in cases of deformity of the pelvis? ('Ne pourrait-on également tirer parti de cette disposition des sondes à renflement pour provoquer prématurément l'accouchement dans les cas de vices de conformation du bassin?') (b)

"HÆMOSTATIC APPLICATIONS.

P. 41. A. Air-Plugs.

"219. These plugs consist of a caoutchouc tube, terminated by a bulb which is scarcely noticeable when empty, but is susceptible of considerable enlargement when distended by insufflation. (See fig.)

Fig. 4.

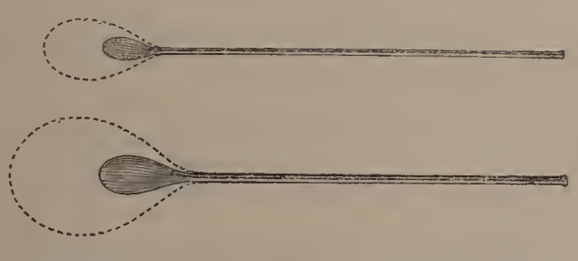

Fig. 4.—Air-bags, of various sizes, for plugging or dilating the vagina, cervix uteri, nasal fossæ, etc. The dotted lines indicate the periphery of the bags when moderately distended by air.

"220. They are applicable to all cases and to all cavities in which it is usual to resort to plugging.

"221. They are unalterable, and may remain in position during several days without undergoing the slightest decomposition.

"222. They apply themselves exactly over the parts which are the seat of hæmorrhage.

"223. Their volume may be diminished at once, or by degrees, without producing any alteration in the shape of the apparatus, or any folds in its walls; the blood cannot, therefore, escape through one of those longitudinal folds which always exist when any amount of air is withdrawn from a non-elastic bladder.

"224. Should the hæmorrhage reappear from their volume being too soon or too rapidly diminished, they may be reinflated with the greatest ease.

"225. These plugs may be made of vulcanised caoutchouc, or of caoutchouc imperfectly vulcanised, which latter I prefer in this special instance. When made of vulcanised caoutchouc, their walls are too resisting to allow of their being dilated otherwise than by an insufflator, and I would rather avoid the necessity of using an instrument which may have been forgotten and which at all events renders the apparatus less portable. Besides, in cases of hæmorrhage there is often no time to lose, and I think pulmonary insufflation may be more quickly accomplished than artificial insufflation can be.

"226. These plugs are so small that they may easily be carried in a Surgical pocket-case.

"227. The air-plugs suitable for the vagina, are of larger size than those for the rectum or nasal fossæ.

"228. The uterine plugs are always used successfully, except in flooding after delivery. Bleeding may always be immediately checked when it is dependent on polypus, cancer, etc.; or when it occurs during the early months of pregnancy. There is only one exception to this rule—when the os uteri is exceedingly dilatable, as after parturition at the full time.

"229. In such a case, if, after the application of a plug to the vagina or even to the uterine cavity, the flow of blood have been arrested, it were unsafe to infer that the hæmorrhage is necessarily checked; for internal hæmorrhage might be going on, and if unattended to, might cause the most serious accidents.

"230. But it is not certain that this would occur. It is questionable whether, the passages being hermetically occluded, the blood would flow in sufficient quantities to fill up the dilatable cavity of the uterus. Air is not indefinitely compressible, and there is every reason to believe that the accurate occlusion of the vagina (which may be so easily obtained) would suspend the hæmorrhage after the loss of a few ounces of blood, and without it being necessary to apply direct compression at the point from which the hæmorrhage originates.

"231. A very simple experiment proves how easy it is to produce hermetical occlusion of the vagina:—I take a tumbler a quarter or half filled with water; in the upper and empty portion of this I place an air-plug, which I insufflate until it presses against the walls of the tumbler. If I then invert the tumbler the water contained in it will not flow out, but remains completely shut up, although no means is employed to retain the air-plug in position. This precisely illustrates what takes place in plugging, and shows the action of the distended plug in opposing the escape of blood. It is further worthy of notice, that so closely does the caoutchouc adhere to the walls of the tumbler, that by pulling the tube attached to the air-bag, the tumbler is easily raised; and the result is the same, whether the tumbler be more or less filled, and whether it be cylindrical in shape, or conical like a wine-glass.

"232. By the use of these air-plugs we may entirely control all hæmorrhages from the nasal fossæ, a circumstance explained by the solidity of their walls: but it is necessary to be careful that one extremity of the plug reach as far back as the pharynx; for, without this precaution, blood might continue to flow into the œsophagus.

"233. We must be prepared for a symptom which may occur when the plug is too much distended by insufflation. The patient complains of a painful sensation at the epigastrium, he grows pale, and the forehead is covered with perspiration. These phenomena continue as long as the plug preserves its exaggerated distention, but disappear as soon as a little air is allowed to escape, and the volume of the plug is reduced to more convenient proportions. To what cause may these symptoms be attributed? Partly, no doubt, to the fact that the air-bladder, by its excessive distention, occludes simultaneously both the posterior openings of the nasal fossæ; but the symptoms of dyspnœa and of threatening suffocation are probably not entirely dependent on mechanical obstruction to respiration; there is reason to believe that they are in great measure due to compression of the par vagum.

"234. Whence the important precept never to carry the distention of the air-bladder to excess, and never to leave the patient immediately after the application of the plug."

Those who are interested in the matter will find the various applications (compression, dilatation, confinement, plugging, etc.) of the vulcanised caoutchouc bags further

(b) On a future occasion we may take leave to show how fully this expectation has been realised in Continental obstetric practice.

referred to in the passages indicated by the following references:—

Gazette des Hôpitaux, 1849, No. 141.
Gazette Médicale, 1849, No. 45.
Lancet, Dec. 1, 1849, p. 579.
Brit. & For. Review, Jan. 1850, p. 269.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF COMPRESSED SPONGE.

By Dr. BATCHELDER.

We have already noticed (vol. xxxvi. p. 459, xxxvii. p. 18) the successful employment of this substance made by Dr. Batchelder and other trans-Atlantic surgeons, and we now quote some additional observations.

The compression of the sponge is best exeeuted by means of a copying machine, or in default of this, by laying it between pieces of boaid upon which heavy weights are laid. If desired to be at hand at all times it must have been kept for weeks or months under the compressing power. When wanted to be used as a tent, the eompression should be effeeted by winding some thread or thin cord around a piece of clean, well-moistened sponge, removing the thread after the sponge has become thoroughly dried. Or, the sponge may be soaked in a solution of gum arabic before winding, and the tent afterwards smoothened into a proper shape by means of a knife. The winding is facilitated by transfixing the sponge by an awl which is afterwards removed. The tent should always be prepared with mucilage, and not with water, when intended to be used for dilating the canal of the eervix uteri, or any other part where moisture might induce premature expansion, i.e. before it can be properly inserted; also when it is desirable to avoid rapid dilatation, which sometimes causes considerable pain and uneasiness. When the tent ean be introduced with facility, the mucilage may be dispensed with; and when it is to be introduced into any internal part it should be transfixed by a needle and thread for its withdrawal.

The production of firm, equally-diffused, and softened pressure by the application of plates of compressed sponge, and then saturating these with water, was first tried in *inflammation of the breast*, and an account of its success will be found in our pages already referred to. In the tent form it has been used to dilate the cervix uteri in *sterility*, *difficult menstruation*, and other affections of this part. The tent should be introduced by means of a pair of long-bladed forceps, or by fixing it at the end of a small, round, slightly-curved stilet, about twelve inehes long, reduced to a point, with a shoulder about five-eighths of an inch from its extremity. The portion between the point and the shoulder should be small enough to be received into the base of the tent, and long enough to keep it steady when being introduced, while the shoulder enables the operator to push it safely home. When, on account of the smallness of the canal, the tent can only be introduced with difficulty, the cervix should be dilated by means of fine metallic dilators, successively inereased in size. They should be about an inch and a-quarter long, and have a thread attached to them, which being attached to the patient's clothes prevents their being dropped or lost. In some cases a few days, and in others weeks, may be required for such dilatation. The tent should not be allowed to remain longer than twenty or twenty-four hours, and when it is removed the vagina should be well syringed out. When it is desired to induce premature labour, the tent must be continuously applied, or be replaced by a larger, after it has become expanded. In cases of pregnancy attended with hæmorrhage, we sometimes find the *os* partly open, but inflamed, or indurated and unyielding—not dilating so as to allow the embryo and placenta to pass in cases of abortion. There may be, indeed, slight parturient pains, but not sufficiently strong. A sponge tent which is sufficiently large to fill the canal should be inserted. This will not only constitute the best tampon, but cause efficient uterine pain, and, at all events, dilate the canal sufficiently to admit of the introduetion of instruments to complete the delivery.

Dilatation of Sinuses.—These may be dilated to any desirable extent by the tent, and most of them will heal when a free discharge is thus promoted. From day to day the tent should be lengthened as well as enlarged.

Fistula in Ano.—Many of these cases can be cured by the tent without operation. When an abscess forms near the rectum, it may be separated from this by a mere septum, which remains unruptured as long as a free external discharge is secured. If soon after the bursting of an abscess the tent be fairly and fully inserted, it will not only absorb the matter and prevent its burrowing or pressing upon the septum, but secure it a ready exit by keeping the external orifice open. An opening in the gut is prevented, and the sore heals from the bottom. Every Surgeon knows that a communication between the abscess and the intestine does exist sometimes prior to the external opening; but in the majority of instances the external opening first takes plaee.

Diseased Bone.—The use of the tent is especially appropriate when a fistulous passage leads to diseased bone. "In the course of a fortnight, I have in such cases dilated the sinus so as to be able to place my thumb and three or four fingers directly upon the diseased bone and remove the sequestrum, if one existed, or if there were caries to remove the diseased portion of bone by repeated application of the sponge. Now caries is an ulceration of bone, which in some respect resembles cancer of the soft parts. In this disease, the relative proportions between earthy and animal matter entering into the composition of the bone seem to be disturbed. In some cases the animal matter, or vascular portion, exceeds the earthy, and then we may have decaying bone with fungous, bleeding masses. In others, the earthy matter may predominate and produce irritation or cause exfoliation. Nature's method of cure, particularly in the last case, is to get rid of the earthy matter, either by solution or absorption, or by wholly depriving it of its vitality, when we have exfoliation or necrosis. The reason why caries is so tedious and difficult of cure, is that the earthy matter, partially or wholly deprived of its vitality, keeps up a constant irritation, which prevents a portion in the immediate vicinity from being duly nourished. Nature, as suggested, causes the death of the diseased portions, and then throws them off. The Surgeon, for the same purpose, applies the external cautery or the gouge and chisel; but the action of the sponge is less dangerous, painful or repulsive, and more certain." Its action upon diseased bone was discovered by the author accidentally, and he has since found most cases of caries yield to its application. Applications of plates of compressed sponge have also been very successfully resorted to in cases of enlargement of the bones, especially in syphilitie nodes.

Stricture of the Rectum.—For dilatation of *stricture* of the *rectum* the sponge tent may be used with great effect. It may usually be prepared without mucilage, except when there is much irritability, when it dilates too rapidly. In some of these cases its toleration has to be secured by introducing, an hour or two previously, a suppository formed of watery ext. of opium. gr. ii., ext. hyosey. gr. i., ext. belladon. gr. ½.

Hæmorrhoids.—The sponge tent introduced just within the sphincter may be successfully resorted to for the compression of hæmorrhoidal tumours, and also for the suppression of hæmorrhage from the reetum. It should be transfixed with a thread.

Stricture of the Urethra.—A full-sized metallic instrumen should be first carried down to the stricture, and pressed firmly against it for a longer or shorter time, according to the degree of uneasiness it produces, when it should be withdrawn, and a tube, open at both ends, containing the tent and a piston, introduced, and pressed against the stricture. When the tent has been forced out of the tube, the piston may be withdrawn, and a few drops of water passed down the tube to the tent, which is kept steadily in or against the stricture. In a short time the tube also may be withdrawn, and the tent having expanded so as to retain its place, may be allowed to remain as long as may be deemed necessary. To prevent all accidents, the sponge is transfixed by a thread, to the other end of which is affixed a button. There need be no hurry in withdrawing the tent, the attempts at its expulsion during micturition helping to dilate the stricture. If the stricture is very irritable, a few drops of saturated solution of ext. belladon. and watery ext. opii. may be passed down to the stricture half an hour before the introduction of the tent, the patient

passing water shortly before the introduction of the tent or the solution.

Dilatation of the Female Urethra.—The tent is admirably adapted for this purpose, and when incontinence follows its use, this seldom lasts beyond a week or ten days.

Malignant Growths.—Dr. Batchelder has found the sponge successful in some cases of cancer, and thus explains its operation:—"The pressure occasioned by the expansion of the compressed sponge disturbs the cancer cells, and forces them out of their place, affects their consistency, and causes them to be dissolved; and the tumour, thus freed from its malignant ingredients, may be more readily removed by absorption, or if not absolutely removed, it may be so divested of its malignity as to remain harmless for years. . . . This remedy may, and undoubtedly will, fail when either the constitution or the surrounding parts are to any considerable degree affected. The cancerous diathesis, even when somewhat apparent, does not, however, seem to preclude its use, as will be seen by the following case. . . . When it can be borne, whether compressed or not, I am satisfied that the sponge is an excellent application to cancerous and certain other ulcers of a vitiated character. The secretions of such ulcers seriously affect the health, and often break down the constitution, and ultimately destroy life, all of which deleterious consequences the sponge, by absorbing the secreted fluid, tends to prevent. In the removal of the elevated, indurated edges of the callous ulcer it is exceedingly useful. The sponge should be large enough to overlap the edges of the ulcer by at least half an inch."

Swelled Testis.—The testis should be turned up on the abdomen and the sponge and spica bandage, properly modified, applied. For a day or two uncompressed sponge may be used; and when the patient has become used to this compressed sponge may be bound on, the patient being kept in bed, and the bandage readjusted whenever it slips off. The removal of the swelling, as also of the tumefaction of the glands of the groin, is much promoted by the occasional administration of an emetic.

Vegetations of the Glans Penis or Prepuce may be speedily removed by turning the organ up over the pubes, and applying the sponge and a bandage, a flexible catheter being kept in the urethra. The growths are often destroyed with great rapidity, the greatest inconvenience being the confinement to bed.

Non-malignant Tumours.—Enlarged lymphatic glands may by this means be speedily removed; and it is almost a certain means of preventing the suppuration of bubo. In some cases of enlarged inguinal glands, a hernial truss, with a stiff spring and a glass pad, has also been used, the pressure being graduated by interposing pads of cloth between the spring and the body on one side or other of the tumour.

Enlarged Joints.—Whether the enlargement has arisen from effusion into the joint from synovitis, or from infiltration of the cellular tissue surrounding it, no remedy has succeeded like the sponge, especially under the latter circumstances.

As a Styptic.—This the author illustrates by its efficacy in wounds of the palmar and plantar arteries. "The phenomena attending these wounds are often somewhat peculiar. The blood, forced extensively into the surrounding cellular substance—perhaps under the aponeurosis—seems to come welling out from a considerable surface, which renders it very difficult to find the wounded vessel. If the surface be scraped again and again with the handle of a scalpel, the extent from which the blood issues will be lessened down to a small space. Upon this let a piece of compressed sponge, shaved to a point, be applied, and perhaps another broader piece, followed by a compress and bandage, the wounded part being then brought to an acute angle with the limb above, to which it may be bandaged or confined as closely as consistent with comfort. The uneasiness occasioned by this procedure may be relieved by extending the limb a very little from time to time, just to give temporary relief. Although it is undoubtedly a fact that the position of the limb alone will in most cases control the hæmorrhage, in order to be sure I employ the sponge also. With the influence of this arrangement of parts upon the arterial circulation of the hand and wrist I became accidentally acquainted many years ago, by failing to feel the pulse when the arm was much flexed at the elbow. On further examination, the same result, though less decisive, was found to follow the flexure of the leg on the thigh, and still more that of the latter upon the trunk. In some, these positions will render the pulse at the wrist, and also the beat of the anterior and posterior tibials, very weak, or quite imperceptible at the points where their pulsations are most readily felt—a fact of too much importance not to be made available in practice, especially in the treatment of wounded arteries of the hand or foot. It remains to suggest the trial of position in the treatment of popliteal aneurism. The object in such cases being the coagulation of the blood in the tumour, might not this be effected by bending the thigh upon the pelvis and confining it in that position for several days, lessening its irksomeness by the administration of opium, or occasionally ether or chloroform, or by slightly altering the position of the limb?"

Varicose Veins.—In a case recently treated by the author compressed sponge was applied over the internal saphena as it passes behind the condyle, and kept on by a vulcanised India-rubber bandage. When the sponge was wetted it effectually compressed the vein, and the relief was complete. —*New York Journal*, May, pp. 301—330.

GENERAL CORRESPONDENCE.

THE EDINBURGH COLLEGE OF PHYSICIANS.

LETTER FROM DR. WOOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—I regret to be obliged so soon again to intrude on your attention.

At page 44 of your last week's number, appears a letter from Dr. Christison, the head of that party in the College of Physicians of Edinburgh which has for years striven for the not "very dubious" cause of University monopoly.

In this letter Dr. Christison professes to give, on the authority of another Fellow, an account of what took place at a meeting of the College of Physicians, which account conveys anything but a correct impression of a statement then made by me.

Dr. Christison's statement is as follows:—

"I have delayed answering your letter in the hope that the question might be cleared up by our College of Physicians, at a meeting held yesterday. I was unfortunately unable to remain long enough at the meeting to put the question at the only right time for it; but another Fellow informs me that he put the question, and that the President, the head of this very dubious movement, declined to answer it."

The facts are, however, as follows:—

Dr. William Robertson, Medical Registrar for Scotland, put into my hands the correspondence between the Southampton gentlemen and Dr. Hawkins; and then, without any further notice, asked, on behalf of Dr. Christison, whether it was my opinion that ungraduated Licentiates of a College of Physicians were legally entitled to be called Doctors? My answer was that I was not a lawyer, and could not therefore answer a question on a point of law.

I think you will agree with me, that this does not justify Dr. Christison's report; and I think many of the readers of the correspondence will think that it would have been quite as well had some of their authors been less forward to proffer their *dicta* in the matter. I am, &c.

ALEXANDER WOOD, M.D.
President Royal Coll. Physicians of Edinburgh.

July 13, 1859.

[To the Editor of the Medical Times and Gazette.]

SIR,—You hit the right point of objection to the proceedings of the Edinburgh College. This College is licensing men without Medical examination, who have had no Medical test proposed to them by any corporate body previously, and who are notoriously and avowedly practising as Apothecaries. Many stupid persons who have crammed, so as to obtain admission to the College of Surgeons, but yet who have shrunk from a more general examination, often because they have not had a literary education enabling them even to pass the trifling Latin examination of the Hall, are now buying the Edinburgh licence, calling themselves "Physicians," and proposing to tack M.D. to their names. Can anything be conceived more likely to bring the Profession into contempt—the Doctorate at any rate? Pray go on exposing this ill-advised proceeding.

The Edinburgh men lay great stress upon testimonials obtained from men of eminence, and so on. Why, it is notorious that they can rarely be refused, especially in the country. If some country Surgeon or Apothecary, of fair moral character and professional industry,—one, moreover, who sends me patients, and causes me to be called in to distant and consequently lucrative cases applies to me for a testimonial,—can I very well make an enemy of him? And should I not do so by refusing to give him a testimonial? But, in fact, I have given my testimony under these circumstances, when its object was concealed from me. *Ex uno disce omnes.*

There has been a great deal of nonsense talked about the "Doctorate by courtesy," as belonging to ungraduated licentiates. Why, Surgeons, apothecaries, cow-doctors and druggists are by classes courteously called "Doctor." But have they a title to it? Heretofore, the Profession have courteously allowed the designate of Dr. to ungraduated Physicians, because they left the ranks of general practice and comported themselves as purely professional men, excluding apothecaryism; but they were no more Doctors, in fact, than the so-addressed prescribing druggist. Now, will, or ought the Profession to concede Dr. to General Practitioners because they have bought this Edinburgh licence—holding as many of them do, a very low rank as General Practitioners? In the case of graduates there is no help for it, however desirable it should be that the degree should symbolise, as it once did, a *status* in style of practice; and an M.D. is a Dr., even if he be a grocer, and can legally affix the letters of prestige to his name.

Surely the Medical Council will take this matter up; or where is their function of elevating the qualification and defining its significance?

If the Edinburgh argument were good, and were practically carried out by the twenty other bodies, what a *reductio ad absurdum* it would constitute! I am, &c.,

Manchester, June, 1859. An M.D.

[The above remarks from a valued Correspondent deserve serious consideration. The character of the licence which is now being distributed on the widest scale among English Practitioners of Medicine, must sooner or later be canvassed. This is inevitable. We will here only mention one particular of the kind. At present, Licentiates of the Colleges of Physicians of London or Edinburgh are admissible as Candidates for the Physicianship of most of our great public charities; but we need hardly say that these laws will now have to undergo revision. We cannot doubt for a moment but that in future Licentiates of the Royal College of Physicians of Edinburgh will be proclaimed ineligible for those appointments. The reasons are obvious.—Ed.]

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced to trouble you with a few thoughts on the question, "Who can assume the title of Doctor?" by the different view of the subject which I take from that advocated in your journal, while I doubt not that you are quite willing to give insertion to a fair and full discussion of it.

It appears to me that the recent regulations of the Edinburgh College of Physicians have (and I admit not without good reason) created much irritation upon this subject, and that the result has been, as is too often the case, a disposition to act hastily and to deal unfairly by those whose position, though apparently similar, is in many respects totally different from that of the newly-admitted Licentiates of that College.

I am aware that you have, for a considerable time, expressed your present opinions with regard to the title of Doctor; but I believe that they are not general, and that they would have met with but little support but for the ill-advised step taken by the Edinburgh College.

However, I wish to deal now solely with the claims of the non-graduated Licentiates of the London College to assume the title of Doctor (not of course of M.D.), and I would look at it under a threefold aspect—as regards usage, fairness and analogy.

As regards usage, there needs not much argument. The title has been given to, and assumed by such Licentiates for very many years, without dispute or gainsaying, up to the time of the passing of the recent Medical Act, with the sole exception, as far as I am aware, of an occasional article, and of one memorable letter in your journal.

Then, as regards fairness. It cannot be denied that to obtain the privilege of assuming the title of Doctor as the only diagnostic sign in the public eye of the status of a Physician, has been a very influential motive with those who, not being Graduates, sought to enter the portals of the College of Physicians either as Licentiates or Extra-Licentiates; and let it be remembered also, that until last year, that learned body claimed to be the only one which could give a legal right to practise as a Physician in England, and that to those who were admitted the very title under dispute was at once given both orally and by letter by Dr. Hawkins who now takes on himself the responsibility of withholding it (whether authoritatively or not remains to be seen), who was then the Registrar, and the exponent of course of the laws and practice of the College. If I, and other gentlemen similarly situated, are now to be denied our customary appellation, how are we authorised to practise by a body *still* at the head of British Physicians, to be distinguished, so as to uphold our just claim? The prefix of "Physician," is uncouth, unusual, and, if assumed, it would add one more to the already too numerous sections in our Profession, and might, by the way, lead to some practical inconvenience to those gentlemen who so exclusively vaunt their claims as M.D.'s, but are not strictly Physicians.

I maintain that in the public mind in England, the appellation "Doctor," conveys practically, and almost universally, the idea of a Physician, irrespectively of any distinct association with a University; (although I am aware that the common phrase, "he took his degree," may be cited against me;) and I have considerable doubts, *pace* Dr. Hawkins, whether the clause of the Medical Act affords any valid objection to its adoption in that sense.

Lastly, as regards analogy. I will not dwell on what has already been adduced, and not yet answered, the example of the taking and general recognition, of the title of Lord by the younger sons of Dukes and Marquises; but, descending to the learned professions from these magnates, I would briefly refer to two somewhat parallel cases, viz. that of attorneys called to the bar, or barristers admitted as such, who have not been educated at a University. In neither case is there any kind of distinction from their brethren in the designation of these gentlemen—"Barrister at Law" is the common and recognised title of all.

Then, again, many "literate persons" are admitted to Holy Orders, who have not been educated, or at least have not graduated, at a University. The Rev. Mr. So-and-so, is the common appellation of all, and given, as far as appears, ungrudgingly and universally.

Of course, none have the right, and few will have the inclination, to attach M.D. to their names hereafter, who are not *bonâ fide* Doctors of Medicine; to such, being *by law* Physicians, I would suggest the simple expedient, where their duties require it, of attaching the abbreviation Med. (for Medicus) to their names; thus defining their position without any violation of law.

I hope that the Medical Council, at their meeting in August, will come to a calm and just conclusion on this subject, in the shape of a recommendation, at all events, if they do not feel at liberty to deal authoritatively with it.

It must be borne in mind that there are Fellows of the London College, as well as many Members, to whom the above remarks apply—men who have bound themselves to relinquish Pharmacy, and of whom the greater part are strictly and solely Physicians, and that to such the attempt to withdraw a designation which has long been associated with their honourable, and, in many instances, hardly-won position, is not only irritating, but, as I contend, unjust.

I am, &c.,

A Non-Graduated Licentiate of the London College of Physicians.

P.S. Since writing the foregoing remarks I have read the Southampton correspondence. It does not appear to me to weaken my arguments in behalf of the non-gratuated Licentiate of the *London* College. These have *all* passed an examination before obtaining their licence to practise as *Physicians*, and many have held the title of Doctor for years under the sanction of their College (a sanction, as is truly said by Dr. Hawkins, "of no slight authority") and also "by a cour-

tesy" which is "customary, and is in fact recommended by long prescription and usage."

Dr. Christison is evidently unacquainted with the English view of the subject.

Letter from John E. Smyth, B.A. L.R.C.P.

[To the Editor of the Medical Times and Gazette.]

"Of things once received and confirmed by use, long usage is a law sufficient."—*Hooker.*

Sir,—By a correspondence published in your journal of last week, I find that Dr. Hawkins has been induced by the representations of some gentlemen in Southampton, to infringe a long-established act of courtesy always observed towards non-graduated Physicians of the United Kingdom. He appears, from what he states, to have acted in this matter reluctantly; but how far he is justified in doing so without the sanction of the Medical Council is another question. At all events, I would suggest that to place all parties on an equal footing, the undiplomatised graduate should renounce all claim to the title of Physician. For, I think, that the Licentiates might, with equal reason, demand exclusive right to that title, as the M.D.'s do to that of Doctor.

Will your Southampton correspondents consent to this proposal? Or do they aim at the double title with the single qualification? To be consistent they can hardly withhold assent. However, I shall, meantime, inform them that the non-graduated Physician is not legally disqualified from assuming the title of Doctor by the words of the Act itself. "Any name, title, addition, or description, implying that he is registered under this Act, or recognised by law as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner of Medicine, or an Apothecary, etc., etc." No mention whatever being made of the title of Doctor of Medicine in the concluding part of this section; allow me also to add, that the attempt to make a distinction between the London and Edinburgh Licentiates falls to the ground when it is borne in mind that the Medical Act gives equal rights and privileges to the members of both Colleges. The same Act also converts Scotch Graduates into legal Practitioners of Medicine in England—what they were not twelve months ago. Assuredly your correspondents ought to be satisfied with this boon, and not be so churlish towards their neighbours as not to allow them a little advantage also. They may rest assured that the Licentiates of the Colleges of Physicians of London, Edinburgh, and Dublin, whether Graduates or not, will continue to use a title which has been established by the usage of centuries, and is plainly sanctioned by law.

I am, &c.,

Jno. E. Smyth, B.A., L.R.C.P. Edin.

2, China-terrace, Lambeth,
July 10, 1859.

[To the Editor of the Medical Times and Gazette.]

Sir,—The assumption in England by Licentiates of the Edinburgh College of Physicians of the title "Doctor," cannot be sustained upon the ground either of usage, custom, or legal authority. Until the recent Medical Act, there could be no such usage in England, seeing the privilege to practise which the Edinburgh licence conferred on recipients of that honour was limited to the narrow boundaries defined in the College Charter; and although these limits have been now expanded or enlarged, so as to be co-extensive with all parts of Her Majesty's dominions, still the new Act has not otherwise altered or modified any existing professional privileges and qualifications.

Prior to the quoted Act of last year, the right to confer the designation "Doctor" was by law exclusively vested in Universities. In ancient times, Bede is said to have really been the first Doctor at Cambridge, and John de Beverley at Oxford, where the latter died, A.D. 721. The learned Spelman, however, contends, that "Doctor" was not the name of any title or degree throughout England till the reign of King John; that is, about the year 1207. Again: Linacre was born in 1460, chosen Fellow of All Souls, Oxford, in 1484, took the degree of M.D., at Padua, and afterwards, on returning to England, became an incorporated M.D. at Oxford.

The College of Physicians of London was founded originally in the tenth year of Henry VIII., and in its Charter Linacre with his fellows are all designated "Doctors," which title they must have obtained elsewhere. This shows clearly and indisputably that Universities alone exercised the privilege of conferring this title previous to the incorporation of the London College of Physicians. The latter body has never claimed that privilege; while the Edinburgh College, of subsequent creation, it is well known, puts forward no claim of that description. The Licentiates of the latter Corporation, then cannot rely on any usage in the kingdom of Scotland; since, until within a few weeks ago, no such anomalous Medical Practitioner was created north of the Tweed, like an Ungraduated Licentiate of the Edinburgh College of Physicians. There was thus no usage whatever; no courtesy could ever therefore be demanded or assumed. Throughout England and Wales, but for the Medical Act, a Licentiate of the College of Physicians of Edinburgh could not, legally, practise his profession; consequently, neither usage nor courtesy can support the claim now made in England by Scotch Licentiates. Holders of the Medical licence in question, to justify themselves in henceforth assuming the much-desired title of "Doctor," ought to apply first to some University, and there try to obtain the degree of M.D., which must be regularly conferred, and with due formalities. It may be contended that the recent Act of 1858, virtually prevents no man from calling others or himself "Doctor," "Accoucheur," and so forth, provided he does not actually designate himself "Doctor of Medicine." But that legislative measure cannot set aside, or in any way supersede the common law of England, which may perhaps be found sufficiently stringent to bring within its gripe every person surreptitiously assuming a title which he cannot legally justify or support. This result I think will prove to be the case with Licentiates of every British College of Physicians who call themselves "Doctor" without any other document, warrant, or authority, than that which the specific licence to practice confers upon a recipient therein named.

I am, &c.,

London, July 12, 1859. A Bit of a Lawyer.

DILATATION BY FLUID PRESSURE IN OBSTETRIC SURGERY.

Letter from Dr. James Arnott.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is much to be regretted that those who have been prosecuting the enquiry, to what extent dilatations by the pressure of a fluid may be useful as a therapeutical agent in midwifery, and who have already favoured the Profession by the publication of practical details on the subject, should have their attention drawn aside from this important investigation by a profitless controversy about the origin of the practice. Perhaps the relation of the following circumstance may put an end to the correspondence on this subject in your journal:—

In an appendix to the second edition of a Treatise on Stricture of the Urethra, published in 1840, and ten years before the Memoir alluded to in the controversy was read at the French Academy, I strongly recommended fluid pressure as a means of facilitating childbirth in certain cases, and have adverted to it on various subsequent occasions. In a paper on Therapeutical Enquiry, inserted in the *Medical Times and Gazette* for 1845 and 1846, it is mentioned with numerous other practical suggestions; and in an appendix to this paper, published separately, the "application of a fluid pressure for the purpose of dilatation, or for checking hæmorrhage," is again and more fully described. Nor was this only a suggestion. As far as my limited opportunities permitted, I proved its value by experience. In the preface to an Essay on the Treatment of Headache and Neuralgia by Congelation, published in 1849, I speak of this experience, and compare the expedient, as respects one of its uses, with the action of the air-tractor recommended by Dr. Simpson, remarking that it "effects the principal purpose of the forceps with greater safety in another way, namely, by removing the obstacle to extrusion, instead of augmenting the extruding force."

I have no doubt that this mode of dilatation will be as useful in midwifery as it has proved in the treatment of stricture and stone; and I look forward with pleasure to Dr. Keiller's promised account of its employment in the Edinburgh

Hospital. The ease with which caoutchouc is now fashioned into bags of various shapes and sizes will facilitate the general adoption of the measure, but much will still depend upon the Accoucheur's ingenuity in adapting the principle to particular cases, or for the fulfilment of particular purposes. For it must be remembered, that it is not merely the application of a good principle that will effect its purpose, but the *proper* application of it.

I am, &c.

London, July 9th, 1859. James Arnott.

THE WESTMINSTER OPHTHALMIC HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—I copied from a report in the *Times* newspaper of a few days ago, a statement of the results of operations for cataract at the Westminster Ophthalmic Hospital. It was to the effect that during the previous year 106 cases had been treated by operation. Of these, the cataract was stated to have been of the hard kind in 57, and of the soft in 49 instances out of the whole number: 97 were stated to have been completely successful, and 8 partially so. In but one instance out of the 106 did the report admit that the eye had been lost, and in that "sudden illness afterwards" was assigned by way of explaining the bad result.

Will any of the surgeons of the Hospital referred to be good enough to inform the Profession whether the above statement is authentic, and put forward with the sanction of the Medical staff?

If it is acknowledged, I shall have some surgical questions to put respecting its facts; and if it is disclaimed, I shall have some ethical comments to make respecting its publication.

You, Sir, have conferred such great services upon the profession in the matter of operation statistics, that I make no apology for asking a place for this note in your pages.

I am, &c.

July 9th. A. O. L.

USES OF COLLODION.

Letter from Mr. Thos. P. O'Donovan.

[To the Editor of the Medical Times and Gazette.]

Sir,—The perusal of Dr. Behrend's paper, on the use of Collodion in Spina Bifida, in your journal, led me to think that the following cases, exemplifying the use of collodion in chronic inflammation of the testicle, might not be uninteresting:—

Case 1.—A. B., labourer, Mayfield, Sussex, Nov. 1856; came under my treatment for chronic inflammation of the testicle, the residue of previous acute inflammation, the result of over exercise during gonorrhœa.

Pressure producing neither pain nor tenderness of the enlarged testis. The scrotum of the affected side was painted with collodion, in two or three layers, each layer being allowed to dry before the next was applied. The result was instantaneous corrugation, and vermicular movement of the scrotum, and second by second the diminution of the testis, till in a few moments it had attained its natural size. The collodion was allowed to dry. A suspensory bandage was applied. The man walked home. For two or three days he came to the surgery; the testis still retained its normal size. The collodion was applied two or three times, for caution's sake, and on the fourth day the patient was discharged cured.

Case 2.—B. C. "Ran against a post," at least, so he said, and afterwards had acute and then chronic inflammation of the testicle. The collodion was applied, but I believe it was applied two days too soon, for there was no rapid effect in this case, save increase of pain. For two or three days there was little or no improvement. On the tenth day the man was well.

If this plan be found equally efficacious in the hands of others, I think its advantages over adhesive plaister will be found too obvious to need comment.

University College, London, I am, &c.

July 7th, 1859. Thos. P. O'Donovan.

A remarkable case of suicide occurred in Dumfries Gaol. A boy, aged ten, to escape forty days' durance in prison, committed an act of self-destruction.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 28, 1859.

F. C. Skey, Esq. President, in the Chair.

A paper by Theophilus Thompson, Esq. M.D., F.R.S. was read on—

OBSERVATIONS ON THE MEDICAL ADMINISTRATION OF OZONIZED OILS.

The author, after some general remarks on the properties of ozone, describes the results obtained from its administration in association with oils; the oils being ozonised by exposure for a considerable time to the direct rays of the sun, after previous saturation with oxygen gas, according to the process adopted by Mr. Dugald Campbell. The cases of fourteen consumptive patients to whom the ozonized oils were given are detailed; and the principal facts noted are also appended in a tabular form. The conclusion to which these experiments point is, that the administration of ozonized oils has a remarkable tendency to reduce the frequency of the pulse. Of the fourteen patients whose cases are detailed in this communication, there are only two in whom no such effect was observed; and although in a few instances the effect may have seemed insignificant or transient, in the larger proportion it was very considerable, and must be attributed to the ozone rather than to the oil, since it was repeatedly manifested in patients who had taken cod-liver and other oils without any reduction, or even with an acceleration, of the pulse; and further, the effect on the pulse was nearly as distinct when the ozone was associated with the oil of the cocoa-nut, or of the sunflower, as with that of the cod liver. This circumstance is the more significant, since the administration of sunflower oil without ozone has not appeared to the author to manifest any important remedial power. The reduction of pulse was usually observed in two or three days, and often continued progressive. A reduction of twenty beats was observed in certain cases to occur respectively in two, three, four, and six days; in other instances a reduction was noted of twenty-four pulsations in fourteen days, thirty-four in thirteen, thirty-six in twenty-two, forty in eleven. In one patient the pulse fell as low as 60—probably considerably below the natural standard; but in most of the favourable instances the reduction stopped when that standard was obtained. The apparent effect of the remedy is one which, prior to experiment, the author would not have anticipated. No other obvious result was noticed, excepting a general improvement in the patient's condition. In some of the patients the use of simple and of ozonized oils was alternated. In one case the alternation was made three times, and the result was in each interchange of treatment so direct and remarkable as to make that particular example equivalent in force to three experiments. In addition to the patients under his own observation, the author refers to four instances noted by Dr. Scott Alison, who obligingly pursued the investigation during Dr. Thompson's absence from the Hospital. In these four cases the disease was in the third stage. In two, a remarkable reduction in the rapidity of the pulse, amounting to about twenty beats, occurred under the use of the ozonized oil, while the improvement induced could not be referred to any other cause. Dr. Alison remarks, "I attach some value to this observation; for I prescribed the oil totally divested of all prejudice in its favour, and I have always been reluctant on imperfect grounds to refer results to the operation of medicines. If ozonized oil can reduce the rapidity of the circulation—a feature of great prominence in phthisis,—this remedy possesses a most valuable property, rendered still more valuable by its contributing at the same time to improve the general health." The author mentions having used ozonized oil of turpentine with marked and prompt advantage in some cases of hæmoptysis, but has not sufficiently repeated the experiment to feel entitled to express an opinion as to its remedial superiority over ordinary turpentine. He adds that, should more

extended observation establish for ozonized oil the property indicated by these experiments, it will prove a valuable addition to our list of remedies, especially in consumption (which is a disease peculiarly characterised by hurried action); but not, perhaps, exclusively in this disorder, since there are other morbid conditions in the treatment of which it is very important to lower the pulse without reducing constitutional strength.

A paper by John W. Ogle, M.D. was also read on

A CASE OF PARALYSIS,

AS TO VOLUNTARY MOTOR POWER, OF ONE-HALF OF THE BODY, ATTENDED BY CONTRACTILE HYPERÆSTHESIA ON THE CORRESPONDING SIDE OF THE FACE, AS THE RESULT OF COMPRESSION OF CERTAIN LATERAL PARTS OF THE BRAIN FROM AN INTRA-CRANIAL ANEURISM; WITH OBSERVATIONS UPON "INDUCED" PARALYSIS.

In this communication, after prefatory allusions to the general subject of the production of motor paralysis from injury or disease of the corresponding side of the brain, in contradistinction to a crossed paralysis from an affection of the opposite side of the brain, the author goes on to relate a case of aneurism of the left anterior cerebellar artery, so placed as directly to press upon the anterior surface of the middle crus cerebelli on the left side, and implicating, although to a very slight degree, the superficial part of the neighbouring pons Varolii, etc. The apparent root of the fifth cranial nerve, on the same side, was also pressed upon by the aneurism; and the seventh nerve, in its forward course towards its exit from the cranium was greatly pressed upon. The other cranial nerves, excepting the optic nerves, were unaffected. The specimen was removed from the body of a middle-aged woman, who had been an epileptic, and had lost her sight for five years. She also suffered from partial loss of muscular power on the left side of the body, and contractile hyperæsthesia of the skin of the left side of the face and head; and impairment of the senses of smell, taste, and hearing on the left side. The chief point of interest in the case was the existence of paralysis, more or less incomplete, of the muscles of the limbs on the side of the body corresponding with the cerebral pressure; but besides affording an illustration of the existence of such an anomalous form of hemiplegia, the case is exceedingly interesting as being an instance in evidence of the statement lately established by Dr. Brown-Séquard, that when pressure is made on the anterior surface of one of the crura cerebelli, without materially injuring neighbouring structures, the paralysis produced (if any be caused) will be almost invariably of the muscles on the corresponding side of the body. Dr. Ogle points out at length the coincidence, in his case, between the interference with the sensibility of the skin, the power of the moving muscles of the jaw, and the sense of taste, on the one hand, and the pressure upon the fifth cranial nerve, on the other; and again, between the deafness and facial paralysis, and the injury to the seventh pair of nerves. The author considers, to some extent, the probable causation of the paralysis existing on the same side of the body as the cerebral lesion—a form which Brown-Séquard looks upon as being owing, not to any absence of action, but to some kind of irritation, or "excess of action," reflected, as he states, to some central or conducting part of the nervous system from the particular part primarily affected. Dr. Ogle, while recognising this method of explanation, ventured to suggest the term "induced" paralysis as being one more clearly conveying the meaning intended to be given by the word, and as being less likely to be misunderstood than the expression "sympathetic" or "reflected" paralysis, which Dr. Brown-Séquard had applied to this form of paralysis.

ROYAL SOCIETY OF LONDON.

May 26, 1859.

Sir B. Brodie, Bart. in the Chair.

A paper by A. T. H. Waters, Esq. of Liverpool, was read, on

THE STRUCTURE OF THE ULTIMATE AIR-TUBES, AND THE DISTRIBUTION OF THE BLOOD-VESSELS, OF THE HUMAN LUNG.

The bronchial tubes terminate in a dilatation, into which open a number of cavities, to which various names have been given, but which the author proposes to call air-sacs. The air-sacs connected with a terminal bronchial twig, with their vessels, etc. constitute a lobulette. The lobulette consists of from six to twelve air-sacs; the latter are somewhat elongated cavities, lying side by side in the lobulette, and separated from each other by thin walls; in shape they are polygonal from mutual pressure of their parietes. They all communicate with the dilated extremity of the bronchial tube, which forms the common mouth or centre of all the sacs; they have no lateral orifices of communication with each other; they often divide or give off other sacs; the air-sacs of one lobulette do not communicate with those of another. The walls of the air-sacs are covered by a number of small, shallow, cup-like depressions, separated from each other by partial septa. These depressions, or alveoli, are very numerous; their number varies in different air sacs, from eight to twenty. The lobulettes are supported externally by the pleura, but within the lung, in part by the bronchial tubes and bloodvessels. The membrane forming the walls of the air sacs in a lung inflated and dried is very transparent; it constitutes, by its projection towards the centre of the sacs, the septa of the alveoli. Each lobulette is distinct and separate from those which surround it. The separation may be sometimes seen in the inflated infants' lung, but the observation of the fœtal lung affords the best proof of it. The author alluded to investigations he had made on the lungs of fœtuses which confirmed the view he had taken of the arrangement of the ultimate pulmonary tissue, and of the separation between the lobulettes. The air-sacs are fully formed before birth, and each lobulette is seen as a little red body attached to an air tube. By a partial or complete inflation of the fœtal lung, the arrangement of the air-sacs may be distinctly made out. The bronchial tubes at their termination have a special character. A number of alveoli, like those of the air-sacs, is found in their walls. They are best seen in the lungs of some of the lower animals, as the cat. The author has found them in the infant in the last divisions of the bronchial tubes and their dilated extremity; in the adult, only in the dilated extremity. They seem to become obliterated with advancing age. Their existence was first pointed out by Rossignol. The bloodvessels of the lungs: The pulmonary plexus is situated in the walls of the air-sacs; when formed it maintains a tolerably uniform diameter throughout; the spaces between the vessels, in an injected and inflated preparation, are somewhat larger than the vessels themselves. The branches of the pulmonary artery do not anastomose till they reach the termination of the bronchial tubes; they anastomose freely in the air-sacs. The author believes that the vessels of one lobulette do not anastomose with those of another; that, consequently, in the adjoining walls of two lobulettes two layers of capillaries lie side by side, and therefore in such situations the blood is not fully exposed to the air on both sides. The radicles of the pulmonary veins issue from the periphery of the lobulettes, and forming larger vessels, run in the interlobular spaces to the root of the lung. After briefly alluding to the general opinion of the distribution, etc. of the bronchial vessels, the author described the results of his own injections. Injection of the pulmonary artery, so as to fill the plexus, but not the veins, does not inject the vessels of the bronchial tubes; but if the veins are filled, the bronchial tubes become partially injected. Injection of the pulmonary veins, whether the plexus be well filled or not, always injects the bronchial tubes. Injection of a bronchial artery when fairly within the lung, produces injection of the bronchial tubes, and the fluid returns by the pulmonary veins. It is difficult, in man, to fill the vessels of the extreme bronchial tubes through the bronchial artery. The bronchial veins: The author has never been able to find the so-called deep bronchial veins as venæ-comites of the arteries. The only veins he has found, have been one or two small ones, usually one, at the root of each lung, which, on being injected, were found to terminate in the structures about the root of the lung, and not to accompany the arteries within the lung. From careful injection and repeated examination of a large number of specimens, both of man and the lower animals, the author draws the following conclusions of the distribution and termination of the bronchial vessels. The bronchial arteries are distributed to the bronchi, bronchial glands, bronchial tubes, etc. — both their mucous membrane and deeper parts—the bloodvessels and areolar tissue of the lungs; and they terminate, 1st, those about the root of the lung, in

the bronchial veins; 2nd, those within the lung, in the pulmonary veins. The bronchial arteries do not establish any communication with the pulmonary arteries. The author concluded by alluding to the views of previous observers.

PARLIAMENTARY INTELLIGENCE.

Medical Charities Amendment Act.—Mr. Dawson asked the Chief Secretary for Ireland whether it was the intention of the Government to introduce a Medical Charities Amendment Act during the present session; and, if so, when such measure would be laid upon the table of the House. Mr. Cardwell said that, considering a measure of this kind had been discussed for two or three years past, he did not think there was any probability of passing a measure during the present session.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations in anatomy and physiology on the 5th, 6th, 8th, and 9th, inst., will be admitted to the pass examination for membership when qualified—viz., Messrs. Frederick Agar, Frederick John Withers, R. Orton, G. Orton, Brice Smyth, John Gay French, Thomas Henry Thomson, Thomas Achmuty Keating, James Robert Gaussen, John Livingstone Power, Thomas Alexander O'Flaherty, and William Cheetham, of the Dublin Schools; George John Bennett, Herbert Evans, Christopher Blencowe Noble Dunn, William Holmes Walker, John Sides, Davies, Duncan Parker, Richard Wagstaff Smith, Frederick Eldershaw, Benjamin Harris, and Branthwayte Beevor Ford, of St. Bartholomew's Hospital; Frederick Beaufort Scott, John Richard Harding, Athendore de Negri, Samuel Lloyd, George Stych Eadson, Richard Lewis Shone, Robert Dunlop, Edward Mahony, and Thomas Bower Smith, of University College; Thomas Annandale, Stephen James Meintjes, John De Smidt, Philip Edward Miall, Mority Stern, William Cummins Piggott, John Broster, and George Carr Dunn, of the Edinburgh Schools; Arthur Heslop, Thomas Foster, Kenrick Bold Williams, Henry John Yeld, and Felix William Isherwood, of Glasgow; Arthur Edwin Hutchinson Trotter, Thomas Charles White, Henry Joseph Altmann, and Thomas Sheldon Green, of King's College; Samuel Alexander M'Gowan, David Moore, Andrew Robinson, and James Minnicce, of Belfast; William James Mallatt and Charles Henry Stone, of Manchester; Anthony Cornish Tucker and James Bradford Bell, of the Middlesex Hospital; Edward Arthur Howsin and Charles Steele, of Bristol; Henry Rickard and Frederick Taylor, of Charing-cross Hospital; John Symons and William Terry, of Guy's Hospital; Evan Thompson and John Carrick Smith, of Newcastle-on-Tyne; Robert Williams, Liverpool; Alfred Johnson, York; Richard Ireland, Galway; John March, Westminster Hospital; John Blackburn, Sheffield; Francis Morris Foster, of Hull; James Joseph Foley, of Cork; and Clement Winstanley, of St. Thomas's Hospital.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 7, 1859:—

Mayor, Thomas Orlando, Bristol.
Smirthwaite, George, Hargreaves street, Burnley.
Waters, John, 20, Great Russell-street.

The following gentleman also, on the same day, passed his first examination:—

Mercer, John Thomas, Leicester.

DEATHS.

Bennett.—Thomas Wainwright Bennett, Staff Assistant-Surgeon, died on the 28th of June at Lymm, Cheshire.

Cooke.—Mr. L. R. Cooke, of Charlwood-street, Belgrave-road, late House-Surgeon to the Samaritan Hospital, has been elected Assistant-Surgeon to the Royal Pimlico Dispensary.

Fabrizi.—Dr. P. Fabrizi, known as the author of several works on different points of Surgery, died at Nice, on May 5, 1859. This gentleman visited many of our Hospitals last year.

Winterbottom.—On the 8th inst. at Westoe, near Shields, Dr. Winterbottom, in the 95th year of his age. He was the oldest Practitioner in the new Medical Register—author of "Winterbottom on Hot Climates." He resided several years in Sierra Leone, but latterly in Shields. He has left the greater part of his fortune to found a School of Navigation for young Tyne seamen.

"Phrenology is one of the three great scientific mystifications of the nineteenth century: the other two are animal magnetism and homœopathy."—*Rochoux.*

In accordance with the resolution passed at the Comitia Majora, on July 25th, a *soirée* will be held at the College of Physicians, on Wednesday, August 3, at nine o'clock p.m.

A Good Example.—The Duke of Northumberland has just sent a thousand bottles of old sherry, thirty years in bottle, to the Westminster Hospital, for the use of the patients.

"Animals," says M. Flourens, "perceive, think, and reflect; but man is the only one of created beings who possesses the attribute of perceiving that he perceives, of knowing that he knows, and of thinking that he thinks."

Prize Question.—The Imperial Society of Medicine of Bordeaux offers a prize of 300 francs for the best essay on the "Prophylaxis of Tuberculosis." The memoirs, written in French or English, must be forwarded to M. Dégrange, Secretaire, rue St. Catherine, 25, before March 15.

Paris Surgical Society.—The following officers have been chosen for the session 1859-60. *President*, M. Marjolin; *Vice-President*, Mr Laborie; *Secretaries*, MM. Depaul and Legouest; *Treasurer*, M. Houel; *Librarian*, M. Verneuil; *Publication Committee*, MM. Laborie, Morel-Lovallée and Follin.

The College of Surgeons.—We understand that at the recent important sale at the Mart of the Estates of the late Joseph Cantwell, Esq., by Messrs. Edwin Fox and Bousfield, the extensive premises No. 43, Lincoln's Inn Fields, and No. 6, Portugal-street, in the rear, were purchased by the Royal College of Surgeons. The tenure of the property is peculiar, being held for 875 years unexpired, at a peppercorn rent.

The Minister of Agriculture in France has decided that no proprietor shall henceforth be indemnified for the loss of his cattle by epidemic diseases, unless he produce a certificate from the mayor that his cattle have died under the due authority of an authorised veterinary doctor! Has it never occurred to the Minister, that according to logic, what is good for the beast in this respect must also be good for the man?

Mr. Home, the famous medium, has lately rather put his foot into it at Paris. At one of his *séances* one of the guests, a particularly active individual, made a sudden grab at the spirit, which was tickling his leg, and, behold! he found Mr. Home's foot in his hand. On another occasion, a child's glove was found lying on the floor when the furniture was being put to rights after the *séance.*

Symptoms of Apoplexy of the Cerebellum according to M. Hillairet. Vomiting, rare in apoplexy of the cerebrum, is constantly present in cerebellar apoplexy: there is also no loss of sensation; the intelligence remains perfect, although the speech may be difficult or impossible; there is absence of perfect hemiplegia, an absence of paralysis, and no loss of sensibility; and lastly, the attention of the patient can be readily excited.

The Austrian Army's Sick and Wounded.—The greatest possible exertions are being made for the relief of the sick and wounded soldiers, and the "Patriotic Association" has now engaged and sent to the seat of war no fewer than 220 Physicians and Surgeons. All the slightly wounded soldiers have been sent back to Trieste, Laibach, Graz, etc., and preparations made at Mantua, Verona, Vicenza, Padua, etc., for the reception of 30,000 patients.

Echo of the War in the French Academy.—A bronzed aluminum pistol, amongst other aluminum objects of

art, has been presented to the Academy of Sciences by M. Dumas on the part of M. Christophe. This composition is remarkable for its extreme tenacity. "M. Christophe begs the Academy will back his request made to the War Minister, that he may be permitted to make at his own expense a piece of artillery." He is certain that this metal is far superior to ordinary bronze.

Testimonial to Dr. Francis Hawkins.—A portrait of the above-named gentleman has just been placed, by subscription among the former pupils of the Middlesex Hospital, in the Board-room of that institution, in which he occupied the post of Physician for a period of thirty-five years, and from which he has recently retired on account of his appointment to the office of Registrar to the Medical Council. The artist, who has very successfully portrayed the worthy Doctor's features, is Mr. J. Edgar Williams.

Cuvier believed in the immutability of species in animals; but he made an exception in the case of man. M. Pouchet thinks that in so doing Cuvier taught what he did not believe; for according to M. Geoffrey Saint Hilaire "Cuvier had a great respect for political conveniences, and was filled with all sorts of wise reserves affecting the future of societies, and therefore felt that the new revelations which had arisen out of the bosom of the earth, ought not to be let loose against and injure with a hostile malignity the venerable and ancient revelations of the sacred volumes." Such a sentiment is a praise to the man, adds M. Pouchet, but is blameable in the systematic writer.

At the Torbay Infirmary one hundred and seventy patients have raised among themselves subscriptions from a penny to a shilling, and therewith purchased a handsomely-bound copy of Bagster's Comprehensive Bible, with the following printed inside the cover:—"Presented to William Wilking Stabb, on his retirement from the appointment of House-Surgeon to the Torbay Infirmary and Dispensary, by a number of the poor patients who, having experienced the benefits of his professional ability, desire to show their gratitude for the kindness, care, and sympathy at all times evinced by him. 1859." The governors have presented a silver tea-pot, and the board of management a silver milk-jug to Mr. Stabb.

University of Dublin.—Trinity College School of Medicine—Prizes in Practical Chemistry.—1st. Mr. Henry Steward Lodge, £3 3s.; 2nd. Mr. Henry Fitzsimon, £2 2s. At the Summer Commencements, held on Wednesday, July 6th, the following degrees were conferred: M.C. (*Magister Chirurgiæ*).—Jacobus Gul. Cusack (stip. cond.) (*a*); Robertus Gul. Smith (stip. cond.); Benjamin G. M'Dowel (stip. cond.); Edvardus H. Bennett, M.B.—Edvardus H. Bennett, Georgius B. De Landre, Gilbertus de P. Nicholson, Leonardus Kidd (antea per diploma); Johannes Campbell, Patricius C. Baxter.

Cancer Hospital.—On July 9th, the Annual Meeting of this Institution was held at the Offices in Piccadilly. Mr. Oliver Farrer in the chair. The Report of the Committee congratulated the Governors on the increase of the funds of the institution, and also its extended usefulness. The receipts from all sources had been £3603 15s. 9d., and the balances, after defraying all expenses, were £321 4s. 10d., with £1,700 stock. The new Hospital at Brompton was progressing satisfactorily, and would be opened early next year. The number of patients who had received the benefits of the charity was 2,803, being an increase of 538 over the number of the preceding year. The Report was adopted, and the numerous officers were thanked for their past services. The kindness and munificence of Miss Burdett Coutts were warmly appreciated, and a special vote of thanks was passed to Dr. Marsden, the founder.

Why Phrenology has its Partisans among certain Learned Men—"In the arts and letters, and in the minds which cultivate them (or have the seeming to do so) there are degrees and kinds. At the bottom, at the very foot of the scale, there is the Boulevard du Temple and the Cirque with their authors, their works, and their public. So likewise in the Sciences there is a public which is a crowd, and there are Savans which are a crowd also, who in matters of science understand and delight only in that which falls most grossly upon the senses; in ideas, which are only sentiments, and theories which are only mere colourings; in the place of careful observation they place the most wretched empiricism, and substitute dreams for facts. For this sort of the public have been invented, almost from the commencement of the world, and have been renewed from age to age, under one name or other, all the false and mad sciences, of which phrenology closes the list."—*M. Léhut.*

Re-vaccination.—Dr. Laure, Surgeon-in-Chief of the Marine at Toulon, gives his experience on the subject of re-vaccination. In 1857 and 1858, 2995 re-vaccinations were practised in the division of the Navy at Toulon; and from these facts he derives the following conclusions:—1. The vaccine virus taken directly from the arm is incomparably more efficacious than that from the glass. 2. Vaccine taken from re-vaccinated adults is capable of producing excellent pustules, which are inoculable equally as the vaccine taken from children. 3. In adults, it is necessary to introduce the virus deeply, and not merely under the epidermis. 4. The practice of re-vaccination, ordered by the Government in the army and navy, is a measure of the highest importance, and its execution ought to be strictly carried out. 5. Those who have had small-pox should be re-vaccinated equally with the vaccinated. 6. The local phenomena resulting from the re-vaccination are very slight; but the individual should be kept from duty for a few days.

An Incident of War.—A military Physician, who was taken prisoner by the French at Magenta, has addressed an extremely interesting letter to a colleague in Vienna. The writer of the letter, with several of his fellow-physicians, remained at Magenta after the retreat of the Austrian army in order to tend the wounded. As a measure of precaution a white flag was hoisted over the house which served as an infirmary, but still it was attacked by the Zouaves. Several of the patients were shot dead, and Dr. Forst, a regimental physician, was wounded while attending to a wounded Frenchman. The confusion which ensued was fearful. "Some poor wretches sought shelter in the cellar and garret, some attempted to kill themselves by knocking their heads violently against the wall, and others jumped out of the windows. I ran to one of the windows, and called out to the assailants that the house was full of wounded amd helpless men. Their arms were clamorously demanded, and when they were surrendered, order was restored." The physician, who is now at Milan, says that the allies have an enormous number of wounded. He works from the morning till night in the hospital of St. Ambrogio, but he has not received one farthing for his trouble, although he has lost both baggage and money.

Mortality of Soldiers.—M. Tholozan concludes a series of articles in the *Gazette Médicale* upon military mortality in the following terms:—"The most important conclusions to be drawn from our own observations, as well as from the works which have been published of late years relative to the hygiene, statistics and diseases of armies are the following: The considerable increase of deaths which afflict an army in the time of peace, is especially caused by pulmonary lesions of a peculiar character. These lesions are the effect of a special vitiation, a specific diathesis of the economy which results from the overcrowding, the agglommeration and the life in common incidental to barracks. Thus far, science has not been able to apprehend the differences which prevail between these conditions and those amidst which variola, rubeola, scarlatina, typhoid and typhus are developed. The means which are suitable for the prevention or diminution of these latter diseases are also wonderfully appropriate appliances for combatting the endemic phthisis of the army. If the opinion I here advance becomes confirmed, we must in future regard the phthisis of armies rather as a specific infectious disease than as an organic, diathesic, hereditary affection. Pathology enlightened by hygiene would thus modify one of its most absolute beliefs, and this reform, in its turn, would second and generalise one of the most important advances of hygiene."

Opium in France.—M. Roux, Professor of Botany at the Naval School of Rochefort, has just sent in an interesting paper to the Academy of Sciences on the cultivation of the poppy in France for the purpose of extracting opium. His first researches on this subject date from 1851, but were more especially continued by him during 1856, 1857, and 1858, on eight different kinds of poppy. His results are stated as follows:—1. The Indian poppy furnishes a considerable

(*a*) Stip. cond—stipendiis condonatus—forgiven the fees.

quantity both of opium and seed; the cultivation of this vigorous species might be tried in those departments of France where the oil of the black garden poppy is a staple produce. The Indian poppy may be easily acclimatized in France. A quantity sown in October, 1857, has succeeded perfectly, and the young plants resisted a cold of 10 degrees centigrade (18 degrees below Fahrenheit's freezing point) in the following winter. This cold proved equallly harmless to the white, black, and red species, which were sown about the same time. 2. The two latter produce the best opium, and their juice is much richer in morphine than is the case with the opiums of commerce. 3. A man can collect 100 grammes of opium in fifteen hours; and if women and children, who are so often in want of employment in the country districts, were employed on this task, the opium necessary for medical purposes might be entirely grown in France. 4. The growing of opium might become very profitable in France, where poppy-oil is manufactured to the amount of from 25,000,000f. to 30,000,000f., and where it would, consequently, be easy to add a new branch to that trade by the extraction of opium; and it might even, in course of time, become an article of exportation. Home-grown opium has been tried, at M. Roux's request, by M. Duval, first chief Navy Surgeon at Brest, and found to answer very well, owing to the quantity of morphine it contains.

PLEURISY, BLEEDING, AND PHYSICIANS' FEES 200 YEARS AGO.—On Tuesday, Feb. 22, 1631, my father fell sick of a fever, joined with pleurisy, of which disease he lingered three weeks before he deceased. After his first and second letting blood, he found some ease; but the pain returning again to his left side, and the pleurisy appearing still to increase by his frequent spitting of blood, he was the third time persuaded by Dr. Giffard and Dr. Basherville (who ever visited him twice each day he lay sick, and received each of them a twenty-shilling piece every time he came), his two physicians, to open a vein again on the 26th in the morning; after which, as before, he found a little ease for the present only; the same pain returning upon him so violently the Monday night ensuing, as he was enforced to let blood the fourth time. I never saw worse nor more corrupted blood come from any man, so as, had not that which remained been tainted likewise, we might have hoped the loss of so much corrupted blood would have made a way to his speedy recovery. But now his case grew desperate, in respect that his doctors durst not venture on this remedy any more, although he had found ease by it, supposing he had lost too much blood already for one of his age.—*Sir S. D'Ewes' Journal.*

BOOKS RECEIVED.

Official Correspondence on the Italian Question. London: 1859. (The whole of this important historical document is published in a convenient form for one shilling.)

The Dental Review. No. 7. July, 1859.

Practical Paris Guide.—Practical Rhine Guide. London: 1859. (Most useful little pocket books for the tourist.)

A Guide to the Food Collection in the South Kensington Museum. By Edwin Lankester, M.D. F.R.S. London: 1859.

Les Applications Médico-Chirurgicales du Caoutchouc Vulcanisé. Par M. M. Gariel. Paris. (This memoir was *couronné* by the Academy of Science in 1851. A notice of it is given in another column.)

Eleventh Report of the Somerset County Lunatic Asylum. Wells: 1859.

Sanitary Tracts. No. 1. By E. Ballard, M.B. London: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 9, 1859.

BIRTHS.

Births of Boys, 833; Girls, 785; Total, 1618.
Average of 10 corresponding weeks, 1849–58, 1432·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	618	608	1226
Average of the ten years 1849–58	519·2	479·6	998·8
Average corrected to increased population	..	..	..
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	7	3	1	2	28	3
North	490,396	4	6	4	3	5	34	9
Central	393,256	8	5	6	1	9	22	3
East	485,522	3	2	18	1	2	20	9
South	616,635	7	4	7	3	3	18	12
Total	2,362,236	24	24	38	9	21	132	36

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·071 in.
Mean temperature	67·4
Highest point of thermometer	108·0
Lowest point of thermometer	48·2
Mean dew-point temperature	59·0
General direction of wind	S.W.
Whole amount of rain in the week	0·20
Amount of horizontal movement of air in the week	180 miles.

TO CORRESPONDENTS.

J.D.'s letter on the grain weight shall appear next week.

A Subscriber.—A careful report shall be given of all the scientific evidence in the Smethurst trial.

Dr. Jeans.—The Edinburgh College of Physicians have not advertised the list of their recently-acquired Licentiates.

Mr. W.—Our correspondent is quite mistaken. Dr. Mayo, President of the College of Physicians, is a Doctor of Medicine of Oxford, as may be seen by the published Catalogue of Fellows, etc. of the College.

Nemo.—The *Medical Register* is not likely to interfere with the *Directory*. The latter contains a great deal of information which does not appear in the former; and there are thousands of qualified men who have not yet registered. If anyone is on the Register who has no legal qualification, the Council can erase the name.

Specialities in Medicine are no novel inventions. According to Montaigne, they were greatly in favour in ancient Egypt. "The Egyptians," said he, "were quite right in rejecting the universal character of a physician, and in cutting up the Profession into pieces. Let every disease and every part of the body have its own doctor; for that part will assuredly be best treated which is treated specially. Our doctors forget, that He, who provides for everything, provides for nothing; that the entire management of this little world is scarcely digestible by one; and that while they are fearing to stop the course of dysentery, lest they excite a fever, they are killing a friend of mine, who is worth more than the whole lot of them together."

UNIFORM OF NAVAL MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your Journal of the 2nd instant, you replied to a correspondent as follows:—"The uniform of Naval Medical Officers has been much improved since the late warrant. There is now no cause for complaint on this head."

For my own part I attach very little importance to the question of uniform, but I think it right to state that the late Board of Admiralty had arranged to give Naval Medical Officers a uniform denoting their increased rank. But the present Board refuse to carry out that arrangement, and the uniform remains precisely what it was before the late warrant.

I am, &c.
A NAVAL SURGEON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to forward you the enclosed note, received from Dr. D. Rutherford Haldane, Secretary to the Edinburgh College of Physicians, in answer to an application of mine as to whether the College gave any countenance to the assumption by its ungraduated licentiates of the title of "Doctor."

It rests with your judgment whether the publication of this official statement is likely to be useful.

I am, &c.
SUUM CUIQUE.

"Royal College of Physicians, Edinburgh, July 9, 1859.

"Sir,—I am favoured with yours of the 8th inst. This College does not profess to confer the title of 'Doctor,' neither does it authorise its licentiates to assume it. If licentiates of this or any other College of Physicians call themselves 'Doctors,' they do so upon their own responsibility.

"I am, Sir, your obedient servant,
"D. R. HALDANE, Sec."

(Is it true, or not, that the Edinburgh College addresses its new ungraduated Licentiates as "Doctor"?—S. C.)

WHO IS A DOCTOR?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you allow me through your Journal to say that I think it behoves the profession as a body to express an opinion on the important point now being debated, whether a Licentiate of a College is or is not to be called a Doctor of Medicine? For my own part, I cannot see what possible claim he can have to such a title; nor do I understand how he can conscientiously make use of it. I would venture to suggest to those of my Professional brethren who view this matter in the same light as I do, that they should resolve to act as I intend to act in it, viz., never to give to any Professional brother the title of Doctor who does not possess the degree

of Doctor of Medicine. If this plan is pretty generally carried out, I will venture to prophesy that the public and all other persons concerned, will soon begin to estimate at their true value the title of "Doctor" as now at present assumed by Licentiates of Colleges. I am, &c. SIC.

ASCARIDES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Let the afflicted obtain from Apothecaries' Hall, an ounce of sulphur precipitatum verum (true precipitated sulphur). Of this as much as can be taken up on a shilling, or ten grains for an adult female, fifteen grains for a male, less for children. Mix this gradually in a wine glassful of milk, to be taken an hour before breakfast; increase daily the quantity, till it produces a tolerable active aperient effect, and the worms will be expelled; reduce the quantity taken gradually afterwards.

I have during forty years prescribed this most useful preparation, under modifications experience has taught me, in cases of eruptions around the ears, even when they have extended beyond the auditory organs, with most complete success.

This preparation of sulphur is very little known to the Professional world, and will be sought for in vain at most Druggists, or even in the Pharmacopœia. It is made at the Hall. I am, &c.

4, Duke-street, St. James's-square, July 11, 1859. W. WRIGHT.

NEW EDINBURGH LICENTIATES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you please inform me where I can obtain a sight of the names of the gentlemen who have had conferred upon them the title of Licentiates of the above College, under the new law, which takes effect during this year of grace? I have been surprised not to see a list of the several hundred Englishmen who, it is understood, have been thus honoured, advertised in your Journal; and still more so, not to find the list in the *Edinburgh Monthly Journal*, which is now said to be wholly in the hands of the ruling body of the Edinburgh College. A course so unusual as this —I mean the course of not publishing the names of men who have become Licentiates of a College of Physicians—demands some explanation. A malicious person would say that there was some method in this silence; and certainly the Edinburgh College lays itself open to unpleasant remarks by what cannot be considered otherwise than a species of concealment.

On ordinary occasions, when men are thus honourably licensed, we see their names in the *Times* next day, and in the *Medical Times* next week, after their admission; why, then, not the names of these gentlemen?

Pray tell an unsophisticated individual why their names are not forthcoming. I am, &c. JOHN QUERY.

CHLOROFORM INHALERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to a new Chloroform Inhaler, figured in this week's *Medical Times and Gazette*, perhaps you will allow me to say that I have been using an inhaler, almost exactly similar in construction, during the last twelve months, made by Mr. Ferguson. I am no believer, however, in the infallibility of inhalers, nor do I think it of much moment what inhaler one adopts, if we guage the effects of the anæsthetic on each particular patient properly: judging in each case of the activity of the right side of the heart by the breathing and circulation in the lungs, and judging of the left side of the heart by a finger always on the wrist. Patients will be observed to take chloroform more quietly when an inhaler is used — but it seems the opinion of the best men that it would be a great misfortune, indeed, if the idea became fixed in the public mind, that tubes, pistons, and inhalers were more necessary than a simple fold of lint or hollow sponge, as used in about half the London Hospitals.

A very fair objection has been raised recently to the mouth-pieces of inhalers, that as one would not wish to use the tooth-brush of a hundred people, of whose gingival antecedents nothing could be known, so also of the mouth-pieces of inhalers, which must be less clean than a piece of lint.

I am, &c. CHARLES KIDD, M.D.

Sackville-street, Piccadilly, July 11.

DAY WARDS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Last week's number contained an allusion to some recent additions at St. George's Hospital, especially in providing day-wards, without beds, for convalescents. It should be, however, further stated, that the "Building News," from whose pages one quotation was then made, has rather fallen into a mistake, when the public are told "It is to the credit of St. George's to be the first Hospital in London, that has set the example of such an arrangement;" seeing at Bethlem Hospital, accordiug to Dr. Webster's Notes on Foreign Asylums published in Vol. V., p. 356, of Dr. Winslow's Psychological Journal for 1852, two large apartments or spacious verandahs, made chiefly of glass and iron, where patients of both sexes can separately enjoy bodily exercise in the open air; and, wholly irrespective of weather, have been now some years constructed, at that physician's suggestion, by the eminent architect, Mr. Sydney Smirke. Each appendage measures forty-one feet by twenty-four, to thirteen high; rain cannot enter, and free ventilation is obtained through numerous louvres, which can be shut or opened if required, while the glare of sunshine may be modified, when necessary. The facts here recorded conclusively show to which metropolitan establishment precedence of introduction is most justly due, in reference to the beneficial sanatory improvement just mentioned. I am, &c. F.R.C.P.

June 11, 1859.

[We referred to *Hospitals*, not to Lunatic Asylums.—ED.]

THE BATTLE OF THE PLUGS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Not having before me the transactions of the British Association for the Advancement of Science—the eighth meeting, held at Newcastle-on-Tyne, August, 1838, in which honourable mention is made of my invention; I beg to give an extract from the *Athenæum* of the same year.—Page 613. Section E. *Medical Science.*—"The first paper was read by Mr. Torbock, on Uterine Hæmorrhage, the object of which was to introduce a new mode of applying pressure in certain forms of the disease. A few cases were adduced in proof of its efficiency. A conversation ensued, in which the danger of relying on any merely mechanical treatment, to the exclusion of fundamental principles previously established, was pointed out by Drs. Granville, Lynch, and Knott."

I need not add more; multifarious have been the cases in which this valuable appendage to obstetric practice has proved its efficiency since that period, now, upwards of twenty years. Mr. John Brown, Surgical Instrument Maker of Newcastle-upon-Tyne, manufactured the apparatus and I designated it "Torbock's Elastic Plug, for arresting Uterine Hæmorrhage, etc." he also at the same time made me the first "Elastic Pessary," so that your correspondents will at once perceive that the invention also of the "Elastic Pessary" does not belong to Dr. Garicl, for in his "Applications Médico-Chirurgicales du Caoutchouc Vulcanisé," you will at once perceive his invention of is very recent date. Vulcanised India-rubber was not known twenty years ago. I am indeed delighted to find that the "Elastic Plug" has proved so valuable in the hands of Dr. Murray, in the case of Placenta Prævia, but do not certainly admire the introduction of the plug into the os uteri, my experience, now over thirty-six years, proving the contrary. I am, &c.

Darlington, July 8, 1859. THOS. R. TORBOCK, M.D.

AIR-DILATORS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your readers will doubtless see from the tone of Mr. Murray's observations, that it is quite unnecessary for me to do more than simply refer to the following extract, from which it will be evident that I have no reason to "shirk the question at issue," seeing that Mr. Murray's (?) case did not occur uutil the 16th April, i.e. more than month after the meeting referred to, previous to which, when lecturing for Professor Simpson duriug his indisposition, I had occasion more publicly to suggest the various obstetric uses to which I believed the air-dilator could be applied. I am, &c.

21, Queen-street, Edinburgh, July 12, 1859. ALEXANDER KEILLER.

Dr. Keiller forwards the following abstract of the proceedings of th meeting of the Edinburgh Obstetrical Society, held on the 9th of March:—

"Dr. Keiller communicated to the Society some observations on a new mode of dilating the os uteri and passages, which he had successfully adopted in several cases. The appliance consisted of an *ordinary* vulcanised India-rubber bag, or dilatable pessary, which could be readily introduced in an uninflated state into the vagina, or iuto the os uteri, and afterwards inflated to the required extent by means of an attached syringe, or other suitable apparatus for pumping in air. The smooth and highly distensible material of which air-pessaries *are usually made;* the comparative ease with which they can be introduced; their ready aud equable dilatability; their slowly, or, if need be, instantaneously, collapsing or allowing the injected air to escape,—were advantages which none of the appliances or modes hitherto adopted for vaginal or uterine dilatation seemed to possess. The comparatively slow and irritating action of sponge, or other substances ordinarily used as tents or uterine dilators, together with the readiness with which they are found to absorb offensive discharges, are objections which cannot be said to apply to the vulcanised caoutchouc inflating bag, or air-pessary, which can be so readily and successfully used, either as a dilator or tampon, in all cases in which dilatation, conpression, or plugging are usually had recourse to in obstetric practice. Dr. Keiller exhibited various forms of the dilatable pessary he had used, some of which he had specially got made for dilating the os uteri in cases in which it was considered uecessary to do so. Dr. Keiller cited the particulars of several cases in proof of the practical value of this novel use of the air-pessary. Dr. Weir and Dr. Pattison had witnessed its use in some of the cases referred to by Dr. Keiller, and testified to the efficiency and apparent value of the appliance."

COMMUNICATIONS have been received from:—

PROFESSOR SIMPSON; Dr. CONOLLY; Dr. ROLLESTON, Oxford; Dr. ALEXANDER WOOD, Edinburgh; Dr. BALLARD; Dr. KEILLER, Edinburgh; Mr. GRIFFIN; Dr. ARNOTT; Mr. J. J. MURRAY; Dr. ROOKE; Mr. LAURENCE; Mr. PROPERT; Mr. FINNEY; Mr. STOKES; A VOICE FROM SHEFFIELD; Mr. STATTER; Dr. JONES; Mr. DONOVAN; Dr. KIDD; Dr. TORBOCK; A NAVAL SURGEON; Dr. JEANS; NEMO, ETC.

APPOINTMENTS FOR THE WEEK.

July 16. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL BOTANIC SOCIETY, 3¾ p.m.

18. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

19. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

20. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

21. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

22. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Fergusson—For Ununited Fracture; Lithotrity. Mr. Bowman—For Removal of Breast.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset,
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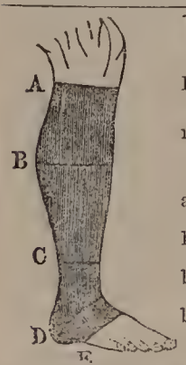

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(a) Bulletin de l'Académie de Med 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

ORIGINAL COMMUNICATIONS.

ON THE COMPARATIVE ANATOMY OF THE PONS VAROLII.

By Dr. ROLLESTON,
Lee's Reader in Anatomy at Christ Church, Oxford.

It is commonly stated in works on comparative anatomy that in all mammals save man and the two most anthropoid of the apes, "There lies close behind the pons, near to the pyramidal bodies, a quadrangular elevated layer of transverse medullary fibres which abuts against the origin of the facial and auditory nerves, and is called the trapezoidal body."—Wagner's Comparative Anatomy: translated by Tulk, page 23. Solly on the Brain, page 109. This body is not to be seen as I believe in the bears. In certain uncatalogued specimens in the Museum of the College of Surgeons, including one of Ursus Syriacus presented by Dr. Buckland, its presence is not recognisable. As a general rule, however, it is large in the carnivora; and were we not acquainted with the fact of its absence in the bears, we might be inclined to think that the nocturnal habits and consequent need of acute auditory sensibility of these races determined the development of the organ. This interpretation of the meaning of this structure can, however, be no longer considered as tenable. By observation of the relative position of the sixth nerve's superficial origin to the posterior edge of the pons in animals possessing, and in the three or four destitute of a corpus trapezoideum, I have been led to believe that its appearance is not due to an excess but to a defect of development; that when it makes its appearance it does so, not by virtue of any extra prominence of its own, but because it is no longer overlapped and hidden by other superimposed nerve fibres. In man and the orang and smaller chimpanzee (troglodytes niger) the sixth nerve arises immediately posterior to the edge of the pons, and indeed seems to bend from underneath it. In animals possessing a corpus trapezoideum, the sixth nerve arises at some little interval posterior to the posterior free edge of the pons. This interval corresponds with the inner end of the trapezoidal space which we thus see is but a strip of medulla oblongata uncovered and unoverlaid by an excessively-developed pons.

As the bears possess the power of maintaining the erect position to an extent little inferior to that of the anthropomorphous apes, the extraordinary development of their pons is readily explicable by this reference to their habits. For the pons, like other commissures, exists but for the sake of the organs which it brings into physiological unity; and the cerebellar lobes which it thus unites may be shown by an overwhelming amount of evidence from comparative anatomy to be, either as centres for co-ordination of movement, or perhaps more surely as centres for muscular sensibility, indispensably necessary for the performance of complicated muscular efforts. But no muscular effort is of so complicated a character as that which results in the maintenance of the erect position, in none is it so necessary for the mind to have exact information as to the position and state of the muscles.

The impressions thus received in the cerebellar lobes are more exactly and instantaneously brought into harmony and unison by the development of additional commissural fibres in animals which have to maintain either occasionally or constantly, an erect position in such a medium as atmospheric air than it seems necessary they should be in animals either possessed of a wide base of sustentation, as the all but quadruped baboons, in other points so closely allied to the orangs and chimpanzees; or living generally in such a medium as sea water, which relieves them of much of the labour of supporting the weight of their bodies. Highly developed as is the cerebellum of the porpoise, its corpus trapezoideum is yet most manifest—in other words, the commissure of its cerebellum is less extensive, as indeed is its corpus callosum, the great cerebral commissure, than the complicated convolutions of each of the two organs would have led us to anticipate.

Before passing to the second point of this communication, I would remark that the anatomy of the porpoise confirms strongly the views which Schroeder Van der Kolk has propounded as to the relation in which the olivary bodies stand to the motor nerves of the face muscles. The upper part of these ganglia may be shown to be connected in man with the nucleus of origin of the portio dura, just as their lower part is with the nuclei of the spinal accessory and hypoglossal, and the Dutch anatomist holds that they stand to all the three nerve pairs in the relation of supplementary nerve centres, ensuring perfect and consentient bilateral movement. Now the corpora olivaria in the porpoise are, as is well known, so enormous as to overlap, conceal, and meet over the anterior pyramids. This enormous size is at first sight not easily explicable; man, the apes, and the elephant, possess prominent corpora olivaria; but the porpoise possesses no power of expression like man, none of grimacing like the apes, no proboscis like the elephant; it is not till we think of its blowhole, and recollect that our own nasal muscles are supplied by the portio dura, and have even in ourselves considerable respiratory functions, that we understand how it is that the porpoise has so large a portio dura and so huge a nerve centre for its regulation.

I shall now proceed to show that the human pons has an excess of development on its anterior no less than on its posterior edge, as compared with the analogous commissures of other animals; and to do this, I shall notice the existence of a band of nervous substance, which, so far as I know, has never as yet been described.

In the lower animals, and especially in such as have, like many of the larger herbivora but a narrow pons, the third nerve arises from the crura cerebri, a long way anterior to the anterior margin of the pons. A vertical half-hoop of nerve fibres may be observed running down and into the crura cerebri, which it crosses at right angles, just at the spot where the third nerve is given off. Traced upwards it is found to become connected with the tubercula quadrigemina. It is always easily recognisable in the brain of the sheep, though, like the processus arciformis (of Solly), it is often much better marked in one brain than another of the same species. In some human brains, though possibly not in all, this loop may be found lying overlapped and hidden by the anterior bourrelet of the pons. In a hardened brain, now in the Christ Church Museum, this structure is particularly manifest, its lower end passing into the crura cerebri, near to the exit of the third nerves, and its upper end bifurcating so as to send one branch down and along the pillars of the valve of Vieussens, and the other upwards into the testis.

The ultimate connexions of this band I have not as yet worked out; but I have little doubt that the relation which it seems on a superficial view to hold to the centres of optic sensibility on the one hand, and the oculomotorius nerve, and perhaps others, on the other, will but be confirmed by further research. Its unoverlapped state in the lower animals caused me to notice it just as the similar condition of the corpus trapezoideum has long ago caused it to be described. Its relations to the third nerve seem fixed, and point clearly to an excess of anterior development of the pons, when that structure overlies and conceals it.

The Christ Church Museum possesses specimens of all the lower brains to which I have referred, with the exception of those of the bears, and these preparations I have carefully studied, so as to avoid any chance of falling into error.

SOME ACCOUNT OF DIPHTHERIA AND EPIDEMIC SORE-THROAT,

AS THEY HAVE PREVAILED IN THE PARISH OF ISLINGTON IN 1858-9.

By EDWARD BALLARD, M.D.
Late Lecturer on the Practice of Medicine at the Grosvenor-place School of Medicine; Medical Officer of Health for Islington.

(Concluded from page 55.)

Relation of Diphtheria to Scarlatina.—The following facts may contribute towards solving the problem of the mutual relation of these diseases. In themselves they appear opposed to the hypothesis that they are merely phases of the same malady:—

1st. In 7 cases of Class 1 the diphtheritic sore-throat was stated to have been associated with recent scarlatina. In only 2 of these did the rash appear in the course of the throat affection. Out of the remaining 5 cases in which the

rash appeared first and the diphtheritic sore-throat secondarily to it, the rash had in 4 cases left the skin before the exudation upon the mucous membrane made its appearance. I may add that in other instances that have come under my notice both the rash and sore-throat of the scarlatina have quite disappeared before the symptoms of diphtheria set in.

2nd. In 47 instances, 38 of them being of Class 1, I was able to obtain satisfactory information as to the patient having suffered from scarlet fever at more distant periods. The following represents the proportion of those who had and had not thus suffered :—

—	Had scarlatina previously.	Not had scarlatina previously.	Total.
Class 1	9	29	38
Class 2	1	2	3
Class 3	2	4	6
Total ..	12	35	47

This proportion of 1 to 3 does not, I imagine, differ greatly from that which would be found to exist among persons selected in any other manner from the same ages and the same stations of life. In the 12 patients who had had scarlatina, the occurrence of the disease was dated back to periods varying from six months to five or six years. Now, few occurrances in Medical experience are more rare than a second attack of scarlet fever : all writers seem to agree in this. Dr. Willan only met with a single instance in 2000 cases, and Bouchut says that he has never met with a well-authenticated case at all. Still, as I desire to state this question fairly, I may say, that, although I have never myself seen a second attack of scarlatina with rash, I have on more than one occasion seen persons who have had scarlatina attacked with sore-throat when attending upon persons suffering from true scarlatina, and this at a period as short as a year from their own attack. This appears to me a new mode of viewing the matter ; it is one on which the experience of the Profession should be expressed.

There is a Polymorphism in Disease, as in crystallography. Witness the varieties of true and masked agues, the almost identity of small-pox and vaccinia, the undoubted relation of erysipelas and puerperal fever, of regular and irregular gout, of the several forms of cancer, etc. And with respect to scarlet fever, practical accoucheurs know very well the danger to which a puerperal woman is exposed when subjected to the influence of scarlatina poison. An impression has long been growing up in my own mind that there is a form of fever to which they are liable that bears to scarlet fever the same relation that another form does to erysipelas, and that this fever is of a very fatal type. I have seen several such cases in consultation where no rash or even sore-throat have been developed, but where the woman has sunk as under the influence of a powerful depressing poison. I know that true scarlatina with rash may be developed under such circumstances ; but what I am now speaking about is a fever without rash, and bearing characters different from ordinary scarlet fever.

It may be that the amount of protection afforded by a previous attack of any of these polymorphous maladies in one shape against an attack in another shape varies from *nil* to something as nearly absolute as can be. It seems to me that this is a point to which scientific enquiry might be usefully directed.

3rd. Just as an attack of true scarlet fever furnishes no protection against an attack of diphtheria, so the following case indicates that diphtheria furnishes no protection against scarlet fever. Three children in a family in my district were attacked with diphtheria in August, 1858. Two of them died ; the third, aged 3 years, recovered. I saw these children, and satisfied myself that there was no error in the diagnosis. In January, 1859, the child that recovered was attacked with scarlet fever, after playing about upon a carpet brought from a house where a fatal case of this disease had occurred. There was both the rash and the usual throat affection, but no diphtheritic exudation ; and the child died.

4th. Among all the cases, fatal or otherwise, that I have investigated, I have not met with any instance in which diphtheria has appeared to have been communicated from a patient with scarlatina, except where the scarlatina has been communicated also. Neither have I at present met with more than one instance in which cases of diphtheria and cases of scarlatina occurred about the same time in such a manner as to favour the idea that they were varieties of the same disease.

5th. The mortality from epidemic sore-throat during 1858, if this disease were but a form of scarlet fever, would be expected to have borne some relation to the mortality from the latter disease, and to have fluctuated in harmony with it. Such, however, was not the case, as shown by the following table :—

Deaths which occurred in Islington during each of the Four Quarters of 1858.

—	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.
Scarlatina	9	4	34	69
Epidemic sore-throat	5	15	22	15

The greatest number of deaths from epidemic sore-throat occurred in the third quarter of the year, but from scarlatina in the fourth. The number of deaths from epidemic sore-throat was the same in the second and fourth quarters, while in the former there were only 4 from scarlatina, and in the latter 69.

I may add that as scarlatina declined in the first quarter of the present year, the deaths from epidemic sore-throat (nearly all diphtheria) increased. Thus there were registered 29 deaths only from scarlatina, but 20 from epidemic sore-throat.

Again, the greatest mortality from scarlet fever occurred in the six weeks from October 17 to November 27. During this period 48 persons died of scarlet fever, but only 5 of any form of epidemic sore-throat, and during four of those weeks, viz. from October 24 to November 20, no patient died from epidemic sore-throat. When, however, the mortality from scarlet fever was checked, as it was most remarkably, on the occurrence of the very severe cold about the 26th of November, the deaths from epidemic sore-throat reappeared in the returns.

Relation of Diphtheria to other forms of Sore-throat.—The prevalence of sore-throat not diphtheritic in character during the past year, has been matter of general remark. Many, if not most, of these throats exhibited some approach to the colour of the mucous membrane when about to become the seat of diphtheritic exudation. These sore-throats appear to bear the same sort of relation to diphtheria as diarrhœa bears to cholera in epidemic seasons. Just as in any cases of diarrhœa in an epidemic period, it is impossible to predecate that it will not pass into cholera, if neglected, so, in the ordinary sore-throats which have lately presented themselves, no one would be bold enough to assert that any one might not before long exhibit the characteristic symptoms of true diphtheria. A fact upon which I would especially rely in support of this view, is the occurrence of non-diphtheritic sore-throats equally with diphtheritic sore-throats among the members of families where deaths from diphtheria had taken place. Out of forty-seven families in which a death from diphtheria occurred (Class 1),

	Families.
Some other members of the family suffered from diphtheria in	9
From other forms of sore-throat, in	15
Some members suffered from diphtheria, and others from sore-throat, in	8
Neither diphtheria nor sore-throat occurred in other members of the family, in	15
	47

The severity of these cases of sore-throat varied considerably. In some, it was a slight attack, lasting but a few days ; in others, there was so much febrile disturbance as to demand Medical assistance ; in others, again, there was ulceration, suppuration of the tonsils, or sloughing of some of the tissues. In some families the earlier cases were of sore-throat, in others the earlier cases were diphtheritic.

Is Diphtheria an Infectious Disease? I will state the facts which incline me to the affirmative.

1. A *primâ facie* case appears made out by the facts mentioned in the last section. Infectious diseases habitually spread in families they invade. Out of forty-seven families there were only fifteen in which the other members all

remained healthy. Of course it may be argued, in opposition, that all the members of a family are equally exposed to the operation of local causes of disease.

2. As a rule, it spread in the houses it invaded chiefly among those members of the several families who were most closely in communication.

3. In no case where separation from the sick person has been effected early in the disease have I noticed that it has spread to the separated individuals. In one case where communication had been allowed for three days before separation, a child was seized with diphtheria on the sixth day of removal from home.

4. The following special instances may be adduced of communication of the disease from one house to another, viz.:—

Jane J. aged 10 years, resided at Islington, with her mother, an aunt, and three sisters. On May 1 and 2 she was on a visit at the house of an uncle, whose daughter, Jane's cousin, was kept at home because she was believed to have a cold. On the 2nd this child exhibited decided symptoms of diphtheria; the attack was slight, and she recovered. On May 6 a servant in this house was taken ill with a severe attack of diphtheria, recognised as such by the Physician at St. Bartholomew's Hospital, to which she was removed, and where she died. On the 2nd, Jane returned home, was taken ill on the 3rd with diphtheria in a severe form, and died on May 9. Her mother, and a sister aged 14 years, were both taken ill on May 11. She had not been so much with her daughter as other members of the family up to the 8th, when she sat up with her all night. She was of a highly nervous temperament. The tonsil sloughed, and there was a complete cast of the trachea expectorated. She died on the 18th. The sister, who was also attacked on the 11th, slept with her mother, and when not at school was continually in and out of Jane's room, sitting there sometimes for hours together. She died on May 14, asphyxiated. Another elder sister who slept with Jane and the aunt, suffered from nothing but a slight sore-throat.

On September 18, George B. aged 2 years, was attacked with what was believed to be diphtheria. He was an obstinate child, and the throat could not be fairly inspected. The tissues, however, under the jaw were swollen, and there was difficulty in swallowing; the breath became fetid, the voice lost, there was great dyspnœa, and a discharge from the nose. He died on the 24th. His brother, Edward B. aged 9 months, was attacked on September 22, that is, on the fourth day of George's illness. In this case the diphtheritic exudation was marked; there was great external swelling, great dyspnœa, fetor of breath, and bloody discharge from the nose, and from the first the child refused the breast. He died also on the 24th. The father and mother both suffered from sore-throat, being attacked on the 25th. A grandmother also had sore-throat on the 24th, 25th, and 26th. She laid out the children on the 24th, and immediately returned to her own residence in another part of the parish. A child who lived with her, aged 16 months, a cousin of those that died, was seized with sore-throat and fever on the 29th. I saw him on October 4. There was then the diphtheritic membrane commencing upon one of the tonsils. He was attended by a general practitioner in the neighbourhood, and died on the 19th.

About the middle of May sore-throat began to prevail in a large school in Islington. One of the boys, who had just returned home to Kingsland for his holidays, was seized with diphtheria on May 23 (Whit Sunday). The attack was characteristic, and he recovered with difficulty. On June 5, a boy, aged 9 years, who had not returned home, was attacked with true diphtheria, accompanied by laryngeal complication, and died on the 8th. On June 9, another boy, who was on a visit with some friends for his holidays, was seized with diphtheria; the exudation was well marked, and in consequence of the laryngeal complication, tracheotomy was performed, but he died on the 12th. The sanitary arrangements of the school were not objectionable; the drainage good, and the water-cisterns regularly cleansed. On June 15 another boy returned home from the school with diphtheria. Previously to his return all the family were in good health. Early in July a sister, aged 2 years, was attacked with diphtheria in a marked form, and died on July 22. A brother also was attacked with diphtheria and recovered, and three female servants also had slight attacks. Another sister had an attack of sore-throat. An infant and the father and mother all escaped.

A little girl, aged 6 years, went to a day-school. A child belonging to the lady that kept the school was ill with diphtheria. On March 3, the little girl was attacked, and I saw her twice in consultation. The exudation was well marked and extensive. She died from prostration on March 24. The father and mother both suffered subsequently from a slight attack of sore-throat. A brother of the patient, who was carefully kept apart from her and ultimately sent away from home, escaped. In this instance, however, there was a local source of disease in a very defective condition of the drainage of the house, and the water-cistern was disgustingly foul.

The connexion of Epidemic Sore-throat with Local Causes of Disease.—The following table exhibits the results of inquiries instituted at fifty-seven houses where fatal cases occurred:—

	No. of Houses.	House damp, offensive smells, or defective drains.	Overcrowding or defective ventilation.	Foul drinking water and other nuisances or noxious accumulations.	Nothing discovered amiss.
Class 1 ...	46	19	4	6	20
Class 2 ...	6	3	..	..	3
Class 3 ...	5	2	..	2	2
Total...	57	24	4	8	25

In more than half the houses, then, which were examined, there was some defect or other in the sanitary arrangements, or in the surrounding conditions of the patient. In the greater number of the houses thus deficient, the fault was discovered in the state of the drainage.

42, Myddelton-square.

CASES OF ACUTE NECROSIS FOLLOWED BY PYÆMIA.

By WILLIAM H. STONE, M.B. Oxon, L.R.C.P.
Medical Registrar to St. Thomas's Hospital.

(Concluded from p. 57.)

Case 3.—T. B. aged 15, apprentice; admitted Jan. 13, 1858. Was brought in, and said to be suffering from fever. At first taken to a surgical ward, but attention not being drawn to the leg, and the symptoms closely resembling typhoid fever, was ordered by the Surgeon to be removed to the Physician's ward. When brought in to King's Ward, it appeared from the information of some friends, that he had been perfectly well, and at work until a month before admission. On that date he had fallen down some stairs, and inflicted a slight injury on the left leg. An abscess formed in the injured spot, from which the discharge had been very profuse. Subsequently, but without definite commencement, feverish symptoms set in, which had continued until his admission. When first seen, he had the aspect of one suffering from continued fever. The face was flushed, the skin hot and dry; pulse 124, feeble; tongue thickly furred on the dorsum; sordes on the teeth. The respiration was normal; the physical signs not unhealthy. The patient was partially sensible, and answered questions with hesitation.

The left leg was intensely tender; and there was remarkable surface-tenderness all over the body. On the front of the leg, about the middle of the tibia, was a small opening, large enough to admit a quill; from this there was profuse, fœtid purulent discharge. A probe passed into this opening, could be pushed its whole length upwards or downwards without encountering resistance. It scraped on exposed bone the whole distance.

On the 15th he was much in the same state; but pressure on the left side, or movement of the left arm, seemed to cause intense pain.

On the 20th he was worse. He was sensible in the day, but delirious towards night. Pulse 118, feeble; much colleeted sordes on the teeth. No form of exanthematous eruption to be detected. Skin very hot and sweating. Diarrhœa had been coming on for a day or two, profuse, fœtid, and black in colour; motions passed in the bed.

On the 23rd the diarrhœa and other symptoms continued unabated and unchanged.

On the morning of the 26th he died, apparently from

exhaustion; the faculties having continued tolerably unimpaired to the last.

Post-mortem examination, thirty-five hours after death. Body very emaciated; two or three small openings over the left shin, whence pus exuded on pressure. On laying open the left leg, the whole shaft of the tibia was found denuded, and bathed in much dark green fœtid pus. The shaft was almost entirely free of periosteum, of a whitish hue, here and there slightly worm-eaten and eroded. The epiphyses, knee and ankle-joints were healthy. On making a longitudinal section of the shaft, the upper and lower thirds of its cancellous structure appeared infiltrated by a yellowish material like softened fibrine. The infiltration was not uniform, but extended in irregular bands, surrounded and separated by highly congested tissue. The central third of the cancellous structure had a perfectly healthy appearance. There was no trace of deposit of new bone. The necrosis was clearly at once acute and complete; for the healthy-looking portions in the middle were quite cut off from vascular supply. The veins of the thigh were healthy. Calvaria, dura-mater, and arachnoid healthy. There was a little blood effused in the subarachnoid tissue over the posterior lobe of the left cerebral hemisphere, and over the greater part of the cerebellum; the fluid in the rest of the subarachnoid tissues was healthy looking. There was an abscess, about the size of a horsebean, in the substance, but close to the surface of the right cerebral hemisphere, corresponding nearly to the position of the parietal eminence; and three or four about the size of tares were discovered in different parts of the brain. They contained thick greenish pus, and their parietes were soft and ill defined. No abscesses were found in the part corresponding to the subarachnoid sanguineous effusion. The substance of the brain generally was slightly congested, but healthy-looking; there was no apparent disease of its vessels. Pericardium healthy. Heart of usual size; muscular tissue pale, but firm. Two of the musculi papillares were covered by a pretty firmly adherent layer of false membrane. On cutting into these, a little softened muscular tissue, apparently infiltrated with pus, was discovered immediately beneath the serous membrane, and a considerable portion of the entire thickness of the ventricular walls immediately below the aortic valves was similarly disorganised. All the valves were healthy. There were old adhesions in both pleuræ, but more especially in the left: here and there on the surface of the right lung was an exceedingly thin film of lymph. The left lung was crepitant for the most part, though œdematous. In the upper lobe, towards the outer side, near the surface, was a patch of pulmonary apoplexy about as large as a filbert, in the centre of which were two or three suppurating points, from the size of a tare to that of a grain of wheat. In the upper part of the right lung was a mass of diseased tissue about two cubic inches in bulk. The lower part of this formed an abrupt marginated cavity, filled with a brick-red pulpy material, adherent to the parietes, and consisting evidently of disintegrated lung tissue infiltrated with pus. The remainder of the diseased mass was composed partly of carnified, partly of distinctly apoplectic tissue, studded with yellowish spots of suppuration from the size of a pea downwards. There was a similar mass at the lower part of the lower lobe. Close to the surface of the anterior portion of the upper lobe was a small abscess about as large as a hazel-nut. The remaining portions of the lung were œdematous and congested, but otherwise healthy. Bronchial tubes healthy. Bronchial glands large, containing a considerable quantity of firm cheesy tubercular deposit. Peritoneum for the most part healthy. The liver was of ordinary size, and perfectly healthy throughout. A small portion of its surface, in relation with the right kidney, formed part of the walls of an abscess. The upper part of the spleen was attached by soft recent adhesions to the diaphragm. On removing the spleen it was found of usual size. The adherent portion formed a patch about an inch by two inches in size, of a pale yellow colour, with a soft flocculent surface, the margins forming an abrupt elevated rim of adhesions bounding a small abscess. The spleen tissue in this part was diseased for a distance of one or two inches. It was abruptly marginated, softer, more elastic, and more juicy than ordinary fibrinous masses; had a buff colour tinted with pink, and in several places contained cavities filled with a pulpy puriform material. Several yellow masses of the size of a pea and less were discovered in different parts of the organ, and proved to be small abscesses. The tissue in other parts was rather dark and soft, but tolerably healthy. Pancreas, stomach, and small intestines healthy. In the cœcum were a few small recent ulcers of irregular shape, with unthickened edges. The left kidney was of usual size. Its surface beneath the capsule thickly but irregularly studded with roundish yellow projecting points from the size of a tare downwards, surrounded by a broad rim of congestion. On section many small abscesses were discovered, those in the medulla radially elongated. The kidney substance between was pale and healthy. The right kidney was in a more advanced stage of the same condition, its capsule separated from the organ in several places by accumulations of pus, one of which amounted to about an ounce. Other organs healthy. On microscopic examination of the fluid from the heart and kidneys, it was found to be pure pus, mixed with broken-down muscular and glandular tissue in the respective cases, and with minute oily molecules. The deposit in the spleen consisted of cells much resembling pus, but more granular, irregular as to size, and not distinctly acted on by acetic acid.

On reviewing these cases, one or two points of interest present themselves besides those mentioned in the outset. The first of these is, the causeless and idiopathic nature of the ailment. In two of the three cases there was absolutely no assignable cause to be discovered; in the third it was only trifling, and such as would be, in the vast majority of cases, quite incompetent to produce so formidable a result. Nor did the autopsy show any predisposing cause, at least in the two most acute cases, where, besides the results of pyæmia, the organs were all perfectly healthy. In the third the presence of tubercle in the bronchial glands would suggest a scrofulous diathesis; yet, even here, the deposit was small, quiescent, and far removed from the seat of mischief. In two of the cases the shortness of the whole illness is remarkable; in the first, five days, in the second, sixteen days intervening between a state of complete health and death. It is probable that even in the third about four weeks would comprise the whole duration of any serious mischief.

In the post-mortem examinations the extent of the local destruction is worthy of comment; the lower third of the radius, the lower two-thirds of the femur, and the whole shaft of the tibia are in the several cases involved.

Small masses of pulmonary apoplexy appear in the lungs in all the cases. In the first and third this condition has run on to the formation of abscess; in the second we have only the hæmorrhage, which, as co-existing with abundant evidence of suppuration in other organs, we seem justified in regarding as an early stage of the same morbid process.

In all the cases there are abscesses of the kidneys; in two the muscular substance of the heart is infiltrated with pus, and more or less disorganised. In two cases, also, the muscular veins of the affected limb are stopped by adherent and decolorised clot, mixed with puriform fluid. In the first case this condition is also observed in the branches of the pulmonary artery leading to the apoplectic effusions. In one case the spleen is the seat of several purulent collections. The liver, in two cases, exhibits an appearance not fully explained, but frequently seen under such circumstances. To this Dr. Bristowe, in the Pathological Society's *Transactions*, has already directed attention.

Public Honours to a Public Benefactor.—On Saturday the whole of the shops and other places of business were closed in South Shields, between one and three o'clock in the afternoon, during the funeral of the late Dr. Winterbottom. The whole of the vessels in the lower reaches of the Tyne had their flags half-mast high also. The funeral took place in the New Cemetery, and at least 10,000 persons were present. The remains of the venerable old man were followed to the grave by the mayor and corporation, the members of the Mechanics Institute, the seamen and shipwrights of the port, Odd Fellows, Foresters, etc. It has been already stated that Dr. Winterbottom was the oldest member of the Medical Profession, and was well known for his philanthropy. After the payment of a few legacies, the remainder of his fortune (amounting to about £22,000) has been left to trustees, to establish a marine school or college in South Shields, for the education of seafaring men, free of cost, in nautical astronomy and the higher branches of navigation.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

WESTMINSTER HOSPITAL.

DEATH FROM CHLOROFORM.

On Monday last (18th) a death from chloroform occurred at the above institution. The patient was a man, aged 45, who required incisions to be made in his penis and scrotum on account of extravasation of urine.

One drachm of chloroform was placed in the inhaler ordinarily used in the Hospital; but the inhalation of this quantity only produced partial anæsthesia. Half-a-drachm more was then added, and the patient seemed to pass comfortably into a state of unconsciousness. Mr. Holt then made the required incisions, which occupied about a minute, the inhaler having been removed just as he began to use the knife. Just as the operation was completed, the pulse, which had been watched by Mr. Trend, the clinical assistant (who administered the chloroform with great care), ceased entirely, with only a slight preliminary fluttering. The respirations continued for a minute or two, and it was attempted to aid them by Marshall Hall's process; and as soon as they ceased tracheotomy was performed, and artificial respiration was kept up for more than half-an hour, by means of Dr. Marcet's apparatus. Galvanism, and the other usual restorative measures were employed, but in vain; the pulse never returned. At the time that the first evil symptoms occurred, the breathing was going on well, and there was no congestion of the face. Failure of the pulse, and livid paleness were the first indications of danger, and afterwards the breathing became weak and flurried. No convulsive movements occurred.

The post-mortem examination was made, on the following day, by Mr. Power, Assistant-Surgeon, and Dr. Anstie, Curator of the Pathological Museum. The body was large and well-formed, but excessively loaded with fat. The rigor mortis was present to a moderate extent; the blood was everywhere quite fluid.

The lungs presented precisely the appearance which might have been expected after a prolonged use of artificial respiration, viz. slight distension of the air-cells, and considerable congestion in various parts. Otherwise they were quite healthy, and certainly had not been gorged with blood at the time of death. The heart contained a good deal of fluid blood, pretty evenly divided among its several chambers, but it could hardly be said to be "distended." Its muscular walls are very thin; and the muscular tissue was of a pale fawn colour, and extremely soft and friable. It was possible easily to push a finger through the wall even of the left ventricle. Portions of the muscular tissue of each auricle and ventricle were submitted to the microscope by Mr. Power and Dr. Anstie, and the existence of fatty degeneration, in a very high degree, was at once evident. The kidneys were found to be similarly affected, the convoluted tubes being full of granular molecules of fat. The brain was remarkably healthy, and presented no traces of congestion.

The following remarks have been appended to the history of the case by Dr. Anstie:—

"There can, of course, be no doubt that death was occasioned, in this instance, by paralysis of the heart. The important questions which remain for us are these:—1. Did the existence of such fatty degeneration as was present render cardiac palsy inevitable if chloroform were given? 2. Ought the existence of that condition to have been known to the administrator before giving the chloroform? 3. Was every precaution used in the administration?

"To the first of these questions we may answer, that it is impossible to say what amount of fatty degeneration of the heart contraindicates the use of chloroform. I myself have given it successfully in many cases where there is every reason to believe this affection was present. With regard to the possibility of always detecting the disease, every one knows that our diagnostic means are most unsatisfactory and insufficient for the purpose. Lastly, I am certain that every care was taken, in the administration itself, as regards the use of a moderate quantity of chloroform, the gradual induction of anæsthesia, etc., etc.

"I cannot help calling the attention of administrators of chloroform to the constantly increasing evidence which we are receiving, to the truth of Snow's doctrine, that death occurs in case of surgical anæsthesia, from paralysis of the heart. I am as well aware as anyone that it is possible to kill animals, or men, with chloroform by the way of apnœa; but I am satisfied that this never occurs in surgical practice. And I would beg everyone to remember that the legitimate corollary of this proposition is, that it is highly unsafe and improper to administer chloroform except with such an apparatus as provides (by equalisation of temperature and regular admixture of air) for the inhalation of an atmosphere of known and uniform strength. In the case of young children, it is not always possible to use a regular instrument, but they are fortunately much less liable to the fatal accident of carthiac paralysis than are adults."

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

COMPOUND FRACTURE OF THE SKULL, TREPHINING, ETC.

(Under the care of Dr. LUNN.)

[Reported with Remarks by Mr. C. J. Evans, House-Surgeon.]

Martin B., aged 10, was admitted on October 13, having fallen on his head from the deck into the hold of a vessel, a height of about twelve feet. His fall was broken by his coming in contact with a beam in his descent. On admission he was insensible, and slightly convulsed on the left side. Extremities cold; considerable hæmorrhage from right ear; no scalp-wound, but extensive tumefaction over the right side, rendering the detection of any depressed bone very difficult. Pupils act naturally.

Right side of head shaved, and cold applied. Ol. terebinth cruribus appl.

9 p.m.—Some slight improvement in the symptoms. He calls out when meddled with. Hæmorrhage from ear continues; urine withdrawn by catheter. Consultation held, and operative interference considered uncalled for at present.

October 14.—A restless night. Pulse 86, soft. Pupils act; swelling on head less; a little blood still oozes from the ear; bowels open, and urine free; extremities warm. He remained much in the same state during the day. Vespere.—The flow of blood from the ear has ceased, but there is a scanty serous discharge. There is a tendency to contraction of the pupils. He takes a little nourishment, brandy in sago, etc.

15th.—Passed a very bad night, throwing himself about and screaming out. Watery discharge from ear much less (it soon afterwards ceased to flow). Passes his stools and urine unconsciously. Left eyelid rather less closed than the right; pupils more dilated; motion and sensibility of left only a little impaired. He very frequently calls out loudly, and always if touched on the head.

16th.—Tumefaction of scalp quite subsided, with exception of a spot behind the ear, which feels boggy.

℞ Calomel gr. ij statim sumend., et rept. gr. j. 3tia quaquâ horâ.

℞ Mist. sal. simpl. ʒviij., vini antim. potassio-tart. ♏ xi. M. cap. ʒj. 3tia quaquâ horâ.

17th.—Passed a very restless night. An exploratory incision was made through the soft swelling behind the ear. There was no fracture at that spot, but nearer the ear was a perpendicular fissure extending upwards towards the vertex, and downwards towards the base. It was nearly a line in width, and the cerebral membranes protruded through it. A slight fissure extended from this forwards. A triangular portion of bone was removed with Hey's saw, but there was no marked depression. During the struggles of the patient some coagulated blood, and a little cerebral substance were forced through the opening in the skull. Wet lint applied.

18th.—Was restless for a time after the operation, but since has been much quieter. Stools and urine passed under him. Pulse of moderate volume. Takes any nourishment that is offered him. To omit the calomel.

24th.—Has remained much the same since last report up to the present time. He now lies on his back without attempting to move. Right pupil dilated and motionless; the left acts; tendency to strabismus. Complete loss of motion, but not of sensibility on left side. Takes a little nourishment, but he appears gradually sinking.

27th.—He picks at the wound on his head, and has become restless again; is to a certain degree sensible, and speaks occasionally when spoken to. A fungoid mass of coagulum and cerebral matter protrudes from the wound. Charpie applied and cotton wool.

30th.—There is a marked change for the worse. He lies perfectly motionless and insensible. Pupils much contracted; pulse in the morning frequent and full, towards evening scarcely perceptible. He died at 7 p.m., seventeen days from the date of the accident.

Autopsy, fifteen hours after death.—The fracture extended upwards nearly to the sagittal suture, then passed forwards toward the coronal suture, and finally joined the small fissure before spoken of, thus isolating a portion of bone, which was not however depressed. On reflecting the dura mater on the right side, a quantity of healthy-looking pus escaped (about four ounces), which had compressed the hemisphere. This latter itself was bloodless on section, and at the seat of the hernia cerebri was quite disorganised. The left hemisphere appeared quite healthy, but the cerebellum was paler, and much softer than natural. The fracture extended downwards quite through the petrous bone in a longitudinal direction, and terminated rather abruptly on its anterior surface. No other organs were examined.

Remarks.—There were no marked inflammatory symptoms during life, but they were rather those of irritation, as from a spiculum of bone penetrating the brain, and with this idea it was that the operation was performed, for the purpose of removing any irritating substance that might be found. This case is another among many instances showing the obscurity which so often exists in some injuries of the head. The hernial protrusion probably prevented the pus from escaping from beneath the dura mater.

THE LONDON AND PROVINCIAL HOSPITAL PRACTICE.

OPERATIONS FOR STONE IN WOMEN.

Before following up the recent Statistical Analyses which we have given of lithotomy and lithotrity cases in the Metropolitan and Provincial Hospitals, by a general *resumé*, we purpose to devote a short report to the cases of stone in the female sex, which have come under notice during the same series of years. The great ease with which the interior of the bladder in women is reached, renders the treatment of stone in the female sex a matter totally different as regards risk, from what it is in men. Indeed, under most circumstances, it may be said to be almost without risk as far as life itself is concerned. The Surgeon has chiefly to dread the permanent incontinence of urine which is so apt to follow dilatation or section of the female urethra, and to the prevention of this source of misery he devotes all his skill rather than to the obviating of the yet graver dangers which attend the operation in men. As cases of stone in the female are rare, we have but a few cases to adduce in this class. Instead, therefore, of merely tabulating them, we shall give a few particulars respecting each, arranging them in the order in which they occurred, and grouping the London and Provincial cases together.

STATEMENT OF TWENTY-FOUR CASES.

Case 1.—St. Thomas's: Mr. Le Gros Clark.—A stout woman, aged 57. Symptoms for about a year, but not of extreme severity. The urine had never contained blood. Under the influence of chloroform, a Weiss's dilator was used until the urethra would admit the finger. A pyriform stone two inches and a-half in circumference was removed. Recovery, with perfect control over the bladder and urethra. *Case* 2.—Guy's: Mr. Bransby Cooper.—A girl, aged 10. The stone was very large and irregular, and also very hard. It was broken before removal, but free incisions were also required before it could be got away. It was of the mulberry kind. The patient recovered, but had incontinence of urine as long as she remained under notice. *Case* 3.—King's College.—A woman, aged 28, in whom calculous matter had been deposited around a hair-pin which had been introduced into the bladder. The bent form in which the pin was, much impeded the extraction. A lateral incision was required. Recovered, but with slight incontinence of urine. *Case* 4.—Guy's: Mr. Hilton.—A very delicate girl, aged three and a-half, who had suffered from stone almost from birth. She had constant dribbling away of urine. The stone was large, and incisions were made in each side the urethra downwards and outwards. She recovered well, and after the first day or two was wholly free from incontinence. The stone was a mixed one, but consisted principally of lithates (for full details see *Medical Times and Gazette* for July 29, 1854). *Case* 5.—The Bristol General Hospital.—A girl, aged 10, for more than a year the subject of stone. The urethra was dilated and the stone seized, but as it could not be extracted an incision was made in the direction upwards. The calculus was nearly as large as a walnut, and consisted of lithic acid coated with phosphates. The child recovered, but had occasional incontinence as long as she remained under observation. *Case* 6.—The Bristol General Hospital.—A girl, aged 15, for long the subject of stone. Two incisions upward were necessary before the stone could be got away. It appeared to have been adherent. On two occasions on the third day severe secondary hæmorrhage took place, the loss being so great as to induce alarming faintness. The girl recovered perfectly, but up to the last report (one month after the operation) she still had some little incontinence of urine. The stone removed was as large as a bantam's egg. *Case* 7.—St. Bartholomew's: Mr. Stanley.—A woman, aged 41, who had suffered severely for upwards of six months. The urine contained pus in large quantities. The urethra was dilated by a Weiss's dilator, until it would admit the forefinger, the process occupying about five minutes. The stone, which was the size of a damson plum, was easily seized and extracted. The patient had rather a sharp attack of cystitis during the week immediately following the operation. She recovered perfectly and without the slightest incontinence of urine. *Case* 8.—St. George's: Mr. Prescott Hewett.—A woman, aged 27, was admitted, having impacted in her vagina a bottle neck with a cork in it. It had been in its position for eleven years, and had cut its way through into the bladder, where a large calculous concretion had formed. Mr. Hewett removed the foreign body, and also scraped out an enormous quantity of calculhus matter from the interior of the bladder. She recovered, but with the ulceration between the bladder and rectum remaining as a permanent fistula. *Case* 9.—The Marylebone: Mr. Thompson. A girl, aged 9, in good health, in whom the symptoms had been present only three months. Dilatation by sponge tents was practised until the urethra could admit an ordinary sized lithotrite. The stone was then freely crushed. All its fragments came away within twenty-four hours of the crushing, and the symptoms ceased. No incontinence of urine remained. The constituents of the stone were lithic acid and lithate of ammonia. *Case* 10.—The Westminster: Mr. Hillman.—A girl, aged 5, in good health. The calculus was large, and an incision was required before it could be removed. The recovery was complete, and not the least incontinence remained. *Case* 11.—Guy's: Mr. Cock.—A girl, aged 6, in good health. The urethra was dilated until it would admit the forceps, and the stone was then seized and held firmly forwards, while the urethra was notched on each side to an extent sufficient to permit of its extraction. The stone broke, and was taken away in two parts. It was about the size of a damson plum, and had a long neck, which had doubtless been moulded in the urethra. A catheter was retained in the urethra, and the vagina supported by a plug of sponge. The incisions healed by first intention, and not the slightest incontinence of urine remained. *Case* 12.—The Middlesex: Mr. Shaw.—A woman, aged 30, the subject of diseased hip-joint, and who had also suffered from stone for two years. The stone was very large. The urethra was dilated to the utmost by Weiss's instrument, and incisions were then practised both laterally and vertically. The extraction required much force. The stone weighed no less than five ounces. No sloughing followed, and the incisions quickly healed. Incontinence of urine remained, and various contrivances had to be resorted to to diminish it. *Case* 13.—The Middlesex: Mr. Moore.—A woman, aged 30, who had suffered for six years from the

symptoms of stone. Lithotrity had been performed several times. A Weiss's dilator was used, and a stone weighing an ounce was removed without having recourse to incisions. The patient did well afterwards, and had perfect control over her bladder. *Case* 14.—University College: Mr. Erichsen.—A girl, aged 3½, who had suffered severely for some months. The stone was discovered with difficulty. Sponge-tents were used for a few hours before the operation. A bivalve dilator was employed for a few minutes before the extraction. The stone was flattish, and about the size of a shilling. It was removed without either incision or laceration of the urethra. The child recovered well, and not the slightest incontinence of urine remained. *Case* 15.—King's College: Mr. Fergusson.—A girl, aged 10, in good health. Symptoms of stone for two years; but of great severity during the last six months. Three months before she had voided a calculus the size of a filbert. Mr. Fergusson detected a large stone remaining, and at two operations with the lithotrite succeeded in crushing and removing it. The fragments were removed at the time of the crushings. A week's interval was allowed between the sittings. She recovered well, and had no incontinence of urine. *Case* 16.—The Brighton Hospital: Mr. Lowdell.—A woman, aged 34, the subject of vesico-vaginal fistula, consequent on an instrumental labour seven months before. There was also a stone in the bladder. After dilatation with Weiss's instrument the calculus was extracted with a small pair of forceps. Recovered well. *Case* 17.—University College: Mr. Erichsen.—A woman, aged 26, was admitted on account of a very large calculus in the bladder. Symptoms of stone had, from the history, been present since childhood, but the existence of one had not been suspected until during her first confinement, when its large size was found to be an impediment to the passage of the child's head. Craniotomy was necessary to delivery. After her confinement the woman sank into a feeble state, and had great irritability of the bladder. It was three weeks afterwards, that Mr. Erichsen operated for the removal of the stone. Lithotomy by free incision downwards into the vagina was the plan selected, and the stone was easily got away. Death from exhaustion followed on the eighth day. At the autopsy the wound was found in a healthy condition. Both ureters were much dilated, and the left kidney had been quite destroyed by old disease. *Case* 18.—Guy's Hospital: Mr. Cock.—A woman, aged 48, was admitted suffering most severely from symptoms of stone in the bladder. She had almost constant incontinence of urine. A large stone having been detected, the urethra was dilated (by a bivalve instrument), until it admitted the forefinger. Forceps were then introduced, and the stone, a soft phosphatic concretion, was crushed, and extracted piecemeal. The bladder was afterwards syringed out, and appeared to have been quite cleared. For a few days the incontinence persisted, but it afterwards gradually ceased; and at the time of her discharge the woman was well in every respect, except that her urine occasionally escaped during sleep. It is an interesting addendum to this case that the same patient had been under treatment in St. Bartholomew's about two years before, on account of calculus in the bladder and vagina, the concretion, of hour-glass shape, being connected through a vesico-vaginal fistula high up. Large portions of the stone were removed, but not the whole of that occupying the bladder. When admitted under Mr. Cock's care, there was no concretion in the vagina, and the fistula could not be found. *Case* 19.—Guy's Hospital: Mr. Hilton.—A girl, aged 18, in good health, sought admission in June, 1856, stating that four months before she had passed a hair-pin into the bladder. Since the occurrence she had suffered from all the symptoms of a foreign body in the bladder, and these had gradually increased in severity. The pin could be felt on examination per vaginam. In the bladder itself, however, nothing but a mass of calcareous concretion could be felt. An incision having been made in one side of the urethra, the pin was seized, and after having been cut through by forceps this part was extracted. By a little management, the other part was afterwards removed without any further incisions being needed. The concretion which had formed around it, was crushed, and removed piecemeal, about two ounces of fragments being taken away. The patient recovered well, but occasional incontinence of urine remained. *Case* 20.—The Glasgow Royal Infirmary.—A woman, aged 60, was admitted on account of stone in the bladder, of which the symptoms had been present for a year and a-half. We have no particulars as to how its removal was effected. She recovered well afterwards. *Case* 21.—Addenbrooke's Hospital, Cambridge: Mr. Humphry.—A healthy girl, aged 6, had been suffering from stone for two years before her admission. The urethra was dilated by large bougies until the lithotrite could be introduced, and with the latter the stone was crushed. The first crushing was on January 3, 1857, and the second on January 14. Many fragments passed away, and on the 20th no stone could be found on sounding. No incontinence remained. *Case* 22.—The Brighton Hospital: Mr. Furner.—A woman, aged 34, in very bad health, was admitted with a large stone in her bladder. Symptoms had existed from childhood. The stone after removal weighed fifteen drachms. She sank a few days after the operation. *Case* 23.—The Leeds Infirmary: Mr. Teale.—A woman, aged 48, who had suffered from stone for eighteen years. The urethra having been dilated by Weiss's instrument, the forceps were introduced, and a phosphatic calculus weighing five drachms, was removed. On the seventh day the woman could hold her urine, and her recovery was subsequently complete in every respect. *Case* 24.—The Norfolk and Norwich Hospital: Mr. Cadge.—A woman, aged 50, who had suffered intensely for many months. Dilatation was effected by Weiss's instrument. The stone proved to be very small, weighing only four grains. She left the Hospital with perfect control over the functions of the bladder.

SUMMARY AND REMARKS.

We have, then, in the above collection of cases, 24 instances of operations for stone in the female bladder. Of these, 16 occurred in the practice of Metropolitan Hospitals, and 8 in that of Provincial institutions. Of the whole, 22 cases resulted in recovery, and in 2 the patients died. In both the cases which ended fatally the patients were adults, who had suffered from stone from early childhood, who were worn out by the irritation, etc. produced, and in whom the stone was of very large size.

Age at which Stone is most frequent in Females.—In employing our series of cases to determine the age at which vesical calculus most frequently occurs in the female sex, 5 cases (Nos. 3, 8, 16, 18, and 19) must be excepted. In two of those the concretion had formed on hair-pins intentionally introduced into the urethra, and in the others it was consequent on certain injuries to the vagina to which the adult only is exposed. Taking, then, the remaining 19 cases as our basis, we find a remarkably close correspondence between females and males, in the period of life most liable to idiopathic vesical calculus. In 6 of the cases, the patient was under ten years of age; in 4 between ten and twenty-five; in 5 between twenty-five and forty-five; and in 4 between forty and sixty. The proportion of cases in which children are the subjects of stone, would be increased if we were to count as such the subjects of cases 17 and 22, in whom symptoms had existed from early childhood, although they were not operated upon till adult age. Probably one or two other of the adult cases ought, in like manner to be counted with the children, if their real history were known. The facility afforded by the female urethra for the escape of small calculi, which, if allowed to remain would have constituted the nuclei of larger ones, is the reason usually assigned for the comparative rarity of cases requiring surgical relief. For anything which can be adduced in proof of the contrary it is a correct explanation, since we have no reason for thinking that the remote causes of calculous affections obtain less commonly in females than in males. It is interesting, however, to note that this exemption from large calculi is afforded impartially to the different periods of life, and that, consequently, the residuary cases afford the same proportionate numbers of the different ages that the whole group itself did. In our analysis of 186 lithotomy operations in males, which we gave in this journal for January 8, 1859, 109 were under 10; 36 between 10 and 25; 8 between 25 and 45; 33 between 45 and 75. These relative members correspond as closely as can be expected with those given above, and show that the ages at which stone in the bladder is most frequent are pretty nearly the same in the two sexes.

Fatality of Operations for Stone in the Female.—We are not aware that any statistical data have as yet been collected respecting the proportion of deaths which occur afte

the removal of stone from the female bladder. The list before us gives two deaths to twenty-four cases, or one in twelve. This rate of mortality is, we fear, not at all above the true average. During the past six months (not included in our statistical period) another death has occurred in a woman operated on in one of the London Hospitals, and we are acquainted with the details of a fourth which happened in a provincial institution about six years ago, and just prior to our first publication of statistics. Regard being had to the very simple nature of the operation, a mortality rate of one in twelve must be considered as high. It is not, however, so much the nature of the operation itself as the antecedent state of the patient which influences the lithotomy death-rate both in males and females. In speaking of the causes of deaths in males, we had to point out that it was in the cases which had been long neglected,—in which the bladder, and, above all, the kidneys had become diseased,—that the deaths chiefly took place. The same remark applies to the series now before us. The two women who died were both adults, who had suffered from stone since childhood. They were both in worn down health, and had very large calculi. In one of them an autopsy proved that most extensive renal disease existed. As regards the operation, the death was undoubtedly a *post hoc*, but only in a very limited sense a *propter hoc*.

Different Modes of Operating.—In respect to the directions in which incisions should be made, and as to how dilatation should be conducted, very various indeed have been the procedures recommended for the removal of calculi from the female bladder. Lithotomy, properly so called, that is cutting into the bladder without dividing the meatus, has, however, been pretty much abandoned, and is now scarcely thought of in English practice. The only difference of opinion respecting the use of the bistouri, which now obtains, is, as to the direction, in which the meatus should be divided; some preferring, with Colot, (1727,) to cut directly upwards; others, with Chelius, to divide the urethra downwards into the vagina; and others with Dionis, (1716,) to make an oblique incision in each side. Sir B. Brodie has advocated the first of these, and Mr. Liston always adopted the last. A modification of the last was adopted by Mr. Hilton, in Guy's Hospital, in Case 3, which considering the large size of the stone and the bad health of the patient, was remarkable in its perfect success. Mr. Hilton adopts the plan of retaining a small catheter in the bladder, and of supporting the floor of the urethra,—which had been, as it were, let down by the lateral incisions—by means of sponge placed in the vagina. With regard to dilatation, it seems generally admitted, that it is best effected by a valve dilator, more or less closely resembling that bearing Mr. Weiss's name. Practically, we may classify operations for the removal of calculi in females under the heads of Lithectasy, or dilatation only, uretheral Lithotomy, and Lithotrity. The appended table shows the proportion of cases, in which each of these were respectively adopted in the series before us, and also indicates the results obtained as regards recovery and control over the bladder.

Nature of Operation.	Number of Cases.	Died.	Recovered	Had incontinence of Urine.
Lithectasy.—Extraction of the stone whole without incisions	7	None.	7	None.
Lithotomy A.—Extraction of the stone whole after limited incisions	3	None.	3	None.
Lithotomy B.—Extraction of the stone whole after free incisions	8	2	6	5
Lithotrity.—The stone crushed, and either removed piecemeal at the time, or left to escape spontaneously	4	None.	4	None.

Incontinence of Urine as a Result.—Dionis candidly informs us that three-forths of the women on whom he operated for stone remained afterwards affected with incontinence of urine. This was in 1716, and before the practice of lithotrity; his favourite operation being by double lateral incisions. He considered that incontinence could scarcely be avoided if the stone were large. Mr. Coulson (a), in allusion to it, also writes, "This is the great objection to nearly all the methods adopted for the extraction of calculi from the female bladder. A considerable proportion of those operated on labour ever afterwards under the distressing accident of incontinence of urine." With these statements before us, the results of modern Hospital practice, as shown in the above list, are certainly good. Out of the twenty-two (b) patients who by different methods were rid of vesical concretions, two died, and of the remainder only six suffered afterwards from any degree of incontinence of urine. We might fairly claim to omit three of the other cases, inasmuch as in them unusual complications existed which altered the nature of the operation, and hindered the perfection of its result. In two of them hair-pins were present, and in the other the bladder had been injured by a fragment of impacted glass. Leaving these out of view, then, we have nineteen instances of the extraction of stone under ordinary circumstances, and of these only three suffered afterwards from incontinence. As explanatory of this satisfactory result, we must allege the greater frequency with which lithotrity is now adopted, and the increased caution as to the practice of incisions. Excepting where the dimensions of the stone calculus are known to be unusually great, the Surgeon now never thinks of commencing his operation by incisions, as used formerly to be the case with many operators. He pursues the far better plan of ascertaining, in the first instance, whether the stone will not pass after moderate dilation of the passages, and on finding that it will not then proceeds either to crush or to make such limited notches in the urethra as are absolutely necessary. Instead of dividing ourselves into the advocates of dilatation and those of incisions respectively, we are now content to adapt special measures to each individual case, without laying down invariable rules. Every one admits that the moderate dilatation needed for the extraction of small stones is attended with almost no risk as to incontinence, and that in such cases incisions should never be thought of. After incisions to however small an extent, and after dilatation when immoderate in extent, it is equally generally admitted that the risk of this accident is considerable. Which of the two has the less of risk it is difficult to say positively, but probably the balance of evidence is somewhat to the advantage of incisions. But let us ask, why should either be resorted to? Why not in all cases of large stones in females employ the lithotrite? There may be a few very exceptional cases in which the very large size of the stone and the worn-out health of the patient (as in case 17 in our list) render lithotrity inadmissible, but even as regards them, the result of incision treatment is not encouraging, and they are besides very rare. In all others, however, in those for instance, in which the stone is neither too large nor too hard to be crushed, we can see no good reason whatever, why a patient should be subjected wilfully to the risks of incontinence, which undoubtedly attend both immoderate dilatation, and the employment of incisions, whilst we have such an instrument as the lithotrite. Lithotrity in the female, is from obvious anatomical considerations simple and easy. As far as we are aware, its general results have been most satisfactory. As seen above in the cases before us, it was adopted four times, and in all the instances the patients recovered without any remaining incontinence.

Proportionate Frequency of Stone in the Two Sexes.—It has been generally believed, that about one female comes under surgical care for stone in the bladder to every twenty males. This at least, is the conclusion come to by Mr. Coulson, in his work on "Diseases of the Bladder," after citing data from various authorities upon the subject. In other words, about five per cent of our stone patients are females. This result appears to agree very closely with what has occurred in our English Hospitals during the period which our statistical reports comprise.

A French Surgeon exclaims—as English Surgeons have—that the Military Doctor is decidedly in the shade when honours are distributed. "The Egyptian expedition popularised the name of Desgenettes; and Napoleon honoured the names of Percy and Larrey; but is not this about all the honour which has been paid to the numerous brave representatives of our Profession?"

(a) Diseases of the Bladder, page 539.

(b) Cases 8 and 20 are omitted from the above list for reasons which will be obvious to the reader.

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Medical Times & Gazette.

SATURDAY, JULY 23.

GRIEVANCES OF THE EAST INDIAN MEDICAL SERVICE.

We understand that the Royal Army Medical Warrant, modified to meet the supposed requirements of the Indian Army, has reached India, and has been received by the Medical Officers of the Indian Service with considerable dissatisfaction, as it is considered that there is still too great a disparity between the advantages offered respectively to the Indian and English Medical Service in the recent arrangements. Indeed, the provisions of the new Warrant appear, in India, to tend so manifestly towards the depreciation of the Indian Medical Service, that we believe that the Supreme Government has suspended the promulgation of the document until a reference on the subject can be made to the home authorities.

We have, on previous occasions, alluded to the invidious distinctions drawn between the English and Indian Army Medical Services, to the disadvantage of the latter; and we had hoped that recent measures would have tended to reconcile the discrepancies which have hitherto existed. But we are sorry to find that notwithstanding considerable concessions, there is still much ground of dissatisfaction on the part of the Indian Medical service, in relation to the rank, emoluments, promotion, and retiring allowances, in all which respects the English Medical Service appears to be somewhat unduly favoured.

The grievances of which the Indian Medical Service still complain, may be comprehended under three heads; namely, relative rank, retiring allowances, and furlough allowances.

In the first place, the English Army Medical Officers still possess a superiority in point of rank over their Indian Medical brethren, inasmuch as no provision has been made to compensate for the exceedingly slow rate of promotion in the Indian service; the consequence is, that while an English Army Medical Officer obtains his Surgeon's commission and the relative rank of Major, on an average of ten years' service (the *present* average being, in consequence of the recent augmentations, only six years), the Indian Medical Officer does not attain a similar grade under an average of sixteen years' service. In the English Army, again, the number of Deputy-Inspectors-General is so great that almost all the active members of the service may look forward to the attainment of that grade in a reasonable period of time, with all its advantages of pay, rank, and retiring allowances, and even the number of the Inspectors-General is sufficiently great to render that grade also accessible within a moderate term of service. Such, however, is not the case in the Indian Army, for, in the Bengal Medical Service, consisting of about 450 Medical Officers, there will be, according to the New Warrant, only twelve Deputy-Inspectors-General of the Second Class, two Deputy-Inspectors-General of the First Class, and one Inspector-General: and the proportion in the smaller Presidencies of Madras and Bombay must be even less, so that the chances of obtaining either of these positions is exceedingly small for each member of the service, until he has nearly completed the extreme term of service permitted by the Warrant.

With regard to promotion, the Assistant-Surgeons of both services are to be raised to the rank of Surgeons in the order of seniority, except in cases of distinguished service, where the rule may be dispensed with; but with this important difference, that whereas the English Army Officer, on his promotion, obtains substantive rank and pay, the Indian Medical Officer obtains brevet rank only. Such a distinction, as is here indicated, must be especially offensive to the members of the Indian Medical Department, when the circumstances of the case must frequently be in every respect identical.

In the second place, the retiring allowances of the two services exhibit the disparity in a still more striking light. A Surgeon in the English army is entitled to retire upon his pension, after twenty-five years' service, on full pay; the pension being calculated at seven-tenths of the pay of his rank at the time of retirement, provided he has served three years in that rank, or served in any rank ten years in the colonies, or five years with an army in the field; if he has not complied with either of these conditions, he is entitled only to the pension calculated at seven-tenths of the pay of the grade next below. If before the twenty-five years' service have expired, he is placed on half-pay by reduction of establishment, or is compelled to leave the service on account of wounds, or ill-health brought on in the discharge of his duties, he receives a pension according to his rank and services. Now the Indian Medical Officer is only entitled to claim his retiring pension after seventeen years' service, the amount of the pension being increased at first for every four, and subsequently for every three years of additional service. If incapacitated by wounds or ill health brought on in the discharge of his duties, and thus compelled to leave the service earlier, he receives from a fund bequeathed by Lord Clive for the benefit of officers unable to bear a tropical climate, the sum of £45 12s. 6d. per annum; if compelled to retire under three years' residence in India, and if beyond three years, and under seventeen, he receives the half-pay of his rank, calculated, if an Assistant-Surgeon, at £73 1s. per annum; or if a full Surgeon, £127 16s. 9d. per annum.

Thus it will be seen that the Indian Medical Officer labours, in every instance, under a considerable disadvantage, and is actually entitled, after an arduous service in the tropics, only to a lower rate of pension than the more fortunate English Medical Officer, who may have spent many years of his service in England, or at any rate in a European climate. If compelled to resign from ill health or wounds, the English Army Surgeon is liberally provided for, while his brother officer in the Indian army, if leaving under three years' service, is indebted to a private fund for even the small allowance he receives, and after that period of service is allowed only a very inadequate provision for his support.

Again, after a service of twenty-five years, the officers of both services are allowed to retire; but in the case of the English Medical Officer, if a Surgeon-Major, he receives £319 4s. per annum; if a Deputy-Inspector-General (which grade he almost invariably attains under that period) he receives £383 5s. per annum, and if an Inspector-General, he receives £574 14s. But the Indian Medical Officer, whatever may be his rank, after the same period of service, receives only £300 per annum, which is less than the lowest rate in the other case.

In the third place, the furlough allowances are greater in the case of the English than in that of the Indian Medical Officer, and if, from peculiarity of constitution, a Medical Officer of the English army is unable to endure a tropical climate, he is not necessarily required to resign all his pre-

spects in the service, but may still continue to serve at home or in one of the temperate colonies, until he has completed the full term required as a qualification for a pension. Such is not the case, however, with the Indian Medical Officer; for if a tropical climate disagree with him, he has no option but to retire; and not, like the English Army Surgeon, on a fair amount of pension, but if under three years' service, on the sum of £45 12s. 6d. per annum, accorded to him from Lord Clive's Fund; or beyond three years, he will obtain £73 1s. per annum if an Assistant-Surgeon, and £127 16s. 9d. if a full Surgeon.

While enjoying all these advantages of rank, retiring pension, and furlough allowances, the English Army Medical Officer is in no respect less favourably placed, as regards pay and allowances during his stay in India, than a member of the Indian service. Indeed he is, after the lapse of a short period of service, placed in a considerably better situation, in consequence of the greater rapidity of his promotion; for after fifteen years' service the Indian Medical Officer is probably still an Assistant-Surgeon, while the English Medical Officer has probably been a full Surgeon for *five years* previously.

From the above comparative statement, it is apparent that in every respect, whether as regards Promotion, relative Army Rank, Retiring Pensions, or Furlough Allowances, the Indian Medical Officer under the new warrant labours under very considerable disadvantages, while it may be fairly urged that in consideration of his term of service being entirely spent within the tropics, he is justly entitled at least to an equality, if not to some slight superiority, in the privileges and emoluments awarded to him. We believe that the facts embodied in the above statement have been communicated to the Supreme Council of India, and they will probably form the basis of a representation on the subject to the Secretary of State for India. We earnestly hope that that gentleman will inaugurate his recent appointment by a full measure of justice to our Indian Medical brethren, who certainly appear at present to have some just grounds of complaint.

THE WEEK.

The College of Physicians of London lately deputed two of its Fellows to visit Hempstead, and to investigate, and report upon the condition of the tomb of Harvey. All that has been heretofore said respecting the disgracefully neglected condition of the remains of this great man, has been confirmed by the report of these gentlemen. The College has therefore resolved to take the matter in hand, and restore his tomb to a decent and respectable condition. The removal of his remains has been thought very unadvisable. It appears that Lady Eustace, the lineal descendant of Harvey, resides in the very parish, and enjoys the ancestral property handed down from Harvey. Perhaps the public notice which has been taken of these facts, may induce the heiress or heiresses, referred to in the following note of a *Times* correspondent, to take upon themselves the honour and credit of restoring their ancestor's tomb to a creditable condition:—"The family estate descended from the late Sir Eliab Harvey to his co-heiresses, who are Lady Eustace, Mrs. Cecil Fane, Mrs. John Drummond, Mr. Bramstone, and, I think, a fifth, whose name, however, I forget. These are all in affluent circumstances, and hold their ancestral property in or near Hempstead. I live in the immediate vicinity, and have repeatedly wished that the surviving members of the family would do themselves honour by honouring the tomb of their illustrious relative. This would, I think, be better than to remove his bones from their present uncared-for place of sepulture. Perhaps this suggestion may have its effect."

The Medical Register for 1859 has just been published, and is sold at the Office of the General Council of Medical Education and Registration, price seven shillings and sixpence. It forms a book of 335 pages, bound in red cloth, the names of those registered appearing to the number of about 15,000 in alphabetical order, with the date of registration, residence, and qualification, as prescribed by the Act. As a matter of course there is none of the information as to appointments and publications of those registered, which is the great characteristic of the Medical Directories. Dr. Hawkins offers some explanatory remarks, stating that even the extended time to the 1st of July has hardly sufficed for the due examination of evidence in the cases of many thousands of persons, most of whom preferred, as will be seen by the Register, not a single claim only, but each of them several distinct claims for Registration. He adds, "To want of time, therefore, and the urgent necessity for dispatch, should fairly be attributed many of the inaccuracies which may probably be found in this, the first copy of the Register, but which will be corrected in the editions of subsequent years." Many claims to registration of foreign qualification are deferred until answers are received to letters of inquiry addressed to various European and American Universities. Thus it will be some considerable time before the Register can afford the public or the Profession the means of distinguishing qualified from unqualified practitioners. Looking at the difficulties which had to be met, and which have been partially surmounted, we are not disposed to criticise this year's Register very closely, except as to the price charged for it, which is really exorbitant and unjustifiable. All other official publications of public departments are very properly sold cheap in order to secure their more extensive circulation. For example, the Eleventh Report of the Commissioners in Lunacy contains 138 pages, and includes many elaborate tables, yet it is sold for *ninepence*. The twelfth report has 56 pages, and is also full of tables, yet the price is only *fourpence*. At the same rate the price of the Medical Register should be *one shilling and tenpence*, instead of *seven shillings and sixpence*. If the Medical Council do not reduce the price to two shillings at the utmost, it will be necessary to submit the subject to the House of Commons.

The important matter referred to in our last week's number as under discussion at the College of Physicians of London, has, we hear, been adjourned for the present. The reason for the postponing of the discussion was, if we are rightly informed, that there were grounds for believing that, by the aid of the Medical Council, a union might be formed between the Colleges of Physicians and Surgeons, and a Board of Examiners established jointly from them, for the purpose of issuing Licences in Medicine and Surgery,—in fact, for forming what might be called the *beau idéal* of a General Practitioner. We are very glad to hear that such an alliance for the purpose indicated is likely to be brought about, and can only again repeat what we said last week on this subject:—

"We believe that a diploma granted by a joint Board of these two Colleges would grant the very honourable title which is required to make the Practitioner of this country what he ought to be. This is a scheme which we believe would give universal satisfaction. It recommends itself strongly to the common sense of every one; and we cannot doubt that if carried out, the Medical Council would take the matter in hand, and obtain an Act of Parliament which would legalise the licence before the world. Difficulties, of course, in the construction of such a joint Board must necessarily arise, but we cannot think them insuperable. There can, surely, be only a little straightforward determination required on the part of the two Colleges to bring to a happy conclusion such a

desirable object; and if we are not mistaken the path thereto has been already opened by an interchange of sentiments on the subject."

The Public Health Bill has been read a third time in the House of Commons, after a sharp discussion and a division, the numbers were 101 for the Bill, and 95 against it, the majority for the third reading being only 6. By this Bill the powers conferred by the Diseases Prevention Act, lately vested in the Privy Council, and a power of regulating vaccination, are made perpetual. An attempt was made to confer these powers for another year only, but the attempt was unsuccessful, and the Bill now goes to the Lords.

New arrangements have lately been made for conducting the business of the Army Medical Department. The Director-General is to be assisted by heads of three branches: Sanitary, Medical, and Statistical. Dr. Logan, Inspector-General, is the head of the Sanitary branch; Dr. Balfour, who has been promoted to the rank of Deputy-Inspector, is head of the Statistical branch; and Staff-Surgeon Dr. Mapleton, of the Medical Branch. Weekly meetings of this Board are to be held. The duties of each branch have been precisely defined, and we trust the plan will work well and benefit the service.

The view we have taken of the question, Who is a doctor? has, we are happy to find, been adopted by the Royal College of Physicians of London. In the midst of all the confusion and vacillation which is being exhibited in different quarters in dealing with Medical matters, we are pleased to see this College remain firm. We are informed that the College, last week, passed a resolution to the effect — that it will not officially recognise any Fellow or Licentiate of the College as a Doctor, who does not possess the title of Doctor of Medicine of some recognised University. We trust the Edinburgh College of Physicians may be induced to follow in such steps, and do an act of similar credit to itself. Though it have no legal power to prevent a Licentiate assuming the title of Doctor, it may, at all events, exercise its moral power to prevent such an abuse of terms. The Secretary of the Edinburgh College tells us:—"That this College does not profess to confer the title of Doctor, neither does it authorise its Licentiates to assume it." We, therefore, again repeat, that Englishmen take the licence solely that they may assume the title in question, and that they do assume the title. It is a mere subterfuge, unworthy the character of a College, with such facts before it, to satisfy itself with saying, "If Licentiates take the title, it is on their own responsibility." Why not boldly and honourably tackle the question as the London College has done, and either justify the act, or morally condemn it?

Testimonial to John Sutton, Esq.—The members of the West Kent Medical Book Society, at their recent annual meeting, presented Mr. Sutton with a handsome library clock, as a mark of their esteem on the fiftieth anniversary of his Treasurership.

A Hospital Built on Pure Red Tape Principles.—A letter from Dr. Macdonell, the Deputy Inspector-General of Hospitals, dated Barbadoes, September 27, 1858, contained the following passages:—"I will this day recommend to the Commander of the Forces that the troops be kept for some time under canvass, purely that the St. James's Barracks is in the worst position possible. I may safely assert that if a premium had been offered to any person to select the worst spot he could in the neighbourhood of Port of Spain to erect a military barrack, the person who chose the ground for the present barrack would have been the successful candidate."

HER MAJESTY'S INDIAN FORCES.

EXAMINATION FOR APPOINTMENTS IN THE MEDICAL SERVICE.—July, 1859.

Written Examination.

NOTICE TO CANDIDATES.

In determining the relative merits of the candidates, so far as they can be ascertained from answers to printed questions, regard will be had both to the number of questions answered, and to the accuracy and completeness of each answer. But it is not required that all the questions should be answered by every candidate; for they are not only intended for ascertaining whether each candidate is qualified for an appointment, but for testing, both by their number and their difficulty, the relative abilities of the best candidates,—a design which is essential to a competitive examination, and which cannot be fulfilled unless some questions are asked to which only the best candidates can give good and complete answers.

NATURAL HISTORY, ETC.

Monday, July 11, 1859.—10 *to* 1 *o'clock.*

Dr. Hooker.

1. Describe the structure of the leaf of a flowering plant.
2. What are the principal earthy constituents and contents of animal and vegetable tissues?
3. How may the woods of coniferous plants be recognised? and what are the qualities that adapt them so well to economic purposes?
4. Upon what principle are plants increased by cuttings?
5. What are the chief esculents belonging to the natural orders umbelliferæ, cruciferæ, leguminosæ, and amentaceæ, and the peculiarities to which their nutritive qualities are due?
6. Give the botanical characters of the natural orders labiatæ, valerianeæ, scrophularineæ, campanulaceæ, and melanthaceæ.
7. What are the botanical characters of fungi, and how do they differ from other plants?
8. Describe the operation of making bread; and give the rationale of the several processes which the flour undergoes during its conversion to bread and to biscuit.
9. What are the races of man? how do they differ? and what relations can you indicate between the climate they inhabit and their food?
10. What parasitic animals inhabit man? Give their scientific names, the order, class, and habits of those you enumerate, together with the countries where each is most prevalent.
11. Describe the principal modifications of the hepatic organ in the animal kingdom.
12. What is coke? and what is its value, as compared with coal, for heating apartments by grates, stoves, and flues?
13. In what form is iron found in England? what is the process of smelting? and what are the differences between steel, cast iron, and soft iron?
14. What are the differences in quality between rain-water, well-water, and spring-water, and in their uses for drinking, washing, and other purposes?
15. Define, as precisely as you can, the terms aëration, gaseous, fluid, viscid, plastic, rigid, ductile, elastic, malleable, coriaceous, chartaceous, membranous.

SURGERY.

Monday, July 11, 1859.—2 *to* 5 *o'clock.*

Mr. Paget.

1. What diseases of the bladder and other urinary organs are likely to be consequent on long-continued stricture of the urethra? and what are the chief signs of each of them!
2. Describe the symptoms, and the attendant pathological conditions, of an ordinary case of suppurative disease of the hip-joint in a young person.
3. Suppose a wound with a penknife thrust straight through the middle of the cornea and penetrating a quarter of an inch; how would you treat such an injury, and each of its probable consequences?
4. Name the diseases that may be confounded with inguinal hernia (with or without strangulation), and state the diagnosis of each.

5. State the characters by which, without reference to the histories of cases, you would distinguish between the principal syphilitic diseases of the skin, and those of other than syphilitic origin.

6. Describe the condition of the uterus and adjacent parts in prolapsus uteri, and of any disease with which, during life, it may be confounded

7. A girl, 20 years old, with habitually feeble health, received a slight blow on the front of her left ankle-joint, which gave her intense pain. From that time, during the 13 months that elapsed before she was seen by the writer, she had never been free from pain in the part, and had never been able to rest her foot on the ground. She described the pain as an aching in the ankle-joint, variable in intensity, but always present, often preventing sleep, often waking her, and sometimes accompanied by slight swelling at the ankle. At the end of the 13 months, the joint and the adjacent parts were neither swollen nor in any way misshapen: but pressure on any part of the joint was extremely painful; she could bear no movement of it; and the pain was increased by letting the foot hang down, or by pressing the sole. The pulse was always between 70 and 80; the hands and feet were habitually cold; and the general health was neither better nor worse than before the accident.

Write your opinion of the nature of this case, and of the best mode of treating it.

ANATOMY AND PHYSIOLOGY.

Tuesday, July 12, 1859.—10 *to* 1 *o'clock.*

MR. BUSK.

1. Describe the parts contained in the space circumscribed by four lines corresponding to the borders of the masseter muscle; proceeding from the surface inwards.

2. Describe the shoulder-joint,—noticing, in the order in which they are placed, the muscles, nerves, and blood-vessels in immediate relation with it.

3. Describe the urinary bladder, and its relations to the surrounding parts; the differences it presents in different degrees of fulness, and at different periods of life; the minute anatomy of its tissues; and point out the characters of the epithelium in the various parts of the urinary passages.

4. Describe what is meant by "reflex action" as applied to the nervous system; and give instances of the various phenomena attributed to its influence.

5. Describe the structure of the "ovum" in the bird and mammal; and the essential conditions of impregnation.

6. Arrange the secretions and excretions according to their reaction with test-paper.

MEDICINE.

Tuesday, July 12, 1859.—2 *to* 5 *o'clock.*

DR. PARKES.

1. Describe a paroxysm of acute mania. What diseases resemble mania? and how would you distinguish them?

Describe the treatment of mania.

2. What are the symptoms and chief causes of paralysis of the portio dura of the 7th pair?

3. What are the physical signs of obstructive and regurgitant disease of the aortic valve? What are the effects of such a disease on the heart, and on the system generally?

4. What are the causes, symptoms, and treatment of ascites in children and adults?

5. What are the symptoms, causes, and treatment of leucorrhœa?

6. What are the symptoms of poisoning by oxalic acid? and what is the mode of treatment? How would you test for oxalic acid in a complex fluid—the contents of the stomach, for example?

7. When mercury is given as a medicine, in what chemical form is it absorbed into the system? what are its effects while it remains in the body, and how and in what time is it eliminated?

What are the chief pharmacopœial preparations of mercury? and what are their respective doses?

8. In arranging a hospital, how many sick persons would you put in a room of the following dimensions: length 100 feet, breadth 30 feet, height 17 feet? State your reasons for assigning this number of persons to such a room, and explain what plans you would recommend in order to ventilate it.

REVIEWS.

A Treatise on Vital Causes. By JAMES NEWTON HEALE, M.D., F.R.C.S.E., Physician to the Hants County Hospital. Pp. 283. London, 1859.

PHILOSOPHERS in all ages have sought to discover the principle of life; but the result, in all cases, has been failure. The human mind, which has penetrated successfully into many of the operations of the material world, has developed the theory of planetary motion, has brought down lightning from the clouds, and has almost subjugated nature to its dominion, has nevertheless been baffled in its attempts to reveal the mysterious laws by which life is created and sustained, and by which the mental forces themselves are brought into operation. The little that man is permitted to know of his own nature and essence amounts to little more than that he originates from an organic molecule, animated by some living principle; that he grows and is maintained by taking into his substance matters derived from the surrounding world; and that, at the expiration of a certain period, the soul and body are disunited, and the corporeal framework is resolved into its gaseous, fluid, and earthy constituents. The investigation into the origin and source of life having been abandoned, by universal consent, efforts have nevertheless been made to unravel the nature of those powers by which the operations of life are supported, and the progress of decay retarded. The discoveries of chemistry and the newly-developed laws of voltaic electricity have given a fresh impulse to these inquiries as to the mechanism by which life is sustained, and theories, more or less plausible, have been devised to account for the phenomena.

Dr. Heale, in the work now before us, repudiates all claim to the discovery of any new truths as to the nature and origin of life, and he confines himself only to an investigation of the circumstances attending vital actions, and of the conditions on which those actions depend. According to him, life consists of a series of alternations of destruction and restoration; destruction ensuing from the processes of secretion and excretion, and restoration being effected by the introduction of air and alimentary matters into the system. "In order to live," says Dr. Heale, "it is necessary that portions of the body should continually die. Every vital act compels the consumption of some of the materials of which the body is composed: and, independently of that destruction which vitality requires and occasions, the body itself consists of ingredients so chemically constituted, as of their own nature, quite irrespectively of strictly vital causes, inevitably and rapidly ensure their own destruction, when exposed to that atmospheric temperature and to other dynamical influences, under which alone it would be possible for the body to exercise any vital functions. . . . . But the destruction wrought by these combined causes demands to be compensated for by appropriate reconstruction, and by the due removal of the products of destruction. During life the restorative, as well as the destructive, processes are energetic in proportion to the degree of active vitality then prevailing, unless, indeed, the converse be the more correct way of stating the proposition, *i. e.*, that the vital action is the consequence and the measure of the restorative and destructive processes at any given time in operation, and the vital result the evidence of its energy."—Page 44.

Such being the premises laid down by Dr. Heale as the foundation of his treatise, he concludes his subject in the course of nine chapters, in which he successively traces the different physiological operations which are performed in the animal body. But while we readily admit that he has treated the various matters relating to the physiology of animal life with great skill, and no small amount of learning, yet we have failed to discover any striking novelty or originality in his views. He gives no details of experiments proving that he has detected any errors in the theories prepared by other writers, nor, indeed, does he show very clearly that any serious errors have been committed, at least by those who are considered as the modern guides in physiological science.

In the last chapter, headed "Views advocated in the foregoing Chapters, contrasted with prevalent doctrines," we certainly expected to find a somewhat broad line of demarcation drawn between the erroneous doctrines advocated by other physiologists and the more correct views advanced by

Dr. Heale himself; but although we have read the chapter several times over, we have been unable to convince ourselves either that the prevailing doctrines are very unsound, or that those of Dr. Heale will seriously contravene them. He speaks somewhat contemptuously of the "chemico-physiologists," and perhaps that class of writers deserve some censure for entertaining a somewhat too material view of the nature of life, and have pushed chemical theories rather too far; but our physiological authorities have generally kept such notions sufficiently in check to prevent their accomplishing any very extensive mischief; and some of the views attacked by Dr. Heale appear to us not to be of very great importance.

Notwithstanding these remarks on our part, Dr. Heale's book will repay perusal, as it contains much sound reasoning and an extensive acquaintance with physiological science. His leading idea seems to be that the blood is a living fluid, and that its waste and reparation are the necessary conditions of animal life.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. No. XLVII. July, 1859. London.

The first article in the present number of this Review contains a very able critical summary of the views of Dr. Brown-Séquard on the Nervous System. It is well known that this distinguished physiologist has been for many years engaged in an extensive series of researches, which he has communicated to the Medical public through various channels, and the article in the *Medical Quarterly* presents a condensed report of these investigations, in which Dr. Brown-Séquard modifies, and sometimes corrects, the theories previously offered by Bell, Magendie, and other eminent authorities. This review is extended to a very considerable length; but considering the importance of the subject, the space is well bestowed, and the article will be read with general interest. The next paper is on a Copy of the Statistical Report of the Royal Navy for the year 1856, ordered by the House of Commons to be printed in 1858. These Reports were drawn up by Dr. Bryson, who still continues to superintend them. The results are exceedingly interesting, as exhibiting the influences which induce disease among our sailors; and it is remarked with regret that a great proportion of illness is due to syphilitic affections, which are said to be more prevalent in this country, especially in the garrison and great sea-port towns, than in any other part of the known world. Another article contains a series of abstracts from the 21st and 22nd volumes of the *Mémoires de l'Académie Impériale de Médecine*, which, as may be supposed, contain a great amount of interesting information. Mr. White Cooper's recent work on Wounds and Injuries of the Eye receives a fair and impartial notice in an able analytical review; and Frerichs' Clinical Treatise on Diseases of the Liver, of which only one volume has yet appeared, forms the subject of an article, in which an historical *resumé* is given of the pathology of this organ down to the period of Frerichs' researches. In a short review of some recent publications on the treatment of Insanity, a balanced opinion is given as to the relative propriety of consigning insane persons to an asylum, or of treating them singly at their own homes or in lodgings. The recent movement of the University of Oxford in the encouragement of general preliminary education, of natural science, and of Medicine in particular, together with the establishment of an efficient museum, give occasion for some eulogistic remarks upon the policy of this ancient seat of learning in relation to our Profession, and the reviewer anticipates that much benefit will result from this recognition of our claims, as an enlightened body, from so high a source. Dr. Brinton's work on Diseases of the Stomach is reviewed with the greatest favour, and it is no doubt entitled to this laudatory notice, as it is purely a scientific treatise, and wholly dissimilar to many books with the same title, having for their object merely to attract the public eye. An article on the works of John Hunter will be perused with great interest; the occasion of its appearance is of course the recent re-interment, in Westminster Abbey of the remains of the great anatomist. This article will be welcome at the present moment not only from the circumstance just adverted to, but from the fact that John Hunter is an author more talked of than read, owing to the peculiar infelicity of style which pervades his writings, and renders their meaning sometimes very difficult to seize. It is, therefore, useful that analytical notices of his services to science should appear from time to time, in order to keep alive the veneration which is really due to his genius, obscured as it is by his unfortunate phraseology. We are inclined to agree with the reviewer, that his greatest contribution to science is the Hunterian Museum, which is indeed a book written in characters intelligible to all who will take the trouble to study it. "His tongue"—thus the article concludes—"was not fluent of speech, his pen was not that of a ready writer, but his hand, long skilled in dissection, became the readiest and the most faithful interpreter of his thoughts."—The *Bibliographical Record* contains notices of Corvisart on the Digestion of Nitrogenous Food by the Pancreas; of the Second Edition of Dr. Taylor on Poisons; of American translation of Malgaigne's Treatise on Fractures; of Dr. Barclay's and Dr. Hughes Bennett's Works on Clinical Medicine; and of other publications of more or less importance.—The original communications consist of the conclusion of Dr. Jago's paper on Entoptics; a paper by Dr. Murchison on the Simultaneous Existence in the Human System of two or more Diseases, supposed to originate from Specific Morbid Poisons—a paper drawn up with considerable ability; a contribution by Dr. Hyde Salter on some Points in the Clinical History of Asthma; and an article on the Effects of Rupture of the Internal and Middle Coats of Arteries by Dr. George Scott.—The usual half-yearly and quarterly Reports on Physiology, Materia Medica, Medicine, Surgery, and Midwifery, written respectively by Dr. Hermann Weber, Dr. Semple, Dr. Sieveking, Mr. Chatto, and Dr. Barnes conclude the number, which is equal to any of its predecessors in variety and interest.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE TREATMENT OF BURNS.

By Professor SCHUH.

Immediately after the burn has occurred we should pour over the parts, or bathe it with cold water; and when the part burned is but small,—*e.g.* part of a finger,—ease is derived by bringing it for a few seconds in the vicinity of the flame of a candle. In order not to lay bare the corium, the bladders that may have arisen should remain unopened during two days, or if they are very distended they should be opened with a needle. They should be opened also when their contents have become purulent. The exposed spots must be dressed with lint soaked in olive or almond oil, or spread with fresh butter or spermaceti, over which cold applications are to be laid. Cotton wool or wadding constitutes also an excellent protection against the action of the air. In superficial burns new skin forms under it, or the slight suppuration disappears, so that when the dry cotton falls off the skin is found healed beneath. The same result often follows the smearing superficially suppurating parts with the nitrate of silver, which gives rise to a crust, under which healing takes place. This means is not so effective, however, as some suppose, the mere keeping the surface of the wound clean having much to do with the healing. If the suppuration be not suppressed by its use, the surface is to be covered with charpie, cold water being continued to be applied if the inflammation is considerable, otherwise lukewarm water only. In great suppuration, a liniment of equal parts of olive oil and lime water is the best application. Under this simple treatment, or even by means of cold or tepid water may all burns of the first and second degree which are not very extensive be readily healed; and the popular remedies, flour, chalk, potatoes, etc., are only imperfect substitutes for cold applications. In the third degree, where there is considerable formation of eschar, the inflammation must be met by the raised position and applications of ice; and when the patient is young and strong a venesection is an excellent means of moderating the pain and inflammation. When there is a hard unyielding eschar, perhaps surrounding a limb, the excessive pain may be sometimes rapidly mitigated by free incisions being made in the eschar. When the line of separation has become formed the casting off the eschar is facili-

tated by warm, moist applications, or aromatic cataplasms, such as camomile—all swelling and heat having been, however, first removed. After the separation, the wound continues for some days, until the formation of abundant granulations, excessively sensitive; and we must choose applications that neither irritate or adhere so as to prevent their ready removal. Such are a soft ointment of yellow wax and olive oil, and linaments formed of cream or oil and yolk of egg. For the poorer classes a decoction of bran forms a good substitute. These applications may be continued for some time after the disappearance of the excessive sensibility; but if the surface of the sore is very large they will frequently render the granulations too flabby and the secretion too large. In such a case the linament of oil and lime-water and a solution of nitrate silver (2 to 6 gr. ad. ℥) must be substituted. In excessive suppuration suitable ventilation, good diet, together with wine and quinine, must be provided, especially for the feebler patients, and when in these the suppuration takes on a bad character, the use of decoction of cinchona is of good service as a local application.—*Wien Wockenschrift*, 1859. No. 12.

ON PIGMENTARY RETINITIS.

By Dr. MOOREN.

Although the employment of the ophthalmoscope enables us to satisfactorily treat various morbid conditions, against which our art was formerly powerless, in many cases our therapeutical resources have not advanced at the same rate as our pathological knowledge. In proof of this may be adduced the peculiar affection of the retina, called by Graefe, after the name of the first patient in whom he had observed it, *morbus Arianus*, and by Donders, *retinitis pigmentosa*. Of this affection the author has met with seventeen instances. In all these the patients first complained of imperfect vision in bright light, and after a while of a sense of pressure and tension almost seeming to forcibly close the eyelids. Next symptoms of hemeralopia were observed in the evening, with subjective luminous sensations in the daytime. After sunset the patients could scarcely guide their steps amidst surrounding objects. Sometimes this state of things may continue in this way for years, but usually the disease augmenting advice is sought. The practitioner is immediately struck with the continual movement of the eyes, as if the patient sought by them to examine every surrounding object. It is a continuous, not a convulsive, movement as in nystagmus. Examination shows little external change, but a considerable concentric limitation of the field of vision. Internally a number of blackish spots are found on the retina, disposed circularly, parallel to the iris, sometimes in close contact, and sometimes separated by intervals. With the progress of the disease new masses of pigment are deposited towards the posterior pole of the globe, until the yellow spot itself becoming implicated, vision, which had become feebler and feebler, disappears. The papilla of the optic nerve, already atrophied and of a dirty white colour, is not only more or less effaced, but oftentimes covered in part with the pigment. The vessels of the retina, which at the commencement of the disease, are deformed, have now become more or less obliterated, and only appear as yellowish-white cords, in part concealed by the pigment. The other membranes of the eye become secondarily affected, especially the choroid. The posterior portion of the lens loses its transparency, forming the cataract known as the *C. poloris striata*. Pigmentary retinitis occurring in an individual suffering from myopia, or feebleness of vision, becomes the source of the greatest inconveniences. In the struggle of the accomodating powers of the eye, the affection formerly termed *staphyloma posticum karpæ*, or the *sclerotico-choroiditis* of Graefe, is developed.

According to Donders, the pigment first appears at the lateral part of the retina. The diminution of the field of vision seems, however, to precede the deposit, and in the author's opinion, arises from a derangement of nutrition, proceeding from the centre to the circumference, and affecting the optic nerve, as well as the retina. The ophthalmoscope exhibits, as one of the first symptoms, a progressive diminution of the calibre of the vessels. This obstacle to the circulation not only impairs nutrition, but leads to chronic inflammatory action, and as a consequence the transformation of the colouring matter of the blood into the pigment—the exudation of this being here a mere secondary phenomena. The origin of these pathological conditions must be referred to material changes taking place in the vessels coming from the optic nerve. Graefe states that the disease is hereditary, and the author is aware of a family having four out of eight children the subjects of it, and another family in which three members were affected by it. Of the 17 cases he has met with, in 14 the patients inhabited marshy wet countries. The prognosis is always unfavourable; for although the disease is always slow in its progress, lasting from 20 to 30 years, it always terminates in complete blindness. At most, any treatment can only be palliative, and that only to a slight extent.—*Annales d' Oculistique*, tom. xli. pp. 21—31.

ON A NEW MODE OF DRESSING STUMPS AFTER AMPUTATION.

By M. LAUGIER.

This consists in the maintaining the edges in contact with each other, and the bringing them forward over the bones by the application of two plates of cork, half a centimetre in thickness beneath the roller surrounding the stump. The length and breadth of these plates must be such as to allow of their embracing the stump almost circularly, and to extend seven or eight centimetres beyond it. The free edge of the plates is digitated, each digit being pierced with a hole so as to admit ribbons or laces, by which, after the dressing is completed, the opposite digitations of the two plates are united two-and-two. Before applying the plates, circular pledgets of amadon are inserted beneath those parts of them which are opposite the deeper portion of the wound, so as to render compression at once gentle and efficacious. The plates so applied, retained by the bandage and attached at their ends by the laces, represent a continuance of the supporting pressure afforded by the hand of the assistant during the dressing; and for any dressing that may be required for the stump their extremities have only to be gently separated. They form a protection for the stump against all shocks, furnishing a solid and yet not a hard case, which allows of the patient making extensive movements without inducing pain. Under the use of this apparatus union of the deep-seated portions of the wound is promptly obtained, the soft parts are kept well over the bone, the inconveniences incident to the employment of strapping are avoided, and a degree of movement is allowed to the patient, which will greatly facilitate his treatment in the ambulances.—*Gazette Méd.* 1859, No. 19.

French Students at Operations.—The same correspondent of the *Gazette des Hôpitaux* we quoted last week favourably contrasts the English with the French Medical Students in one point of view at least. Speaking of St. Bartholomew's, where he was most cordially received, he says that the Students (here, as at the other Hospitals, however, following the Surgeon in full dress, with gloves and canes) conducted themselves in the most orderly way, ranging themselves around the amphitheatre and leaving the area free to the operator and his assistants. "I was now able to convince myself of the truth of what Roux had so often told us, that every one remained in his place in the utmost order, without in any way obstructing the going or coming of those whose services were necessary to the Surgeon. At Paris, on the contrary, the area is always invaded, the pupils pressing around and elbowing the operator, so as to render his proceedings really difficult. Bitterly did Roux regret the absence of the excellent order of the English amphitheatres, and often expressed himself severely upon the subject, and sought to obtain it by means too burlesque to succeed. Sometimes he would soundly cuff those who pressed too closely upon him, or, taking a jug of water, he would interrupt an operation to deluge his invaders and compel them to resume their places. The fault does not always alone lie with the French Students, for the foreign visitors surpass them in this respect. But Roux combated an abuse alone, which he could not alone eradicate. But some Surgeons approved or even encouraged these invasions. One morning, just as M. Paul Dubois was about to perform the operation of turning, a bound into the area was heard behind him. Turning round and seeing three students crouching in front of the balustrade they had just climbed over, he said, 'Are you Frenchmen, gentlemen?' 'No, Sir,' replied the three culprits. 'I was sure of that,' replied the celebrated accoucheur, 'let this example serve for our own Students: I have never met with such zeal except among foreigners.'"

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, July 11, 1859.

In recording, in one of our late communications, the operation of removal of the tongue close to its base, as performed by M. Chassaignac by the method "écrasement linéaire," and which terminated favourably, we find that we made a slight error regarding the interval allowed to elapse between the movements of the instrument. We then mentioned that it was two minutes; but an intelligent Medical friend who was present at the operation, and who carefully timed the process, watch in hand, informs us that only half-a-minute intervened. This correction we regard it of importance to make, seeing that the accuracy of the statement was confirmed by M. Chassaignac himself a few days ago, while lecturing on the subject, and while performing the same operation on the dead subject as well as on a living dog. This able and intelligent Surgeon stated, that in removing the tongue by the écraseur, the instrument, while constringing and dividing the tissues of the organ near its surface, might be worked more rapidly (twenty-five seconds or thirty being a sufficient interval between the movements), and that as the operation advanced, and important arteries and veins became involved, the interval between the notches of the instrument should be increased; but that half-a-minute would be found sufficient to guarantee perfect security against the loss of blood. It would appear that since its invention by M. Chassaignac, either the power of the instrument has been very much increased, or experience n its use has enabled him latterly to work it with a bolder hand, for we find that in two cases of amputation of the tongue performed by him some five years ago, as recorded in Guerin's work on Practical Surgery, the time he then required for the complete separation of the organ was in one case twenty-four hours, and in the other no less than forty-eight hours.

We have lately witnessed, in the service of M. Briquet, at the Hôpital "La Charité," the good effects of the application of "electricity by induction," or Faradisation, as it is now commonly called, in the treatment of lead colic. The views of M. Briquet on the pathology of the disease being somewhat new, and at variance with those hitherto entertained, a brief exposition of them, together with some remarks on the treatment which he adopts, may not be unacceptable to your readers. The following case, taken from our Medical "memoranda," being one of several which we have lately seen brought to a successful termination, will serve as a suitable introduction to the remarks which form the sequel.

A house-painter, aged 34, was admitted a few days ago, labouring under all the symptoms of lead colic. It was his third attack. The first occurred as far back as 1843, and lasted eight days; the second took place three years ago, and he was then under treatment for a month. For some weeks prior to admission on the present occasion he suffered from uneasiness, with dull pains in the stomach and bowels. These pains assumed an acute character only two days before his entry into the hospital, and were accompanied with nausea and vomiting. At the visit, and when first seen by M. Briquet, he was writhing with pain and constantly changing his position in bed. During the paroxysms, between which the intervals were but short, he lay on his face with the knees drawn up. There was considerable hardness and retraction of the abdomen, rendering it impossible for him to assume the erect position. The pain was not confined to the abdomen, but extended to the muscles of the chest, as well as to the lower extremities,—in the latter he complained of a feeling of numbness. The pain was, however, most acute along the course of the rectus muscle of the left side, and over the hypogastric region on that side. The features were contracted, and expressive of great suffering, but there was neither fever nor constipation. After a very short interrogatory, M. Briquet, having no doubt as to the nature of the affection, proposed the immediate application of electricity. The pain being, as we have already stated, more severe over the left and lower portion of the abdomen, he selected this spot for the Faradisation, which was conducted as follows:—A wet sponge was attached to one of the wires of the apparatus, while a metallic brush was attached to the other. These, it may be remarked, are the appliances in use when the Faradisation is to be confined to the skin. The sponge was then placed in contact with the body at the superior portion of the left rectus muscle of the abdomen, while the metallic brush was passed over that part of it where the pain was most severe. The machine, which at first was but feeble, was made by degrees to attain its maximum of intensity, and as it increased in power the brush was passed more and more rapidly over the skin, until it produced a considerable amount of redness. The operation lasted precisely three minutes and a-half, at the end of which every symptom of colic had disappeared, and the patient who on admission was doubled up during the paroxysms, was now able to stand erect, and walk about the ward with the most perfect ease and altogether free from pain. Of course, it will occur to all who have had any experience in this peculiar affection, as it did to ourselves, that the mere removal of the local pain is not all that is indicated in its treatment; and hence that electricity applied, as described above, can only be viewed in the light of a palliative, other remedies being necessary for the elimination of the lead with which the system is supposed to be charged, and on the presence of which the colicky pains are presumed to depend. This is no doubt true; but the removal of one of the most painful and most alarming symptoms by such a simple and speedy process as that of Faradisation is, from the novelty of the measure by which it was accomplished, not unworthy of attention.

The question naturally occurs, Faradisation being merely palliative, and the exciting cause of the colics still in operation on the system, are these latter liable to return? On this point we can speak most decidedly as well from our own observation as from the statement of M. Briquet, whose experience in the treatment of this affection has been extensive. In only one of the cases which we have observed, was a second Faradisation necessary, the others having been completely cured of their colics by one "*seance*" only. M. Briquet's experience in somewhere about a hundred cases carefully observed by him, goes to prove that a relapse is by no means common, and if it does take place, it is generally after an interval of five or six hours; but that if the patient pass twenty-four hours without any return of the colicky pains, no further Faradisation will be necessary. Having got rid of the most urgent and the most alarming symptom of this disease by means of Faradisation, the medical, or rather the constitutional, treatment employed by M. Briquet with a view to the elimination of the lead, is extremely simple, as compared, at least, with the medication generally in use.

In the very Hospital where M. Briquet gives his valuable services, there originated some years ago a certain form of treatment for this disease, which became so famous that it passed, as it were, into a law, and was "par excellence" distinguished as "le traitment de la Charité,"—it consisted in the administration of emetics, purgatives, opiates, sudorifics, acidulated drinks, etc., all of which were to be given in strict conformity with rules and directions carefully laid down beforehand. This stereotyped plan of treatment M. Briquet has thought fit to abandon, substituting for it one which, if it has not yet attained to the same notoriety, is at least characterised by far greater simplicity. It is as follows,—the Faradisation terminated, a sulphur bath is ordered, which is repeated every second day during the patient's sojourn in the Hospital. He is ordered to drink every day about four pints of lemonade, to which are added from thirty to forty drops of dilute sulphuric acid. A gum potion is also prescribed, containing from thirty to forty grains of alum; and each night, or every alternate night, as the case may be, a pill is ordered containing one grain of the watery extract of opium. It will doubtless appear singular, seeing that obstinate constipation is so frequently a concomitant of this disease, that in this treatment there exists no element of a laxative nature. Purgatives he never prescribes, and rarely ever has recourse to an enema. In almost all cases he has remarked that the bowels begin to act spontaneously from one to three days after the Faradisation has accomplished the removal of the abdominal pains. The object of this treatment is simply the elimination of the toxique principle from the system; it exercises no influence whatever over the colics, nor is it intended to do so. Seeing that the first part of the treatment, namely, the removal of the pain of the abdomen by means of Faradisation is somewhat novel, it may not be amiss to inquire here on what pathologieal grounds it is founded. Among the earlier pathologists there existed little or no difference touching the seat of

this affection: all of them referred it to the digestive tube either in part, or throughout its entire extent. Of the cause and origin of the pain, however, there has been, and still continues much diversity of opinion; some maintaining that it originates in the contact of the particles of lead with the mucous lining of the digestive tube (a doctrine which, by the way, is no longer tenable, since the possibility of absorption of lead by the skin has been admitted); some think that the pains or colics result from an inflammatory condition of the mucous surface of the intestines, while others hold they are the result of the distension produced by accumulated fæces. Tanquerel, a man of no mean authority, traces the colics to functional disturbance of the great sympathetic nerve. Giacomini, of Padua, discarding all these theories, was the first to enunciate the views we now see acted on by M. Briquet, to wit that the pain in lead colic has its seat not in the digestive tube at all, but in the muscular parietes of the abdomen and the diaphragm. This same opinion we find hinted at, although not formally expressed, by Andral, Grisolle, and others whose attention has been specially directed to this malady. M. Briquet's reasons for his faith in the theory of Giacomini are founded on the following observations:—If, during the examination of a patient suffering under lead colic, moderate pressure be exercised over the abdomen, by means of the fingers, in such a manner as to affect only the skin and the subjacent muscles, without interfering with the more deeply-seated parts, acute pain will be produced identical in its character with that experienced during a paroxysm of colic. Again, if pressure be exerted over the abdominal muscles at points under which the intestinal canal does not run, as, for example, over the crest of the ilium, an acute pain will invariably be the result. These two reasons taken in connection with the extension of the pain to the muscles of the back and limbs, which is often observed in painters' colic, he considers conclusive as to the purely muscular character of the pains. The constipation, he believes, has no connection whatever with the abdominal pain, as it sometimes persists for days after the latter has been removed by Faradisation. The nausea and vomiting he regards also as purely sympathetic, depending, it may be, on the extreme sensibility of the muscles, and this opinion derives countenance from the fact that these symptoms invariably disappear when the hyperæsthesia has been removed. Neither Briquet, nor any other holding the same pathological views in reference to this disease, attempts to explain why, by preference, the abdominal muscles are those chiefly affected. In the present state of our knowledge this point involves some difficulty. Both Duchenne, of Boulogne, and M. Briquet, however, endeavour to account for it by adopting the hypothesis that there exists some elective affinity between the lead poison and this particular portion of the muscular system. In the treatment, by Faradisation, of the abdominal pains, or colics as they are erroneously designated, if M. Briquet's theory be a correct one, it may not be uninteresting here to inquire what is the modus operandi of the electricity. Does the Faradisation, by introducing into the system some peculiar modifying influence, restore the nervous energy to its normal condition, which the poison of the lead may have diminished or deranged, and so put an end to the hyperæsthesia or preternatural sensibility of the muscles? Evidently no; because, granting the pain to have its seat in the muscles, as maintained by Briquet, the end would be better and more speedily accomplished by the direct Faradisation of these muscles. Again, are we to attribute to the electricity so introduced into the skin, an anæsthetic or deadening influence on the nervous filaments which supply the muscles? To this M. Briquet also says, No. Faradisation, according to him, acts purely and simply as a revulsive in this affection, and is perhaps one of the most powerful agents of this class which we possess. For this reason, the skin is Faradised until it becomes red, and almost invariably as soon as the redness is produced the abdominal pains immediately disappear. Sometimes this operation requires great firmness on the part of the operator, and no small amount of endurance and courage on the part of the patient, the pain experienced being excessive, as evidenced by the cries and efforts of the patient to escape from the hands of the operator. The amount of suffering should, however, prove no objection to the process, as the Faradisation can be perfectly carried out while the patient is under the influence of chloroform, the peculiar action of which does not, we believe, interfere, in any way, with the curative effects of the electricity.

GENERAL CORRESPONDENCE.

THE EDINBURGH LICENCE AND FOREIGN DEGREES.

AN APPEAL TO THE JUSTICE OF THE MEDICAL COUNCIL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to make an appeal through your columns to the sense of justice of the Medical Council in reference to my own position and that of many others in the Profession. The appeal shall be in the shape of a history, which cannot fail to interest many at the present moment, although it may be long. In the year 1838, when the University of London was established, the College of Physicians of London published and advertised extensively a statement of its power over the Profession, and (to quote its very words) "of the means which it possesses within itself of conferring the rank and privilege of Physicians on all those who, having had the advantage of a liberal education both general and professional can prove their qualifications by producing proper testimonials and submitting to adequate examinations." At the same time it announced its determination "to regard in the same light and address by the same designation all who had obtained its diploma whether they have graduated elsewhere or not." The regulations for the "degree" or "diploma" referred more especially at this time to the licence *intra urban;* but in 1846 Dr. Francis Hawkins, the Registrar of the College, wrote to inquirers, that the President and Elects required "exactly the same qualifications in those whom they examined for practising as Physicians in the country (*i.e.* as *extra urban* licentiates). The former regulations were annulled five or six years ago."

Well what was the result of this? Several leading physicians in London (as Dr. H. Davies, Dr. Alfred Taylor and others,) placed such entire confidence in the authorised and official asseverations of the College, that they underwent and passed the required examinations, and paid their money, in the full expectation that thereafter they would be entitled to write M.D. after their names, to be addressed as "Doctor," and to enjoy in short, all that belongs to "the rank and privileges of physicians." Up to the year 1845 no fewer than 220 persons in the country, took out the extra urban Licence of the College, with an equally confident expectation as to title, rank, and privileges. The fees paid by these 220 Licentiates in six years, amounted to little short of £4000, and as there is no stamp duty on the *extra urban* Licence (being granted under an Act of Parliament) the whole amount, deducting a trifle for expense of parchment and wax, was clear profit.

Well, Sir, I am one of those persons whom the College has induced for several years past, by its authorised and official advertisements to take out an *extra urban* licence. I had served for some years in the navy; I wished to retire and to take Physician's practise and fees, and having no Medical degree I took the at least strictly legal qualification advertised by the College. When there occurred a vacancy in the Medical staff of a public Medical charity established where I resided, I became a candidate for the appointment of Physition; I was opposed, not on the ground of professional unfitness, but because I was not a "Doctor," and had no right to write myself "M.D." I made a struggle to support my status; I appealed to the College for support and was repulsed; I appealed to the published advertisements of the College; to the Act of Parliament of 14 & 15 Henry VIII.; I was ignominiously defeated, and retired from the contest with my health so impaired by vexation, grief, and anxiety, that I was obliged to give up practice for awhile.

I then made another effort. Seeing I was certainly entitled by law to act as a Physician, I thought all that was needed in my case was to obtain the academic degree of M.D. from a University. A Scottish degree was at that time not less a foreign degree in England than a German or French. I therefore took out an Erlangen degree, which was easily granted to me *cave à honoris*, because I had already a legal connection (after one examination, mark, sir) with the venerable and aristocratic College of Physicians of London. I now enjoyed my title of Doctor in peace.

But to my renewed misery the Medical Act became the

law of the land. It could never have occurred to any one that existing rights would be confiscated, and I remained at ease in my mind while the bill was passing through Parliament. I find, however, that I was wholly in error. The Medical Council have refused to register my Erlangen degree, because it was not obtained after examination, and I am again in truth without the title, rank, or privileges of a Physician. Nay, I see from the correspondence which has passed between the same Dr. Francis Hawkins (whose representations misled me), and the Southampton graduates, that I am even deprived of what he and the College had assured me the possession of, the simple title in an honourable sense, of "Doctor."—Is this just?

But now let me come to the crowning injustice. A number of General Practitioners (all respectable men, doubtless) have obtained a licence from the College of Physicians of Edinburgh, in precisely the same way that I obtained my degree of M.D. from the University of Erlangen. They, it appears, are to be allowed to register their licence, and secure thereby the same privileges which I could only obtain by submitting to an examination, while I am not allowed to register that academic title, which merely empowers me to bear the title appropriate to my actual legal position. Can anything be more grossly unjust?

Many Physicians in England have been in the same difficulties as myself. Some have escaped from them by getting a degree from Aberdeen or St. Andrews; others have been forced to retreat altogether from the false position into which they have been led by the London College of Physicians, and abandon their rank. For my part I await in confidence an act of strict justice on the part of the Medical Council, namely,—1. That every Licentiate Physician without examination be placed in the same category with every Doctor of Medicine without examination. 2. That at least every "extra-Licentiate" be specially authorised to sign himself "M.D.," inasmuch as he holds legally the privileges and rank of an English Physician, in virtue of having passed the examinations required by statute. If the law of 1815 and 1858 provided for the customary rights of those practitioners who were in practice previously to 1815, although they had no legal qualification whatever, *à fortiori*, the customary rights of the extra-licentiates ought to be maintained, who have the strongest legal qualification possible.

One word more. If the Council do not deal out impartial justice to the Colleges of Physicians as well as to their victims, the Medical Act will be half a failure, and the Council will only fulfil half their functions. The duties of the Council are twofold; to regulate—1. Registration; 2. Medical Education. A distribution of licences to practice in return for money-payment, without first instituting an examination, can by no construction of the Medical Act, be the exclusive pecuniary privilege of the London and Edinburgh Colleges of Physicians; if it be a privilege at all, it must be common to all Boards; and, consequently, the Colleges of Surgeons might distribute Surgical diplomas to Apothecaries for money without examination, and the Society of Apothecaries might distribute licences to Surgeons for money without examination—which is absurd. The late distribution of licences, therefore, by the College of Physicians, under whatever pretence of expediency, is wholly illegal, and ought to be strictly dealt with by the Medical Council.

I am, &c. AN "EXTRA-LICENTIATE" AND
July 11, 1859. M.D. ERLANGEN.

[The letter of our Correspondent certainly makes out a case of very great misfortune as regards himself, and we heartily sympathise with him. It is evident, however, that a College of Physicians must make rules for the many and not for the one. Our own opinion on this subject will be found expressed at length in last week's journal. As we then said,—If a College, twenty years ago, committed the irregularity of allowing its Members to take the title of Doctor, it surely does not follow that it ought to consecrate the error; nor, certainly, can men of this day, properly allow the *lâches* of their predecessors, to go by unreformed. Here, then, is the simple position of the case: The College never had the right or power to allot the title of Doctor to its Licentiates. Nevertheless, it most improperly, some twenty years ago (in 1838) usurped the right. It now acknowledges its error, and has honourably purged itself by a distinct declaration of its opinion. The regulation on this head, referred to by our Correspondent, was, however, as he himself hints, only in existence about twelve or eighteen months.—ED.]

LETTER FROM PROFESSOR LAYCOCK.

[To the Editor of the Medical Times and Gazette.]

SIR,—Objections having been raised against the correctness of my analysis of the lists of applicants for the honorary licence of the College of Physicians of Edinburgh, contained in a former letter, I beg to enclose you an amended, and as correct an analysis as I can make, up to the latest date. Nevertheless, my former analysis, in so far as it was adduced in support of my argument, was substantially correct. The only error was in the accidental omission of a numerous list, which had got misplaced. I am, &c.

Edinburgh, July 18, 1859. T. LAYCOCK.

Residence and qualifications of applicants for the honorary licence of the Edinburgh College of Physicians up to July 12, inclusive:—

Graduates of Universities.

Aberdeen and St. Andrew's	7
Erlangen and Rostock	2
Erlangen *cum* Lambeth	1

College Qualifications.

Members, Fellows, or Licentiates, of a Royal College of Surgeons	57
Ditto with Licence in Midwifery	10
Licentiates of Society of Apothecaries	42
Ditto with Licence in Midwifery	1
Licentiates of Glasgow Faculty	4
Double Qualifications as Surgeons and Apothecaries	72
Total	196

Graduates of Scottish Universities can claim the licence without examinations. None resident in Scotland have applied for it.

Considering the licence in midwifery as *nil*—of the non-graduated Practitioners (186), 114 had a single qualification, and 72 a double qualification.

Residence of Applicants.

England	177
Ireland	10
Scotland	4
Army and Mail Packets	5
	196

So few of the applicants were found ineligible by the Council of the College, that for all practical purposes the number of applicants for the licence may be considered as nearly equal to the number of recipients.

QUININE TREATMENT OF PERITONITIS.

LETTER FROM DR. HANDFIELD JONES.

[To the Editor of the Medical Times and Gazette.]

SIR,—In Number 470 of the *Medical Times and Gazette* there is a highly interesting report of the practice of a French Physician, M. Beau, at the Hôpital Cochin, in Paris. The reporter records his agreeable surprise at witnessing a genuine case of idiopathic peritonitis treated and cured by quinine, "to the entire exclusion of every other therapeutic measure." The amount administered is eight grains every eighth hour, the dose, however, being proportioned to the sensibility of the patient, and this medication is maintained several days. M. Beau premises an emetic and a purgative enema. Now, I suppose, the feelings of many, if not the majority of your readers, on the perusal of this account, will be one of very considerable incredulity. To attempt the cure of acute peritonitis by quinine sounds almost like pouring oil on a fire to put it out. To a great extent I must participate in this feeling, at least as regards dealing with English peritoneums. I am not, however, inclined *in toto* to reject the opinion of M. Beau, backed as it is by the testimony of your reporter, that quinine in such cases may actually exert a curative influence, the patient not recovering in spite of, but by the aid of the

medication. It is to be observed that it is not a matter of expectant treatment, but of a proceeding which surely must either do good or manifest harm; and it is not easy to suppose that anyone with ordinary powers of observation could deceive himself as to the result. At least, if M. Beau could, I cannot think that your intelligent reporter would be so misled.

So far, then, from casting the statements aside as absurd, I incline to believe that important instruction may be gained from it. The point which it seems to me to put in a strong light is the exceeding diversity of the process we call inflammation. Thus, two patients may both have the symptoms of acute peritonitis, so marked that there can be no question that similar anatomical changes have occurred in each, or that these differ only in the relative amounts of solid and liquid exudation; yet in these two cases the morbid process may be affected by remedies in the most different manner. In the one, leeching, vs., and mercurialisation may have the best effects; in the other, they may be highly pernicious, and such treatment as M. Beau's prove effectual for good.

I have put the cases, as it seems to me, most fair to do, considering our established experience on the one hand, and the testimony of high authority on the other. Moreover, in favour of the novel procedure, we have some evidence from our own Practitioners of an analogous kind. Asthenic pneumonia is clearly recognised as an affection differing from sthenic, not so much in anatomical change as in its reaction towards remedies. The same may be said of pleuritis, eczema, and of some eye diseases, not to mention other instances. I have recently seen inflammatory opacity of the cornea and iris in a male rapidly clear away under fifteen grains of quinine daily, after leeching, counter-irritation, and mercurialisation had been employed in vain. One essential point in the treatment of all inflammation is to appreciate at any given time whether or not any tonic can be borne. If the state of the affected part is such that the tonic does not irritate, and so aggravate the existing disorder of nutrition, there is every reason to expect it will prove highly beneficial. But it is often a delicate and difficult point to ascertain when a tonic may be given with advantage, and what kind, and in what dose. These are among the points of practice requiring the greatest acumen. All nerve toners are tissue irritants, speaking generally, and the object in view is to attain the one action without the other. If we can tone the naso-motor nerves of the inflamed part without irritating its tissue, we shall induce contraction of the arteries, diminution of the hyperæmia, and reduction of the temperature. This at least seems a matter of just inference from the results obtained by Bernard in experimenting on the sympathetic. When he galvanised the upper end of the divided nervous cord, the ear became pale and its temperature sank. Surely this state of comparative anæmia and coolness is what most Practitioners would consider highly favourable to the subsidence of inflammation in any part. One may not unfrequently witness therapeutical actions which resemble the foregoing closely. I know scarce anything more striking than to observe a highly injected, hot leg, exuding serum from all its cutaneous surface, become cool, comparatively pale, and covered with healthy cuticle under the use of Liquor Arsenicalis. Considering the known action of arsenic on nerves (as in neuralgia), it seems difficult to represent to one's mind the above remedial action in any other way than as a toning influence exerted upon the naso-motor nerves of the part. Could it be done, it would seem in all cases of inflammation the most desirable thing to act thus on the naso-motor nerves. But in sthenic inflammation it is impossible or undesirable, because the toning drug irritates the focus of the inflammation, and increases the mischief. This is what we witness in sthenic eczema, where arsenic produces injurious irritation. A certain passivity or tranquillity of the inflamed tissue is requisite to allow tonics their opportunity. As to the exudation, if it is poured out on a free cell-bearing surface, it escapes more or less readily; if it is enclosed in a parenchyma, or shut sac, it may either liquefy and return to the blood, or if it passes into the state of pus it usually runs the course of abscess. In any case, I cannot consider the afflux of an increased quantity of blood desirable as a means of promoting absorption of the effusion. Rather I conceive that the less the pressure on the capillary suface is from within, the more readily will fluidifying exudation be taken up. This seems certain from the results of vs. in promoting absorption. Practically, I believe, we may recognise three conditions, or grades of inflammation. 1. That in which contrastimulant remedies are effectual in nullifying the exaggerated local attraction of blood to the part (sthenic inflammation). 2. That in which the process depends chiefly or entirely on naso-motor nerve paralysis, and is cured by nerve-toners, as quinine (asthenic inflammation). 3. That in which the process is of an intermediate character, and in which if left to itself it generally subsides spontaneously and favourably with little aid from art. The two latter grades are those which seem to predominate at the present day, marked instances of 1 are few and far between. When I consider my own experience and that recorded by others, it seems to me wholly impossible to regard inflammation as an uniform process, always and in all cases the same, and to be opposed in the same way. On the contrary, I believe it to be eminently "varium et mutabile," oftentimes veiling under an outside show of similarity most opposite tendencies. Its rational treatment appears to me to require to be regulated by an appreciation of this variability, of the tendencies in which the variations take place, and by a knowledge of means most suited to counteract each morbid tendency. I am sure the recognition of this view is of the greatest practical utility, and I cannot but think it has been strangely ignored by the opponents of vs. in the late controversy. I am, &c.

C. Handfield Jones, M.B. Cantab. F.R.S.

THE GRAIN WEIGHT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Is it advisable to alter the value of the grain weight in the new pharmacopœia? and if not, why not? The present grain, with its divisions and multiples, is the common weight of science, and especially of chemistry, with which pharmacy is inseparably connected. The avoirdupois pound with its divisions and multiples, is the common weight of trade, from which again pharmacy cannot be separated. Hence, it seems desirable that the avoirdupois pound should be adopted, and the present grain retained for pharmaceutical purposes, if they can be reconciled, and this, as the avoirdupois pound consists of 7000 grains, is not difficult. Indeed, the present weights of 10, 20, 30, 40, and 60 grains might be preserved; and the only additional weights required would be one of 100 grains, with the necessary multiples, to supersede the avoirdupois ounce, which is inadmissable, because it consists of grains and a fraction. Our connexion with physical science would be thus not only retained but strengthened, for the natural philosopher and scientific chemist use a decimal series of our present grain weights; but, by the proposed alteration of the grain, that connexion will be lost in the matter of weights, which is not a trifling matter, and, as I humbly think, without any adequate advantage, indeed, without any practical advantage at all. If this be so, and if the "enormous present inconvenience" which you have correctly stated will be the result of the change, be also taken into account, we shall have good reason for believing that the present grain will still be used to a great extent in pharmacy, in spite of all the colleges, and it will be very difficult to enforce the adoption of the new one. The Inspector of weights and measures may, indeed, banish the present series of weights from the shop of the druggist, as he does now the light weights from that of the grocer, but he cannot drive it from the private dispensaries of practitioners, many of whom will certainly still use it in their prescriptions; and as it is equally certain that the present grain will continue to be used by men of science, physicians and surgeons are not likely to discard it, at least in their physical and physiological experiments and researches. If Dr. Pavy continue his inquiry into the quantity of sugar formed in the animal system, or Dr. Smith into that of carbonic acid exhaled in respiration, (see Proceedings of the Royal Society, Nos. 32 and 34,) he will assuredly give the result in the present grains. It appears then that if the value of the grain be altered, we shall have in use two weights of the same name but of different values; and forming the commencement, or first term, of three series of weights—two used in pharmacy, and one in chemical physiology; surely this will be productive, not only as you state, of "much present inconvenience," but of great and lasting confusion.

July 12, 1859. I am, &c. J. D.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, July 5, 1859.

F. C. Skey, Esq. President, in the Chair.

A Paper by Henry William Fuller, M.D., Cantab. F.R.C.P.L., was read,

ON THE ADMINISTRATION OF BELLADONNA, AND ON CERTAIN CAUSES WHICH MODIFY ITS ACTION.

The Author was led to the inquiries which form the subject of this paper by observing the remarkable tolerance of belladonna exhibited by a child, a patient in St. George's Hospital, to whom he was administering it as a remedy for chorea. Fancying that the tolerance of the drug observed in the case in question might be attributable either to imperfection of the extract or to the modifying influence of the choreic spasms, he obtained other extracts of belladonna from Apothecaries'. Hall, from Squire's, and from Jacob Bell's, in Oxford-street, and administered it, dissolved in water, to ten other choreic patients in the Hospital. In a twelfth case he administered atropine, obtained from Morson's, in Southampton-row. The result was in all cases the same—namely, extraordinary tolerance of the remedy, with a varying but not very satisfactory, effect as regards the subjugation of the choreic spasm—the tolerance of the drug being so great that one girl, aged ten, took seventy grains of the extract of belladonna daily, and a total amount of 1019 grains, or rather more than two ounces, in twenty-six days; whilst the child, aged fourteen, to whom the atropine was administered, took no less than thirty-seven grains in eighteen days. 1. The patients were all pale whilst taking the larger doses of the drug; and, in no instance, was there any feverish heat, or any rash or erythematous blush on the skin. 2. There was great weakness of the pulse in all the cases, and, in some, considerable quickness. 3. The urine was generally clear and acid, but scanty, and of high specific gravity, varying from 1024 to 1036. In three cases it frequently contained a copious deposit of crystallised lithic acid; and, in three other cases, it was usually loaded with lithates. In one case, for the space of a few hours, whilst the patient was under the toxical influence of the drug, it became ammoniacal almost as soon as voided. 4. In one case some difficulty was experienced in voiding the urine; but this was not observed in any other case. This difficulty passed off when the belladonna was omitted. 5. The tongue was always moist, but unusually red whilst the larger doses of belladonna were being taken, and the redness passed off when the drug was omitted. 6. The remedy did not, in any instance, exert a constipating effect; on the contrary, it appeared to prove aperient. An occasional purge was required only in three cases. 7. In five cases it ultimately gave rise to sickness and diarrhœa; but in every instance, save one, the choreic spasms had almost wholly ceased, and, in the exceptional case alluded to, had greatly subsided before those symptoms were produced. Whenever bowel symptoms occurred, mere omission of the medicine sufficed to cause their cessation. Did the existence of spasm counteract the influence of the drug and prevent their occurrence? 8. Dilatation of the pupils was very uncertain. In almost every instance the pupils were large before the administration of the medicine was commenced, and they invariably became dilated soon after a dose of the medicine was taken. The dilatation, however, was not to the degree observed when a solution of belladonna is dropped into the eye, and, in most of the cases, it passed off before another dose of the medicine was due. Its ordinary duration was about two hours and a half. In one case, excessive dilatation occurred for a few hours coincidently with the occurrence of sickness and purging. In two cases considerable dilatation was pretty constant; in one case it was seldom great. 9. In two instances only did the slightest indistinctness of vision occur. In one of these it was observed only on three occasions, and then only to a slight degree, and was not accompanied by dryness of the throat, headache, or any impairment of the mental faculties; in the other, it took place more frequently, and, strange to say, was most complained of when the pupils were of their natural size, and were contracting freely under the stimulus of light. It was not attended by delirium, nor by any indication of the action of belladonna, and the administration of an additional quantity of the drug was almost invariably followed by its removal. 10. The drug did not, in any case, produce the slightest narcotic effect; and, in one case, it failed utterly as an anodyne. 11. In no instance was there any evidence of its accumulation in the system. 12. The tolerance of the drug was not in proportion to the severity of the choreic spasms. In Case 2, in which fourteen grains of the extract, daily, occasioned sickness and purging, the spasms were more severe than in Case 11, in which seventy grains were taken daily without disturbance of the stomach and bowels. 13. The curative effect of the drug was very uncertain. In seven cases its action appeared to be decidedly curative, but in two cases it failed to exercise the slightest control over the spasms; and in the other three cases, it is doubtful whether the improvement ought to be attributed to its action. Being desirous of ascertaining whether the tolerance of the drug was due to its decomposition in the stomach, or to its non-absorption, the author submitted to Dr. Marcet and Mr. Kesteven for examination some of the urine voided by a patient in Roseberry Ward, who at the time was taking sixty-four grains of the extract of belladonna daily. The former extracted atropine enough from three ounces of the urine to kill two white mice, and narcotise several others. The latter, from two ounces of the urine, obtained sufficient to produce dilatation of a cat's eye, to afford the beautiful filamentous crystals of atropine now laid before the Society, and to give the reactions which atropine yields with iodine water, tannic acid, chloride of gold and sulphuric acid, and bichromate of potash. The fæces also, on being analysed by Dr. Marcet, yielded abundance of atropine. Thus, then, up to this point, five facts appeared proved:—1st. That in cases of chorea extraordinarily large doses of belladonna and atropine are tolerated. 2nd. That the drug is absorbed into the blood, and therefore that the tolerance of it is not attributable to its non-absorption, nor to its being decomposed in the stomach. 3rd. That it does not accumulate in the blood, but passes out of the system with the urine and fæces, and probably with the other excretions. 4th. That it does not exercise that amount of control over the choreic spasms which would have been expected from the readiness with which it is tolerated by the system. 5th. That the tolerance of the remedy is not in proportion to the severity of the choreic symptoms. The question, therefore, arose as to whether the existence of chorea had any part in producing tolerance of the drug, or whether that tolerance may not have been due to some other circumstances? With the view of determining this point, the author administered the extract of belladonna to two convalescent children, whom he kept in the hospital for the purpose. To the one, aged seven, he ultimately gave thirteen grains of the extract daily, and to the other, aged ten, twenty-eight grains daily, without producing dryness of the tongue or fauces, or any symptom indicative of the action of belladonna beyond some temporary dilatation of the pupils. With the view of having the matter tested with children on a larger scale than is possible at St. George's Hospital, the author requested a friend who is attached to a large public institution for children to administer it cautiously in gradually increasing doses. Accordingly to eleven children, varying in age from three to six, one-eighth of a grain of the extract in solution was administered three times a day, and the dose was increased in the course of six days to half a grain thrice daily. To four other children, from eight to twelve years of age, a quarter of a grain of the extract was given, and the dose was increased in the course of six days up to one grain three times daily. These children were all in good health; the dose was gradually increased, and dilatation of the pupil was the only effect produced. To seven other children, between five and seven years of age, he began by giving one-third of a grain twice a day, and continued it for three days without perceiving any effect from its administration beyond slight dilatation of the pupil. He then prescribed two-thirds of a grain twice a day; but by mistake one grain and a third was given at a dose. The result of this large and sudden increase was that the children were all seized with sickness and vomiting; some of them had diarrhœa, and one of them had the violent

uncontrollable delirium characteristic of belladonna. Stimulants were at once administered, the belladonna was omitted, and on the following day the toxical effects of the drug had passed off, and the children were perfectly well. To adults the author administered the drug in pills and in solution, and he found that, however given, very small doses usually produce dryness of the tongue and fauces; that two grains daily will often excite vertigo and dizziness, and that it is not possible to establish a tolerance of the larger doses as in children. He was thus led to the conclusion that: 1st. The tolerance of belladonna is not attributable to the counteracting influence of choreic spasms, but is in some way connected with the age of the patient. 2ndly. That a much larger dose than is usually prescribed is well borne from the first by children of tender years. 3rdly. That in children, though not so in adults, a tolerance of the remedy is speedily established, so that the dose may be safely increased, rapidly, but gradually. 4thly. That special care should be taken in apportioning the dose to the age of the patient, and in not increasing the dose too rapidly, inasmuch as the usual toxical effects of the drug will be produced if too large a dose be given before a sufficient tolerance of the drug has been established. 5thly. That the milder toxieal effects produced by the drug are of little importance, and subside without remedies as soon as the administration of the medicine is discontinued. 6thly. That adults cannot tolerate the doses of the drug which can be taken with impunity by children. The extraordinary difference in the tolerance of the drug observed at different periods of life, the author remarks, may be explicable by the medicine passing off with the urine, as also, probably, with the other excretions, more rapidly in childhood than in adult life; and he concludes his paper by the following suggestions: 1st. That inasmuch as belladonna is admitted to be productive of signal benefit in hooping-cough, even in the minute doses in which it has been hitherto administered, it is probable that a corresponding increase of benefit would result from the larger doses, which it is now proved may be safely prescribed under certain restrictions. 2ndly. That it deserves a trial in epilepsy, laryngismus, stridulus, and other spasmodic affections. 3rdly. That combining as it does antispasmodic, sedative, and slightly purgative properties, it may be productive of relief in certain cases of dyspepsia connected with infra-mammary pain, flatus, and spasms in the abdomen. 4thly. That inasmuch as it exercises a remarkable power in controlling spermatorrhœa and incontinence of urine, and the experiments recorded in this paper prove that it is excreted with the urine, it is highly probable that its curative action in such cases may be due in great measure to its topical effect, and if so, that it might be applied locally with advantage.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, July 6, 1859.

Dr. Rigby, President, in the Chair.

Eleven Fellows were elected. Five gentlemen were also proposed as candidates for admission into the Society, who will be balloted for at the next meeting of the Fellows, on the 5th of October.

A paper by Dr. R. U. West was read on

A FATAL CASE OF PUERPERAL PERITONITIS, COMPLICATED WITH CYSTIC DISEASE OF THE LEFT OVARY.

The author was sent for on Friday, the 4th of March last, to see a patient who had been delivered, after an easy and rapid labour, three days previously, and who was said to be dangerously ill with inflammation. On his arrival, he found the woman suffering from distension, with excessive pain and tenderness, of the abdomen, so that percussion could not be borne; the tongue was white and slimy; pulse 140, very small and weak; there was headache, with delirium; and the countenance was wild and expressive of pain. It is also noted that there was milk in the breats, that the lochia were checked, and that she had had a rigor the previous day. The following prognosis was made:—"She will die next Tuesday." She was ordered a saline purgative, some calomel and opium, with fomentations, etc., and subsequently ammonia and wine. On Monday evening, March 7, she died. At the post-mortem examination, which was made on the following afternoon, a large ovarian cyst was found, the walls of which were black and gangrenous; the peritoneal coat of the small intestines was also seen to be in a similar condition. The paper concluded with a few general observations to show that this was a case of puerperal peritonitis, commencing about the third day after labour, and involving chiefly the peritoneal covering of an old-standing ovarian cyst. It was also remarked, that this is not the first case of fatal puerperal fever in which Dr. West has seen the milk continue in the breasts until death; and hence, though this is an exceptional occurrence, still we must not rely too much on it as constituting a favourable symptom. A discussion followed, in which Dr. Tanner, Mr. Ballard, and Dr. Routh took part. It was thought that, examining the facts as detailed, there was no evidence to prove that the case was not one of simple inflammation of an ovarian cyst instead of puerperal fever; while the prognosis which was given appeared somewhat extraordinary.

A paper by Draper Mackinder, M.D., was read on

SUDDEN DEATH FROM OCCLUSION OF THE PULMONARY ARTERIES SEVENTEEN DAYS AFTER PARTURITION.

Two cases are detailed which have recently occurred in Dr. Mackinder's practice. In the first, the patient was thirty-two years of age, and had been delivered of her second child after a natural and easy labour. Seventeen days afterwards, while apparently in good health, she rose up convulsively, said she was choking, and died. On subsequently examining the body, a large, branching, fibrinous plug was found completely stopping up the right pulmonary artery and its immediate ramifications; while the entrance to the left pulmonary artery gave lodgment to a large and tolerably firm concretion. The heart was rather thin, and the lungs slightly congested; but there was no further trace of disease about the body. In the second instance, the patient had an easy labour, and, for a few days afterwards, all appeared to progress favourably, when she imprudently left her bed-room and exposed herself to cold. Shortly afterwards she was seized with difficulty of breathing, gasping, and cold clammy sweats, from which death relieved her in twenty minutes. Permission to make a post-mortem examination could not be obtained, and hence it could only be surmised that the fatal event was due to the plugging up of some important but smaller vessel than those found obliterated in the first example.

Dr. Grailly Hewitt stated that an elaborate essay on sudden death during the puerperal state had been recently published in the "Memoirs of the Imperial Academy of Medicine of Paris," but the author of that essay had not thrown any considerable light on the interesting question of the cause of death under these circumstances. The case of the Duchess de Nemours, who died from plugging of the pulmonary artery, would be in the recollection of the Fellows of the Society. From personal inspection of the clot, he was able to state that in that case the clot occupied the pulmonary artery and several of its ramifications, and was so firm that it could not have been formed subsequently to death. Respecting those cases in which sudden death during the puerperal state was connected with the presence of coagula in the pulmonary artery, he would hazard the following supposition as to the causes which lead to the coagulation:—The blood was so altered in the pregnant woman as to favour coagulation, in the first place; and in the second place, the maintenance of the recumbent position usually rigidly enforced by the Medical attendant during several days after labour, favoured the stagnation of the blood in the heart and chest. It was not unreasonable to suppose that these circumstances had much to do with the occurrence of this fatal accident.

Dr. Priestley recommended that in all cases of sudden death from occlusion of the pulmonary artery, an attempt should be made not only to give an accurate account of the thoracic organs, but also of the condition of the uterus and appendages, more especially of the bloodvessels and lymphatics. The researches of Virchow on this subject had conclusively shown the connexion between emboli formed in the uterine veins, and plugs found in pulmonary arteries the

value of reports on such cases would therefore be greatly enhanced if the investigation were carried further than the immediate seat of obstruction. He thought it not improbable that in chloroanæmic conditions of the system, when there is an increase of fibrin in the blood, a very small amount of acrid material generated in or near the uterus, and added to the blood circulating in the vessels, might cause deposition of the fibrin, and consequent occlusion of the vessels.

A paper by W. O. Priestley, M.D. etc. was read on

A CASE OF LABOUR COMPLICATED WITH FIBROUS TUMOUR OF THE UTERUS;

DELIVERY BY LONG FORCEPS, ETC.

The author stated that in 1858 he had been consulted by the wife of a professional friend, who was suffering from menorrhagia, and to whom he recommended a plan of general treatment in the first instance; but no improvement taking place, the cervix uteri was dilated by sponge-tents, and a cluster of vesicular polypi removed. No fibrous tumour or large polypus existed at the time, but an irregular nodule, about the size of a hazel-nut, projected into the uterine cavity at the junction of the cervix with the body of the organ. The lady soon afterwards became pregnant; and when labour supervened, the first stage was obstructed by the presence of a flattened mass in the lower segment of the uterus, which turned out to be a fibrous tumour, four inches in diameter, and more than an inch in thickness, situated exactly where the fibrous nodule had been discovered before pregnancy. The effect on the labour was to prevent the head descending on the os uteri, the entire uterus, with its contents, sinking low in the pelvis, and becoming impacted there. Turning was considered impracticable, but the dilatable condition of the os uteri allowed the use of the long forceps, and delivery was thus effected without injury to the mother—a living child being produced. Subsequently, during the involution of the uterus, the tumour was enucleated, and hung out of the uterus into the vagina. During this process, the constitutional irritation and local pain were so great that it was found advisable to remove the tumour. This was done by the écraseur on the fourteenth day after delivery, and so much bleeding followed as to necessitate the use of the plug. Ultimately, the patient made a favourable recovery. The author believed the hæmorrhage might have been less, after the removal of the tumour, had the écraseur been used less rapidly.

Papers by Dr. Clay were read, on

A CASE OF SPONTANEOUS RUPTURE OF AN OVARIAN SAC EXISTING WITH PREGNANCY, AND ITS SUCCESSFUL TERMINATION,

AND

A CASE OF SUPPOSED ABSENCE OF UTERUS AND OVARIES.

The titles of these papers sufficiently indicate their nature. With regard to the latter,

Dr. Rigby stated that he had met, in the course of his life, with several cases of deficient or absent uterus. He had described two or three in the early numbers of the *Medical Times*, as illustrations of one form of amenorrhœa, the patients never having menstruated. Some of these cases were accompanied with a defective or closed state of the vagina; in others, there was merely a short vaginal canal, at the upper extremity of which a small nodular body pointed out the presence of a rudimentary uterus; in others, no trace of a uterus could be detected. In one case of a married woman, where menstruation was regular, the vaginal walls were merely adherent throughout their whole length. He fixed a globular sponge tent firmly between the labia by means of a T-bandage, and having produced a slight separation, was enabled to continue it up to the extremity of the canal, where a healthy uterus was found.

In answer to a question from Dr. Tanner, as to what had been the success of operations in such cases, he (Dr. Rigby) regretted that in the case just alluded to the patient returned immediately into the country, and he had heard nothing more of her. He remembered an extremely interesting case, occurring some years ago, at St. Bartholomew's Hospital. A young girl, seventeen years of age, had well-marked molimina menstrualis, but no catamenial discharge appeared. As these periodical attacks became more and more severe, with great constitutional disturbance, she came into the Hospital. A congenital abnormal state of parts was found. The vagina formed an irregular bifid canal, without any os or cervix uteri. On further examination, it was found that the posterior wall of the bladder, at its lower half, was wanting, so that the vagina and bladder formed one cavity, divided at its upper portion by a crescentic septum. Behind the vagina, a hard, globular mass could be felt, which was punctured so as to permit of the escape of some retained menstrual fluid. Unfortunately, the puncture healed, and the patient left the Hospital.

A paper by Edward Rigby, M.D. was read, on

TWO CASES OF CRANIAL BLOOD-SWELLING, WITH REMARKS ON THE NATURE OF THESE TUMOURS.

After relating the histories of two examples, the author proceeds to show that these cases are not unfrequently mistaken for hernia cerebri, an exceedingly rare and dangerous malformation, and which never occurs on the parietal bone, but always over a fontanelle or a suture. On opening these cranial blood-swellings, they are found filled with dark, semi-fluid blood, beneath which the bone is healthy. The collection of blood is usually beneath the scalp and tendinous aponeurosis of the occipito-frontalis muscle, the bone being covered by its pericranium. Sometimes, though more rarely, the pericranium itself is elevated by the collection of sanguineous fluid; and besides these two forms, other modifications of cranial blood-swelling have been described, but if they really do occur, they are of exceeding rarity. Great misapprehension has been entertained by several authors respecting the progress of these tumours. Thus, it has been stated that much constitutional disturbance would be set up if this accumulation of blood were allowed to remain; that it would become putrid; that fever would result; that there would be danger of ulceration, sloughing, etc. Hence it has been recommended to open these swellings, and evacuate their contents at an early period, before these changes could occur. But the success of these modes of treatment has been anything but encouraging, and hence Dr. Rigby advises that the practice of Professor Naëgelé should be followed. This consists literally in doing nothing. As long as the infant remains healthy, the effusion will gradually be absorbed, so that by the time the child is a month old the tumour will have entirely disappeared.

Spontaneous Generation Theories still hold their Ground in Paris.—M. Doyère has invented an apparatus which by the aid of sulphuric acid will purge the air of all organised germs. If in such air organic germs arise, then, he says, spontaneous generation is a fact, but if not, still this does not prove that spontaneous generation is a chimera; "it may perhaps only prove, that organic matter in order to become organised and take life spontaneously must not previously undergo this cooking process."

Trial for the Administration of Strychnia in place of Santonine.—This trial has excited great attention at Limbourg, and indeed over the whole of Belgium. A Dr. Simons, of Alken, was called to a child suffering from worms, and administered some santonine, which he, being also a *pharmacien*, kept in his own dispensatory. The child, 7 years old, died in a few hours after the first powder, amidst horrible convulsions. Dr. Simons, Degheest, (a druggist at Brussels who had supplied medicines to Dr. Simons,) and the druggist's shopman, were charged before the tribunal with the child's death. Analysis showed that the bottle sent a few days before by Degheest to Simons contained one part of santonine, and five parts of strychnia. Degheest denied that it left his shop in that state, and Simons maintained that he had received it just as he used it; and that country practitioners had neither time, skill, or means to chemically examine the preparations sent by their druggists as the law orders them to do. Simons received a high character for great care, and his dispensatory was in most excellent order; while Degheest's shop was in a state of disgraceful confusion. The court sentenced Degheest to a month's imprisonment, 200 francs fine, and half the expenses; his shopman to a fortnight's imprisonment, 100 francs fine, and a fourth of the expenses; and Simons to 50 francs fine, and a quarter of the expenses. The two latter have appealed.

PARLIAMENTARY INTELLIGENCE.

PUBLIC HEALTH BILL.

Mr. T. Duncombe inquired whether it was intended to proceed with this Bill without giving an opportunity of discussing it, the Bill had only been introduced on the 4th of July, and stood for a third reading this evening?

Sir G. Lewis said the reason why the Bill had been pressed on was, he believed, because the commission would expire on the 1st of August, and if it was to be renewed the Bill must be passed at once.

Mr. T. Duncombe thought a continuance Bill for one year would be sufficient; so that the subject might be discussed next year.

THE INDIAN MEDALS.—ARMY MEDICAL OFFICERS.

Captain L. Vernon asked the Secretary of State for War whether he would recommend that the clause No. 12 of the Commissariat Warrant be extended to the Medical Officers' Army Warrant, whereby a Medical officer after twenty years' meritorious service, if pronounced by a Medical Board as permanently unfit for service, either mentally or physically, may be allowed to be placed on the permanent retired list. He also wished to ask the Secretary for War when the medals would be issued which it was understood would be granted for the achievements of the army in India.

Mr. S. Herbert replied that as to the medals, as soon as it was decided for what operations they should be granted, instructions were sent out to Lord Clyde to furnish lists, which had not yet been received. With regard to the commissariat and Medical officers, he believed that both services had been treated according to a just appreciation of their services, and he was not prepared to say that the particular rewards given to one should be extended to the other.

THE PUBLIC HEALTH BILL

passed its third reading on the 19th inst. Endeavours have been made to raise an opposition to it on grounds which are destitute of all truth. It is represented as being a Bill for making vaccination compulsory and saddling parishes with the expense. It neither does, nor can do, either. The Act of 1853 (16 & 17 Vic. c. 100) did both. This Bill is to authorise the Privy Council to give such directions to public vaccinators appointed under that Act as shall insure that the vaccination shall not be paid for unless it is properly performed. It is compulsory only to that extent, and exclusively in favour of those who are already bound to submit to compulsory vaccination, and those who are already bound to pay for its being performed. The Bill will authorise the Privy Council to have inquiries and reports made on the causes of disease, where the percentage of deaths is above the proper average, or other reasons for investigation exist; but neither the Privy Council nor any other authority will be empowered to make any order, however desirable, consequent on any such report. What will be obtained will be publicity, and only that moral compulsion to do something to mitigate local or other evils which publicity may impose.

On the 19th inst. Mr. Whiteside obtained leave to bring in a Bill to amend the Medical Acts 21 & 22 Vic. c. 9, and 22 Vic. c. 21.

THE RIVER THAMES.

Sir G. C. Lewis, in moving for leave to bring in a Bill to extend the powers of the Conservators of the River Thames, said the object was one which would be approved by the House,—viz. to assist in the purification of the river Thames. He was afraid, however, it would be of a very limited extent. The Conservators had represented to him that certain of their powers were deficient with respect to preventing the conveyance of impurities into the river, and he proposed to bring in a short Bill to supply that defect.

The motion was agreed to.

In reply to Sir J. Paxton, Mr. S. Herbert said that Netley Hospital was being proceeded with, and was in an advanced stage. He had originally been opposed to the selection of this site, and to the arrangement of the Hospital, but the opinion of the scientific men who were consulted having been adverse to his, he had withdrawn his opposition, and he should be very glad if it turned out that he was wrong and they were right.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on Friday, the 15th inst. Dr. John Langdon Haydon Down, of Earlswood, Reigate, was admitted a Licentiate of the College under the recent temporary Bye Laws.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 15th inst:—

Adams, Matthew A., Margate.
Agar, Frederick, Royal Navy.
Arminson, John, Preston, Lancashire.
Annandale, Thomas, Newcastle-on-Tyne.
Barrett, Alfred E., Eton, Bucks.
Barrow, Edward S., Demerara.
Bracey, Charles J., Birmingham.
Catt, Alfred, Brighton.
Davis, George H., London.
Davies, John S., Oswestry.
French, John G., Ballygar, county of Galway.
Glasier, George W., Lincoln.
Harris, William J., Worthing.
Hodgson, James B., Preston.
Holman, Thomas, East Hothley, Sussex.
Lovegrove, Charles, Maidenhead.
Menzies, James I., Upper Stamford-street.
Reed, Samuel C. Hemel Hempstead.
Steele, James, Lancaster.
Stothard, John M., Dublin.
Tayler, Herbert, Lywardreath, Cornwall.
Withers, Frederick J., Tetbury.

Also on the 18th inst.:—

Bamfield, Samuel, Falmouth.
Barnes, William E. G., Newbury, Berkshire.
Blenkinsop, William H. East Indies.
Bolt, Robert A., Looe, Cornwall.
Charlton, Egbert, Tunbridge.
Cocks, Benjamin, Tamworth.
Cooper, George F., Caversham, Reading.
Davey, Edward M., Sawston, Cambridgeshire.
Fox, Charles H., Brislington, Somerset.
Fuller, William F., Bridgewater, Somerset.
Hammond, Charles, Southampton.
Hide, John, Brighton.
Hill, John D., Brentford.
Istance, Richard, Carmarthen.
Mead, Henry T. H., Canterbury.
M'Gowan, Samuel A., Belfast.
Moore, David, Royal Navy.
Pembrey, Thomas, Overton, Flintshire.
Rowbotham, William, Woolwich.
Samon, William T., Canada West.
Smith, Seth, West Deeping, Lincolnshire.
Thompson, Abraham, Gosforth, Cumberland.
Webster, Frederick R. St. Albans.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 14, 1859:—

Lee, John, Ashbourne, Derbyshire.
Mann, David, New Wortley, Leeds.
Martin, Timothy Henry, Merthyr Tydvil.
Moreton, Thomas, Marton-hall, Cheshire.
Trotter, Charles Hardy, Colcford, Gloucestershire.

The following gentlemen also, on the same day, passed their first examination:—

Baker, Thomas Young, Hargrave, Northamptonshire.
Burrell, Lionell, Westley, Bury St. Edmunds.
Cann, Francis Mark, Trinity-terrace, Boro'.
Dawson, William Henry, Exeter.
Firth, J. T. Forbes, Cherry-garden-street, Bermondsey.
George, Ambroze Brooke, Liverpool-road Infirmary.
Gimson, William Gimson, Walton, Leicestershire.
Marsh, T. Henry, Upton-on-Severn, Worcestershire.

Morris, Isaac, The Cliffe, Lewes, Sussex.
Orton, George, Belle Vue, Coleorton.
Park, William, Ulverstone, Lancashire.
Woodman, John, Bedford-circus, Exeter.

APPOINTMENT.

Royal College of Surgeons.—At a meeting of the Council of the College on the 14th inst., Mr. James Moncrieff Arnott, F.R.S., was elected President; and Messrs. John Flint South, of St. Thomas's Hospital, and Cæsar Henry Hawkins, F.R.S., of St. George's Hospital, were elected Vice-Presidents of the College for the ensuing year. This is the second occasion in which these honours have been respectively conferred on the gentlemen in question. On the same occasion, Mr. John Hilton, F.R.S., Surgeon to Guy's Hospital, was elected the Professor of Surgery, in the vacancy occasioned by the resignation or Professor Hewett; and Mr. William Scovell Saovory, F.R.S., of St. Bartholomew's Hospital, was elected Professor of Comparative Anatomy and Physiology in the vacancy occasioned by the resignation of Professor Busk.

DEATHS.

Davey.—On the 9th inst. at Niee, Appes-Maritimes, Robert Davey, M.R.C.S.L., formerly of Keppel-street, Russell-square.

Edwards.—On the 29th May last, at Wolverhampt o George Edwards, F.R.C.S., aged 51.

Harmer.—On the 5th inst. at Wrentham, Suffolk, Alfred Harmer, M.R.C.S., aged 45.

Mantell.—On the 12th inst. at his residenee, Green-park, Bath, George Mantell, M.D., late of Faringdon, Berks, aged 76.

Pring.—"Last week, died of paralysis, at the age of 70, Dr. Daniel Pring, a voluminous writer on physiology and the philosophy of life. He was born in Taunton, but settled in Bath as a Physician, where he remained for thirty years, one of its most distinguished literary and seientifie illustrations. In 1813 he published his first work on the Absorbents. In the same year he gained the Jaekson prize, for his 'View of the Relations of the Nervous System in Health and Disease.' Six years afterwards he produced his 'General Medieations,' which relate to the laws of organie life—considered his principal contribution to Medical philosophy. Many other works flowed from his pen; and he has left behind him several ready for the press, but with an instruction to his exeeutors that they are all to be put in the fire."—*Athenæum.*

Sinclair.—On the 16th inst. at York-street, Portman-square, Jeffery Amherst Sinclair, late member of the Medical Board, Bombay.

Wise.—In June last, at Norton, Thomas Wise, M.R.C.S., aged 39.

The Charing Cross Hospital, on the 19th instant, held its thirty-eighth annual meeting.

One of the crowned heads of Europe, the Queen of Portugal, died on the 16th instant from sore-throat.

The Soirée of the Royal College of Physicians of London is fixed to come off on the 3rd August.

The Statue of Jenner, erected by national subseription, has just been exposed to view before the Louvre, facing the Pont des Arts. It is a work due to the chisel of M. Paul.

Pleuritic Friction Sounds.—M. Trousseau, at the Hospital Medical Society of Paris, has called in question the existence of such sounds! After this, well may a man ask: What is a fact in Medicine?

Pathology of Thymus Gland.—According to M. Friedleben:—1. The thymus gland, neither in its normal nor in its hypertrophied state, suffers any turgeseence except after food; there is no such thing as a hyperæmia and periodical turgescence. 2. It never interferes with respiration or circulation either in its normal or in its hypertrophied state; nor ean it compress the respiratory nerves, nor does it in either of these states interfere with the cerebral circulation, or the innervation of the muscles of the glottis. There is no such thing as a thymic asthma.

The Irish Court.—The following appointments have been made by the Lord-Lieutenant:—Physicians in Ordinary, Dr. John Banks, Dr. John Hughes; Surgeon to Household, James S. Hughes. M.D.; Surgeon in Ordinary, G. W. Hatchell, M.D.

L'Hospice des Enfants-Trouvés of Paris, has changed its title, and not for the first time. In letters of gold on a marble slab, we now read "Hospice des Enfants Assistés." After 1848, the name was likewise altered, under the auspices of Dr. Thierry; the inspiration of that day caused him to christen it: "Hospiees des Enfants de la Patrie."

Wounded at Genoa.—A correspondent writes:—"The wounded are beginning to show in the streets of Genoa now as convalescent; but, poor fellows, very different from the light-hearted soldiers that passed through the town two months ago. One man I saw on crutehes had had his right kneeeap hurt by a ball which had broken his left leg, so that he might as well have had a couple of broomstieks as his lower limbs, which were quite stiff and unbendable. Men with their arms or hands bandaged, or limping along stick in hand, are common enough. They are pale as ghosts, and quiet, losing their national gaiety with their blood."

Hunter's Statue.—The profession will be glad to hear that at the last meeting of the Hunter Statue Committee it was reported that the subscriptions already received amounted to £1082 15s.; whereupon it was resolved that, after payment for the statue (whieh is to be of marble and to be placed in the College) the surplus of the subscriptions that may accrue and any further funds that may be eontributed for that speeial purpose, be devoted to the endowment of one or more scholarships of comparative anatomy, thus meeting the objections of some members of the profession to the money being altogether expended on a statue, who will now, no doubt, contribute to so laudable an objeet as a Hunterian scholarship.

A Hint for Dr. Horace Green.—M. Griesinger, Professor at Tubingen, has been making experiments with injections thrown into the trachea. To prove that the catheter was really in the trachea the Profcssor placed a flame at the open end of eatheter, and found that, during inspiration, the flame was drawn in, and blown away during expiration. It was observed, however, that the injeetions, acetate of lead, nitrate of silver, and sulphate of iron, sometimes produced a sensation of heat at the epigastrium, and diarrhœa. This indueed another experiment. An œsophageau tube was passed into the stomach, and the very same effects were produced, through it, upon the flame presented at its open end! Is it not possible that the *bronchial* injections of other experiments have occasionally passed, like some of the learned Professor's, into the stomach instead of the lungs of the patient?

Glycogene.—M. Bernard has established the fact that glycogenous matter appears in the very earliest periods of embryonic life, and that it is localised before the development of the liver in the placenta, or in some other of the appended and temporary organs of the fœtus. He has also shown that at this period of progress in the organisation, glycogenous matter is found spread through all parts of the fœtus; and that, whatever ideas we may hold of its diffusion, we constantly meet with it in the embryonic tissues during a certain period of their development. From this eonstancy and universality, Mr. Bernard suggests that glycogenous matter is very probably both in animals and vegetables one of the principal constituents of the protoplasma, in whieh the organic evolutions are accomplished. M. Bernard ingeniously supposes that there exists a relation between the office performed by the glycogenous matter in the fœtus and in the adult. In the fœtus this matter serves for the development of the organs; in the adult, it supports them.

The Wounded in Lombardy.—The following is an extract from a letter, dated Brescia, July 15:—"The weather still continues intensely hot, and is really becoming almost insupportable; even the Italians themselves suffer, and declare it to be the hottest season within their remembrance. The unfortunate wounded who still crowd the Hospitals die off in great numbers, unable with their weakened frames to withstand the aggravated forms which their wounds assume in consequence of the heat. Sad to say, many of the ladies and nurses have also fallen victims to their devotion to the suf-

ferers, having contracted the Hospital typhus, which is now lurking about, whilst engaged in the trying duties they have voluntarily imposed upon themselves. It may not be so generally known that two or three of our countrywomen have actively assisted in this work of charity; and one in particular, whose name I may not mention, will long be remembered for the good she bestowed upon the wounded at Decenzano. These little traits are pleasant to record; they stand out so brightly in their own true colours, on that darker surface created by man's vanity and wretched ambition."

House Drainage into Wells.—The magistrates of Essex have lately recovered a verdict against the proprietor of some cottages erected near the Lunatic Asylum of Chelmsford, because he had sunk a cesspool to receive the drainage of those cottages, in such a position as to affect the waters of the well of the Asylum. The principle involved in this case may have a very wide application; for there are are many cities in England wherein the sewerage, as we very incorrectly apply the term at the present day, or rather the removal of house drainage, is effected by means of absorbing, or dead wells. If in such cases the waters of any existing wells should be injured by the construction of new cesspools, it would seem to follow, from the decision in the case we refer to, that the proprietors of the wells would have ground of action against the sinkers of the cesspools; and thus compulsorily the towns referred to would be compelled to execute a system of sewers. At every turn, then, this great question of town refuse meets us; and most urgently does it clamour for solution.—*Journal of Gas Lighting.*

Thymus Gland.—Analysis of M. Friedleben's work on this gland. Anatomy: 1. The thymus is a gland without any external duct; it is composed of an infinite number of lobules, each one consisting of closed follicles, united together by a very fine cellular tissue. 2. Its nerves are the nerves of its vessels, and proceed from the ganglions of the sympathetic. 3. The thymus has no free cavities; what have been taken for cavities are interlobular intersections. 4. It contains a secretion composed of a clear transparent fluid, holding innumerable round nucleoli in suspension, mixed with some cells. 5. The nucleoli pass directly into the veins of the thymuo. 6. The follicles of the thymus continually perish and are renewed; the bodies which have been called concentric are only follicles during their metamorphosis. 7. The thymus increases continually from its embryonic origin up to the age of puberty; but its increrse is relatively less than that of the body. Between the ages of fifteen and twenty-five it remains stationary. It begins to diminish in volume at the end of this period, rapidly decreasing in adult life. After this period the thymus is rarely met with; and only in the form of fatty tissue.

Emboli.—The following conclusions respecting the obstructions of vessels by solid bodies or fibrinous concretions, are well drawn up by Professor Schützembergen:—1. Fibrinous concretions or solid bodies formed in the heart or great vessels, may be detached from their seat, carried along in the current of blood, and so obstruct different secondary branches of the vascular system. 2. This fact is neither absolutely rare nor exceptional; it constitutes a special and very peculiar affection of the arteries, which has been called by Virchow, "Emboli." 3. This affection was for a long time misunderstood; is now shown to exist both by scientific induction, and by clinical and microscopic observation. 4. It has been observed as a consequence of gangrenous inflammation of the pulmonary veins; of organic affections of left side of the heart; and of atheromatous degeneration of the large arterial trunks. 5. Its most frequent cause is derived from fibrinous or calcarious concretions, and polypoid excrescences developed on the mitral valve, and carried along in the current of blood. 6. When the patient does not succumb under a first attack, another generally follows. Thus the attacks are multiplied. 7. The arteries most frequently found affected are:—the Sylvian artery, the internal carotid, the arteries of the upper and lower extremities, the splenic, renal, external carotid, and mesenteric. 8. The obstruction ordinarily occurs at contracted points of the arteries. 9. If in consequence of the obstruction, a collateral circulation is established, only temporary disturbance is produced. 10. But if no collateral circulation is established, then follow organic alterations, mortifications, and gangrene, dry or humid, partial or general. 11. In the parenchymatous organs the obstruction of the arterial branches produces sanguinary or circumscribed fibrinous infarctus. 12. In the brain, the infarctus usually occasions yellow softening. 13. In the spleen and in the kidney, the infarctus produces a special lesion, exactly circumscribed, ordinarily of a conical shape, varying in colour according to its age, and often denser than the rest of the parenchyma. 14. Emboli in the cerebral arteries produce functional disturbances analogous to an attack of apoplexy. The symptoms do not differ from those of cerebral hæmorrhage, or acute softening.

The Reverse side of the Picture of Glorious War, as Taken from Life. "Ghastly indeed is the sight of mangled corpses, mutilated soldiers, torn accoutrements, and broken arms; hideous to see the dead dragged in hundreds to a common grave,—the wounded, groaning and faint, removed. Painful is the sight of a military hospital, where, side by side, lie the dead, the dying, and the convalescent; here in a corner, shrouded by a coverlet, is one whose soul has already passed away; next him a pale wan soldier raises himself on a straw pallet and asks for water; next him a tall bronzed soldier, whose head is propped up on pillows, points to his recently amputated limb, and asks a kindly Sister of Charity, who with cheerful alacrity attends to all his wants, "Is not blood trickling from the stump?" The poor wretch has lost his leg, yet still he thinks he can move his toes! A wounded officer is near him, lying on his back; he has been shot through both shoulders; his last agony is close at hand. A servant whisks the flies from his face, which now works hard in the last convulsions. The chest heaves rapidly, the mouth mumbles, the under-jaw moves violently up and down, giving an unearthly grimace to the livid face, and presently all is over. Close by another sufferer with shattered limb, and next him again one whose life-blood is flowing from a wound in the body. Here a Sister of Charity hovers about the bed, bathing the wretched soldier's face with water, while a monk in the brown dress of the Franciscans is solemnly administering the last sacrament. The last moments of that man may be counted, but his fate excites little awe among the many who surround him. These are not severely hurt. Unaffected by the ghastly scenes around them they relate the incidents of the battle-field—tell you how they fell, and have a word to say as to why the day was lost, though had different orders been given it should have been won. Such are the scenes which meet the eye after a battle,—scenes which are repeated in every ward of a hospital, in which the actors are to be counted by thousands."

Alcoholic Fermentation.—The beautiful experiments of M. Pasteur on alcoholic fermentation, tend to show that this phenomenon is the direct consequence of a vital action. He has lately, in continuing his researches, discovered new facts which throw further light on the intimate causes of this wonderful phenomenon. Every one knows that a very little yeast is sufficient in order to cause a large quantity of sugar to undergo fermentation. When the quantity of yeast is increased, the transformation of sugar goes on rapidly. But when the quantity is increased to 50, 100, or 200 times the minimum quantity fixed in his previous experiments, remarkable results ensue. First of all the sugar disappears with surprising rapidity; and when it is entirely destroyed, the fermentation which (according to the purely chemical theory) ought to stop, still continues, carbonic acid is disengaged with great activity, and at the same time alcohol is formed! In this way the carbonic acid may reach to two or three times the volume that the sugar experimented with can furnish. How is such a result to be explained? Whence comes this invisible sugar, which even doubles in quantity after the first quantity is destroyed? Everyone will answer by referring to the beautiful researches of M. Payen: that the glycogenous matter is very probably the cellulose of the globules. And the fact has been verified by M. Pasteur. He has discovered that in order to transform into sugar more than 20 per cent. of its weight of dry yeast, it is only necessary to boil for a few hours ordinary yeast in a very diluted solution of sulphuric acid, as indicated by Pelouze. Hence it is distinctly proved that the yeast is organised, and that the increase of the sugar is intimately connected with the life of the globules; or, in other words, the physiological function of the globules of yeast—true living cells—is to give out carbonic acid, alcohol, glycerine, and succinic acid in the same measure as they themselves are produced, and

the different phases of their existence are accomplished. Is it not very possible that these investigations on fermentation and sugars may be destined some day to throw light on the function and uses of the glycogenous matter found in the animal economy, and of which we have heard so much in these latter days?—*Gaz. Médic.*

The Man Midwife, and the Royal Abortion.—The same Tuesday night, May 12th, 1629, about twelve of the clock, did Queen Mary fall in labour of her first child, and was delivered at Greenwich about four of the clock next morning, of a son, which lived about an hour, and was baptised by Dr. Wilson, one of the King's chaplains, and named Charles. He was born in the seventh month, near upon eight weeks before the due time, yet had nails and hair; and might in all probability have lived, had he not been turned in the womb, and so spoiled by the man midwife, in the very birth, whom the Queen was forced to use for her own safety. This mischief happened to the Queen and Royal babe in her return from London the day foregoing by water, where she had been at mass; for the boat she was in shooting the bridge, was suddenly lifted up so high with the water, as, in the swift and sudden falling again thereof, she was disseated, and fell down on the bottom of the boat; by which it was conceived the child was turned and dislocated in her womb.—*Life of Sir Simon D'Ewes.*

The Jacob Bell Memorial Fund.—At a special meeting of the Council of the Pharmaceutical Society, the following resolution was unanimously passed:—"Many members of the Pharmaceutical Society and friends of the late Mr. Jacob Bell having expressed a desire that some Monument or Testimonial should be erected to the memory of their late President and friend, as a proof of their high estimation of his disinterested exertions in promoting the advancement of Pharmaceutical knowledge, and in defending them from injurious legislation, the Council have resolved, that no more appropriate mode of accomplishing this object, nor one more in accordance with the expressed opinions and wishes of the man they desire to honour, could be adopted than the establishment by a general subscription, of Pharmaceutical scholarships, to be called 'The Bell Memorial Pharmaceutical scholarships,' which shall be awarded under suitable regulations, to industrious, well-conducted, and competent Registered Apprentices and Associates of the Pharmaceutical Society." It is hoped that such a sum will be subscribed as will ensure the establishment, not only of minor scholarships for young men less favoured by fortune than industry, but also one, at least for the advancement of high scientific attainments. Subscriptions in aid of this object are received by the Secretary, Mr. Bremridge, 17, Bloomsbury-square.

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 16, 1859.

BIRTHS.

Births of Boys, 891; Girls, 876; Total, 1767.
Average of 10 corresponding weeks, 1849–58, 1433·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	733	667	1400
Average of the ten years 1849–58	513·3	487·2	1000·5
Average corrected to increased population..	..	..	1100
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	36	15	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	9	2	3	42	3
North ..	490,396	5	4	10	4	5	61	14
Central ..	393,256	2	8	3	..	5	48	6
East	485,522	7	2	5	2	4	64	9
South ..	616,635	5	2	10	3	3	49	8
Total . ..	2,362,236	19	20	37	11	20	264	40

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·058 in.
Mean temperature	71·0
Highest point of thermometer	92·5
Lowest point of thermometer	52·1
Mean dew-point temperature	58·7
General direction of wind	
Whole amount of rain in the week	0·00
Amount of horizontal movement of air in the week.. ..	2 miles.

TO CORRESPONDENTS.

A Lecture by Dr. Simpson is in type, but we had not received the proof at the time of going to press.

X. Y. Z.—We cannot fortell the fate of Apothecaries' Hall.

No Sham will see that the subject is undergoing full discussion.

Fairplay had better ask the question of the Secretary of the College.

Dr. Wallace's letter on Religious Revivals is unsuitable to this Journal.

E.D.D.—If the name appears in the Register there is no necessity for a certificate.

A Subscriber.—Yes, but he cannot recover for medicines supplied to his patients.

Messrs. Mitchell.—We have already announced the fact that the Norwich Union now pays fees to the Medical referees of proposed insurers.

N.—It is not yet known when the proposed reduction in the stamp duty on the College Licences will be carried into effect. The additional fee to the Fellowship is under consideration.

Mr. Andrew.—The pretended extract from this Journal in praise of the *Private Medical Friend* is an impudent forgery. So far from praising such filthy books, we have always endeavoured to put the public on their guard against the impostors who live by exciting the fears of their victims.

V.S.—We have been informed that Mr. S. E. Smith, Surgeon to the so-called National Ear Institution, Pall-mall, was an "Oculist and Aurist,' selling a "Smith's Chrystalline Ointment," and advertising extensively in the North of England—but that some fifteen months ago he passed the College of Surgeons.

The Preservation of Leeches.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—To all who have to keep a stock of leeches the following singular information will prove valuable Some years ago, accidentally, the lid of a leech-jar was broken by me, which was of the same substance as the jar, viz., Staffordshire pottery, and for no purpose but to save the expense of purchasing a new jar, a tin lid, abundantly perforated with holes, was got for the old jar and from that time the deaths of the leeches have been marvellously few, insomuch, I should say, where we lost one hundred when the usual perforated pot lid was used, not two are lost by death now, and such has been the case, not for a few weeks, but for years.

Gateshead, July 19, 1859. I am, &c. Jos. Bell.

Mr. Todd's Chloroform Inhaler.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I suppose it is my inhaler that Dr. Kidd alludes to as having "figured" in the *Medical Times and Gazette.* I have not seen Dr. Kidd's inhaler, but I have seen Mr. Ferguson's, who emphatically denies that any similarity either in theory or construction exists between the instrument which he made for Dr. Kidd and that which he has made for me.

It may be the opinion of Dr. Kidd that folds of lint and hollow sponges are preferable to well-constructed inhalers, but I distinctly deny that this is the opinion of "the best men." I am, &c.

16, Old Burlington-street, July 19, 1859. Armstrong Todd.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been called to a letter in your last number from Dr. Kidd, stating that the Inhaler described by Mr. Todd is "almost" exactly similar in construction to one I made for him twelve months since. I beg to state that there is no similarity in the two instruments; that by Mr. Todd being entirely different in principle, inasmuch as it permits of the free dilution of a larger per centage of air with the vapour of chloroform than any other instrument that I am acquainted with.

Giltspur-street, July 19, 1859. I am, &c. J. Ferguson.

Medical Officers in the Royal Navy.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As no doubt the majority of young Surgeons and Students, preparing to enter the Public Services, are under the impression that the late "Naval warrant" placed the Medical Officers of the Navy and Army on precisely the same footing; I beg to state, for their information, that such is not by any means the case, and as an example of some of the differences between the two services, I submit the following.

The late warrant supposes an Assistant-Surgeon R.N. after six years service, to rank with a Captain in the Army. He wears the uniform of a Noncommissioned Naval Officer, which exposes him to the disrespect—even rudeness and ridicule of the military on shore.

July 18th. I am, &c. An Assistant Surgeon, R.N.

Air-Plugs.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Dr. Keiller in his last letter once more confounds the use of an instrument as a plug with its use as a dilator, and again entirely avoids the question at issue.

Had the so-called "extract" proved anything, it might have been worth while to inquire at what date Dr. Keiller *wrote* that extract; and also to ask what paper he refers to in the last number of the Edinburgh Journal, for no such paper has yet been read to any meeting of the Obstetric Society here.

Having given the matter my careful consideration, I believe that any one who reads the correspondence between Dr. Keiller and Mr. Murray must see how entirely Dr. Keiller has failed to substantiate the assertions contained in his first letter. I am, &c.

4, Scotland-street, Edinburgh. Albert Monastier, M.D.

Perforated Cloth.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—When in Paris some two years since, I saw perforated cotton used which I have imitated by folding the cheapest long-cloth fourteen times and driving a sixpenny punch with the blow of a hammer through the cloth on a sheet of lead; the perforations are the size of a split pea, and twice their width apart. It is an admirable substitute in wounds and large suppurating surfaces for lint, as the pus as soon as secreted, passes through the holes and can be removed with a soft sponge. My firm having for many years been the Surgeons to Messrs Curtis and Harvey's Powder Mills, I have had opportunities in testing its efficacy in severe burns, which with all their anxious care will sometimes occur; I find that the irritable and vascular granulations need not be uncovered so often, saving the poor patient much suffering. I am using it in compound fracture and in a gunshot wound of the leg, where, as a bandage spread with cerate, I can give support without confining discharge. The convalescent patients of the 15th Hussars now in Hospital at the Royal Barracks here, to which I am Civil Surgeon, are glad to relieve their monotony by perforating this cloth. As pinking is the process by which by machinery it could be made, and I have had a promise of Mr. Mitchell Henry, of the Middlesex Hospital, to give it a trial there, of which it is really worthy from its coolness, cleanliness, and cheapness I am &c. J. R. A. Douglass.

Formerly House Surgeon of the Middlesex Hospital, Hounslow.

Hounslow.

Treatment of Syphilis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—With reference to my letter of the 24th February last, and with regard to the treatment of syphilis by inunction with the ung. hydrarg. fort, and in alluding to which in one of the subsequent numbers of the *Medical Times and Gazette* it is stated I recommended the ointment to be used "every day" until the gums are touched. I beg leave to say this must be an oversight, as my plan of treatment is 5ss of the ung. hydrarg. fort. half to be rubbed into each groin, until absorbed, every third day, the patient to be confined to bed and placed on milk or other bland diet. Four or five inunctions are generally sufficient; the gums frequently become congested after the third application and all the diseased appearances vividly developed but soon begin to fade and disappear gradually.

I cannot lay my hand now on the number of the Journal, but recollect perfectly the statement of "every day." I do not wish the system to be super-saturated with mercury, therefore prolong the intervals, and when the gums are once decidedly touched you may reckon with certainty on the worst forms of this disease with its complications being removed, indeed the worst forms are the most remarkable and curable ones, especially where mercury has been used fully and repeatedly by the mouth before, and the system is in a cachectic condition.

The periosteum is apt to be inflamed during the treatment, it is therefore necessary to confine the patient strictly to bed and avoid taking cold.

I am, &c. Wm. Odell, M D. Surgeon-Major.

Quebec, Canada, July 1st, 1859.

Doctors of Medicine.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to your question, "Who is a Doctor," I contend that no one has a right to assume that title, unless he has legally obtained the degree of Doctor of Medicine. The title should, I think, be given to all legally qualified Physicians by courtesy, but they cannot assume it themselves, any more than they can attach the letters M.D. to their names.

I am a duly qualified General Practitioner; have been in practice upwards of fifteen years, as a Physician and Surgeon; not dispensing medicines or having any connexion with Pharmacy; and yet have never dared to style myself Doctor. My practice having now chiefly become a consulting one, I am desirous of having the right to call myself Doctor of Medicine. For this object, I have entrusted my patients to a friend for six months, and am now reading, attending lectures, &c, for the purpose of graduating. The expense to me, attending this, will not be less than £500. It will, indeed, be a hard case, if I find that the College of Physicians of London and Edinburgh, for the sole purpose of raising funds, are admitting men, without any examination, to be members or licentiates; and that these men shall have the right to call themselves Doctors of Medicine. Further, I am much surprised to hear you advocating the formation of a new class of Medical Practitioners, men who are to be examined by a joint board, appointed by the College of Physicians and Surgeons. For Heaven's sake let us have no more grades in the Profession: we are already too much ridiculed by our brethren on the continent, for our absurd distinctions. Throughout Europe, and I may say, the world, there are but two classes of Medical men recognised,—1st. Doctors of Medicine and Surgery; 2nd. Bachelors and Licentiates of Medicine and Surgery. The first class are styled Doctors; the second simply Monsieur, or Signor. Trusting that this important matter will be settled by the Medical Council at their next meeting in August.

University College, July 18, 1859. I am, &c. Medicus.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—According to the New Medical Law, such foreigners only are to be registered who have been practising in this country as Physicians and hold diplomas obtained by examination from an University recognised by the Medical Council. The object of this law evidently is to exclude all foreign practitioners who are not fully qualified, and have not enjoyed a thorough general and Medical education. This law certainly holds good with respect to some countries, as, for instance, France and Austria, where the only fully qualifying diplomas are granted by the respective Universities. But the framers of the new law seem to have overlooked the fact that there are other countries where the University diploma confers only an honorary title, but no right to practise. This is, for instance, the case in Prussia, and in all other German states, where the right of granting the License to practise is exclusively reserved by the respective governments, and is conferred by examination only through the supreme Medical Council.

In Germany no Candidate is admitted to this so-called States' Examination (Staats'-Examen), unless he has passed the "Maturity Examination" for Classics, Natural Philosophy, and Modern Languages; and has then studied theory and practice of Medicine at one of the Universities for at least four years. I may add, that these States' Examinations are very rigorous, and last, for instance, in my country, the grand Duchy of Baden, four weeks, viz., two weeks for Medicine, one week for Surgery, and five days for Midwifery.

The Medical Council must be well aware that the possession of these three diplomas is in Germany looked upon as the highest qualification; and yet the Council has not acknowledged my three diplomas, although they entitled me in my country to practise as a Physician, a Surgeon, and an Accoucheur. A University diploma, has likewise been rejected, because it has been obtained "in absentiæ." But still, I am happy to say, the latter has been granted to me on the ground of my three States'-diplomas, as well as of a Dissertation, the contents of which have found their way into several German, Belgian, and English papers. However unjust this decision of the Medical Council appears to me, I would not complain of it, had it not been communicated to me only the 24th April, eight days before the closing of the first year's registration. Of course I hastened at once to London, to pass some examinations, but it was too late for being registered this year.

I fully trust, however, that at the next General Meeting, the Medical Council, acting according to the spirit and not to the letter of the law, will take again into due consideration the just claims for registration of fully qualified foreign practitioners. I am, &c. Edward Bronner.

3, Park-place, Bradford, Yorkshire, July 18, 1859

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Lankester; Mr. Walton; Mr. Lawrence; Dr. Waller; Dr. Ballard; Dr. Rolleston; Professor Laycock; Dr. Anstie; Dr. Marcet; Dr. E. Smith; Dr. Ogle; Dr. Smythe; Mr. Billet, Taunton; Messrs. Fox and Co.; Mr. Craven, Hull; Mr. Hill; Dr. Bronner; Mr. Andrews; Mr. Stringer; Mr. Abraham; A Doctor; Mr. Doyle; Mr. Negus; Mr. Stokes; Mr. Douglass; Dr. Wallace; Mr. White; Messrs. Mitchell, etc.

APPOINTMENTS FOR THE WEEK.

July 23. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

25. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

26. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

27. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

28. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

29. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Removal of Breast; Removal of Tumour from Parotid Region; Lithotrity. By Mr. Wood—Wood's Operation for Hernia.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XIX.

ON THE TREATMENT OF PELVIC CELLULITIS.

Gentlemen,—The treatment of any case will vary, of course, with the stage at which the disease has arrived when it comes under your observation, and therefore it will be most convenient to consider it under two divisions, as we considered the symptoms of the disease, viz., according as we have to treat it before or after the development of pus. Before speaking of the treatment of pelvic cellulitis

A. Before Suppuration has Begun,

Let me remind you of what I have already told you in regard to the period when this occurs, viz., that when the disease is discovered at the very commencement there is no pus present at all, and abscesses only begin to be formed in ordinary cases about the twelfth or fourteenth day, when the inflammation has attained a certain degree of severity. In puerperal females, indeed, in whom inflammatory processes seem often to run a more rapid course, you may find pus present at an earlier period after the apparent onset of the inflammation; but in most cases you will not be able to detect its presence till the end of the second week. But having recognised a case of pelvic cellulitis early, soon after the patient has had the first shiverings, when she first begins to feel pain, and when the cellular tissue is just beginning to be congested, the first thing that you must do is to have recourse to

1. *The use of Antiphlogistics*, or all those remedies which you would employ in any ordinary case of acute inflammation. Perhaps I could not state the matter better than by saying that you must treat a case of pelvic cellulitis precisely according to the same principles that you would treat a case of iritis, and from this point of view I believe that the first question you will be likely to ask yourselves on seeing a case of pelvic cellulitis would be, Am I to bleed this patient or not? Now I am not going to discuss at present the efficacy or inefficacy of general bleeding as a means of cutting short inflammations, nor to lay down the law as to whether it should be resorted to or not in the treatment of pelvic cellulitis. I leave it to yourselves to decide as to its applicability to any special case that may come before you. But I must take leave to say—although you may perhaps regard me as heterodox for saying so—that I believe I have seen a free venesection made at the commencement of an attack of pelvic cellulitis cut short the disease, and lead to its speedy resolution. It is but rarely, however, that you will find yourselves called upon to have recourse to this measure. There are but few cases, however, of pelvic cellulitis seen in the earliest stage of the disease, in which the local abstraction of blood by means of leeches is not resorted to, and resorted to beneficially. The only question usually is, as to the point from which the blood should be taken; for you have usually the choice of a variety of places to which the leeches may be applied. Some Practitioners are in the habit of applying leeches to the groins in cases of inflammation in the interior of the pelvis; others prefer having them applied to the interior of the vagina, and the surface of the cervix uteri; while others again content themselves with their application to the anus and perineum. I believe you will in most cases find the last, viz. the application of the leeches around the lower end of the bowel, to be the most simple plan, and the most effective. The hæmorrhoidal vessels are freely connected with the vessels that ramify among the pelvic contents and viscera, and by abstracting blood from the former set of vessels you can act on the latter at least as directly as from any other point. And it is very easy to draw blood from this spot, for you have only to apply the requisite number of leeches in an inverted wine-glass over the anus, and hold it there for about ten minutes, and at the end of that time you will find that most of them have fastened. When it is desired to bleed at the groin, the leeches are made to fix there just as on any other part of the surface of the body; but when leeches are to be applied to the cervix uteri, a special instrument is required. Before speaking of the manner in which they are to be introduced, however, let me remark that you will find some men talking of applying leeches to particular points on the surface of the cervix uteri, according to the special seat of the inflammation. Now, even supposing it were possible in every case to make such a minute and precise application, the process is much too refined, and savours too much of hair-splitting, to be attempted in practice. When we apply leeches to any part of the surface of the body we are not particular to an inch or two as to where they fasten, and we do not regard it always as a matter of very much moment if they fix on a point even somewhat removed from the inflamed locality; and when we wish to apply them to the cervix uteri, all we have to do is to introduce them into the upper part of the vagina and allow them to fasten where they will. To do this, you may use a common uterine speculum passed up to the os uteri, putting the leeches into it, and pushing them up with the staff. But the speculum stretches the parts, and causes unnecessary distress to the patient by its pressure on the inflamed and swollen tissues, so that its use is extremely apt to aggravate the disease. For this reason I usually prefer making use of a narrow bone or ivory tube, such as was first used in this country by Dr. Mackintosh, who was induced to make trial of it on the strong recommendation of a friend who had seen much benefit result from its employment in the hands of some Portuguese Practitioners. It is simply a bone or ivory tube—or it may be made of wood or glass as well—of about three-fourths of an inch in diameter, and furnished with a loosely-fitting piston. The leeches having been put into the tube, and the tube passed up to the roof of the vagina, the piston is pushed forward, and the leeches are driven out into the upper part of the cavity. They fix very speedily upon the surface of the cervix uteri and roof of the vagina, and fill rapidly. By this means you can bleed very freely, for after the leeches have ceased to draw and have fallen out or been removed by the finger, the flow from their bites may be greatly favoured and may be kept up for a considerable time by making the patient sit over a vessel of hot water, for the bleeding usually continues as long as she can sit upright. The application of leeches to the cervix uteri is in this way a most effectual means for the local abstraction of blood in cases of pelvic cellulitis, as well as of inflammation of the uterus itself, for which, perhaps, it is more frequently employed; but it is not without its disadvantages. An eminent London Physician declared to me that he would never again in any instance have recourse to the application of leeches to the cervix uteri, after witnessing the severe spasmodic pain which resulted from their application in a case where one of the leeches was retained for a time, apparently from its having travelled into the interior of the uterus. It is but rarely that such an accident happens, but it does happen occasionally, and is a strong drawback against this mode of leeching in acute uterine disease; but you can readily understand how, when it did occur, the leech as it fills will cause distention of the uterus, and give rise to great pain from the spasmodic contractions which are excited to effect its expulsion, just as we see it in a case of abortion. The trouble attendant in the application of leeches to the cervix uteri is also greater than that attendant on their application to the anus; and hence, in most cases, you will prefer having recourse to the latter. But in any case, let me add, where it might seem to you particularly desirable to have the leeches applied to the cervix uteri, you could easily guard against the danger of any of the leeches finding their way into the cavity of the uterus by filling up the os with a plug of soap or sponge previous to their introduction into the vagina. As to the number of leeches that you are to employ, and the propriety of repeating them or not, these are circumstances which in every individual case must be determined and regulated by the severity and obstinacy of the attack. I need hardly add, under this head of antiphlogistics, that it will be most necessary in every case to enjoin on your patient the most perfect rest, and the use of a strict antiphlogistic diet and regimen. Then, as regards,

2nd, *The Use of Mercury.*—I must leave the question to yourselves to settle how far you will mercurialise your

patients. It is ordinarily laid down, more particularly by English authorities, in regard to the treatment of iritis and of almost every form of acute inflammation, that the administration of mercury should be had recourse to as one of the most essential elements in it; and in the treatment of pelvic cellulitis I used formerly to have recourse to it in almost every case as a regular rule of practice; and I often have recourse to it still in combination with opium, as in two grain doses every two hours of the calomel and opium pill of the Pharmacopœia. But I begin more and more to lose faith in its efficacy, for the disease goes on sometimes unchecked even when the mouth is salivated; and I really do not know that we have any certain proof of its power of producing absorption of inflammatory effusions. Ophthalmologists tell us that they can see these effusions beginning to be absorbed in the eye just as the drug begins to exert its constitutional action; but it is assuredly doubtful whether these phenomena stand in the relation of effect and cause, or whether they are not merely coincidences. I have heard Professor John Thomson repeatedly and strongly state that he had occasion to treat forty cases of syphilitic iritis, and having no faith in the reputed power of mercury in the cure of that disease, he treated them without mercury, and succeeded in effecting a cure in all the cases, excepting two, which occurred in the persons of two medical men who had had the misfortune, in the pursuit of their profession, to get their fingers inoculated with syphilitic poison, and who suffered from iritis along with other secondary affections. These two gentlemen had great faith in the power of mercury, and insisted on having it administered to themselves, and in them alone, out of all the forty cases of iritis, did the disease run an unfavourable course and end in loss of vision. But though there is probably little benefit to be derived from the employment of mercury, there are other medicines which you can prescribe with advantage. Such are,

3rd, *Anodynes.*—The patient, as I have told you, has usually considerable local pain, and complains frequently of severe dysuria, tenesmus, etc.; and to relieve these distressing symptoms you must allow her the free use of opium, in all cases, at least, where the stomach will bear it. I have a belief that the opium exerts some power as a direct antiphlogistic, and at least, when you give it combined with ipecacuanha or antimony, you use as good an antiphlogistic as almost any other you could employ. In addition, you may have recourse, further, to

4th, *The Use of Alteratives and Depurants;* by which I mean, that it will often be advisable for you to administer the alkaline carbonates and hydriodates, according to a practice much in vogue among continental physicians, and which I believe to be a successful practice in many cases of acute cellulitis. The French employ them frequently, and, as they aver, with the happiest results in cases of croup and other acute inflammations. They believe that these alkaline salts have the power of arresting inflammatory action and blotting out its effects.

5th, *External Fomentations, Counter-irritation, etc.*—In addition to the use of these internal remedies, you will find warm fomentations and poultices externally, sometimes soothe greatly in the earlier stages of the disease, and when there is much local pain. I have seen also strong belladonna ointment laid on externally, or a liniment of equal parts of chloroform and olive-oil applied on the iliac or pelvic region, or any pained spot, relieve the patient of local suffering. Let me here add what I should perhaps have already mentioned, that medicated pessaries containing morphia, belladonna, etc., prove sometimes excellent anodynes when introduced twice or thrice a-day into the vagina; and that medicated pessaries of mercurial and iodide of lead ointment form one of the best of local deobstruents, when it is your object to produce the absorption of the effused serum and coagulable lymph, either in acute or subacute forms of the disease of which I am speaking. In the treatment of pelvic cellulitis,—as of iritis and other forms of acute inflammation,—a degree of counter-irritation is often of most essential service. The good effects of the application of counter-irritants in inflammations of internal organs are so well known to you, that it is altogether unnecessary for me to enter into any disquisition on that topic. The only question is, What is the best and most convenient form of counter-irritant that we can in such a case employ? Now, here I must particularly warn you against the use of that most common and convenient of counter-irritants—the fly blister, because of the tendency which it has to excite dysuria or to aggravate it when it is already present. At all events, if you will use it, you must take the usual measures to prevent this unfortunate effect. But if you desire to produce a rapid and active counter-irritation, I believe that you cannot do so better than by applying solid nitrate of silver so as to produce vesication. Or you may use a strong tincture of iodine, painted twice a-day over all the lower part of the abdomen. But, finally, with all your other treatment, you must not forget to attend to,

6th, *The Regulation of the Bowels.*—With reference to this point you must remember not to allow the lower bowel to become filled and gorged with fæculent matter, so as to be left to press upon the inflamed part, aggravating the pain and annoying the patient. Nor, on the other hand, must you be frequently administering strong medicines, which would purge and excite the action of the intestines and necessitate much motion on the part of the patient. Frequent and violent action of the bowel would act even more injuriously on the progress of the disease than the distension of it with fæces, if this be accompanied by perfect rest; but the proper plan is to administer from time to time, at intervals of three or four days, some simple aperient by the mouth, and afterwards to aid its action by a mild enema.

B. After Suppuration is Established.

So much for the treatment of pelvic cellulitis in its earlier stages. But sometimes the disease will go on in spite of the most skilfully-directed treatment, and end in suppuration; and you will occasionally be called on to treat cases in which abscesses have been formed before they come under your care. If you see a patient, for instance, on the sixteenth day after the disease has begun, who presents all the symptoms of hectic fever, whose pulse beats with undiminished rapidity, and in whom the inflammatory swelling has not lessened in size, but only become more soft and yielding, you may make sure that in that patient the disease has ended, or will ere long end, in the formation of pus. The question then arises, How is such a case to be treated? and we reply, You must have recourse to

7th, *The Administration of Febrifuges and Refrigerants.*—Your patient is thirsty, and you will require to give her ice, or a few drops of nitric or phosphoric acid in water for a drink. She is worn down and feverish, with fits of cold succeeded by burning heats; and you will require to administer quinine to counteract the aguish tendency, and to keep up her failing strength. With this view, too, you may be obliged to have recourse to some gentle stimulant, or to the use of an alternation of tonics to support her until the abscess is ripe, and ready for evacuation. In some cases the use of wine, even in considerable quantities, becomes indicated. Again, perspirations sometimes occur, excessive and exhausting; and to moderate them you may have to administer some sulphuric acid along with the quinine, or to give her the phosphate of the alkaloid in dilute phosphoric acid. The next thing to be attended to is,

8th, *The Evacuation of the Abscess.*—But in regard to this point let us endeavour, as a preliminary step, to determine whether a pelvic abscess ought always to be opened or not. I have more than once already told you that when left to itself, the matter has a tendency to find its way to some point on a cutaneous or mucous surface, there to become evacuated. Such spontaneous evacuations take place most frequently into the vagina or the rectum, and these are precisely the places where we particularly desire to see the evacuation occur. But this, unfortunately, is not the invariable rule; and I feel perfectly sure that in any case it is better carefully to watch the progress of the suppuration, and to take it into your own hands to make a proper artificial opening for the discharge of the abscess in a safe and suitable situation, than to leave the guidance of it to nature, and to run the risk of seeing the purulent collection burst in some dangerous or disagreeable locality. By making a prompt and judicious opening into a pelvic abscess, you may even in some cases save your patients' lives. One of the earliest cases of pelvic cellulitis that I saw occurred in a patient whom I watched in the Lying-in Hospital, along with Dr. Ziegler. The inflammation had extended lower down than usual, to the cellular tissue lying between the rectum and the vagina, and had led to the formation of an abscess which had begun to

point towards both of these canals. Such was the state of matters one day when we examined the patient; and we both decided that it was of no use to make an artificial opening, as it seemed certain that the matter must speedily find an exit for itself, either into the canal of the rectum or of the vagina. And, certainly, within four-and-twenty hours from the time when we made our examination the abscess did burst; but we found, to our dismay, that instead of opening on one of these mucous surfaces, to which it pointed so distinctly, the abscess had burst into the peritoneal cavity, where the effused pus had given rise to intense irritation, and lighted up a peritonitis that proved rapidly fatal. But there is usually not by any means so much risk of the abscess opening into the peritoneum, as of its becoming evacuated in some unpropitious situation, such as the bladder, with which it may come to communicate directly; or high up in the rectum or intestinal canal; or the matter may find its way into both bowel and bladder at once; or by some other double opening; and this, as well as all the other unfavourable complications which I have pointed out to you as liable to result from the unguided process of suppuration in the pelvis, and from spontaneous rupture of the abscess, may almost always be easily avoided by early and well-directed artificial evacuation of the pus. I trust that from what I have said, the propriety of surgical interference is sufficiently impressed upon your minds, and that you are now prepared to enter with me upon the consideration of three questions in regard to it, viz. When? Where? and How? is the abscess to be opened?

a. The proper Time *for Artificial Evacuation.*—To the first of these three questions, that, namely, which asks *when* a pelvic abscess ought to be opened by the Surgeon, it is impossible for me to furnish a reply that would hold good in every particular case. It is impossible for me to say that on any given day from the commencement of the inflammation, or the hectic fever, an abscess must be so far advanced as to be ready for the knife; for in some patients and under certain conditions the processes of inflammation and suppuration go on more rapidly—in others, again, more slowly. But one piece of general advice I can give you, and that is to withhold your hand so long as there appears to you no risk of the abscess bursting into the peritoneum or opening into the bladder, or in some other situation less favourable than that in which you are prepared to puncture it. It is better not to open it too early, because there is usually more than one collection of pus, and if the case be left to itself for a sufficient length of time, these once separate collections will finally be found to communicate freely with each other, so that by making an opening into one you are able to empty them all, and thus obtain a prospect of a speedy cure. But if you make an opening at too early a period into one of the collections, you succeed in evacuating that loculament alone, and so give room for the enlargement of the other abscesses, which, after a time, and each in succession, may cause distress and call for a renewal of the operation. For this reason I would recommend you to defer the artificial evacuation of a pelvic abscess as long as it seems to you to be safe to allow it to go on unguided, and as long as the severity of the hectic symptoms, or the failing of the patient's strength do not appear to call for more immediate interference. But in any case where you have decided upon giving a vent to the pent-up matter, the next thing you have to do is to choose

b. The proper Place *for Artificial Evacuation.*—If you find it possible in any case to open with sufficient freedom a pelvic abscess at some point on the cutaneous surface, by all means open it there. But it is only in cases where the cellular tissue of the brim or of an iliac fossa is implicated that it will be in your power to do so. Generally pelvic abscesses have a greater tendency to point internally, and to open into some mucous cavity than to make their way towards a cutaneous surface. Internally I have seen pelvic abscesses open in almost every conceivable direction; and, as the result of all my observations, I have no hesitation in saying that the proper place for their artificial evacuation is through the vagina. I have said that abscesses opening into the rectum usually heal very well also; but there is this risk attendant on a communication between the cavity of an abscess and the cavity of the rectum, that fæcal matters in some rare cases get into the abscess and either prevent and protract its healing, or light up a fresh inflammation; and when a sinus becomes established high up in the pelvis it is very difficult of access through the rectum. On the other hand, pelvic abscesses discharging into the vagina usually heal very rapidly; and in those cases where the healing process, from some constitutional peculiarity in the patient goes on more slowly, the opening is still very easily accessible, and in so far is more amenable to treatment. Again, in opening pelvic abscesses artificially, you may inadvertently wound a vessel of sufficient size to give rise to an alarming amount of hæmorrhage; and if the incision has been effected through the rectum, you will find it very difficult indeed to arrest or restrain the bleeding there; whereas, in the case of the vagina, hæmorrhage into it can always be restrained by plugging. It is not often that this accident happens, but we do meet with it sometimes. A year or two ago I attended, along with Doctor James Duncan, a patient with a pelvic abscess which we determined to evacuate through the vagina; and although I used every precaution in doing so, yet I wounded a vessel of considerable size, and we had to keep the vagina plugged for a couple of days to check the bleeding that ensued. You will usually find in selecting the part of the vagina through which to evacuate the abscess, that the best point for the purpose is that spot in the roof of the canal *immediately behind the cervix uteri*, to which I called your special attention when treating of the pathology of the disease, and where, as I told you, the mucous membrane was supported and protected only by a very thin layer of the pelvic fascia. At this point, then, in the posterior *cul-de-sac* of the roof of the vagina, you will usually find the wall at one point soft and yielding, so that you can press the tip of the finger into it, and here it is that your opening is to be made. It is, I repeat, very easy of access; and as it is, in the great majority of cases, the most dependent point at which an opening could be made, you may hope to evacuate the abscess more effectually by puncturing it here, than by puncturing it at any other point. Having decided, then, in any case that the abscess must be evacuated, and having determined at what point the opening is to be made, you have next to make up your minds as to

Fig. 1.

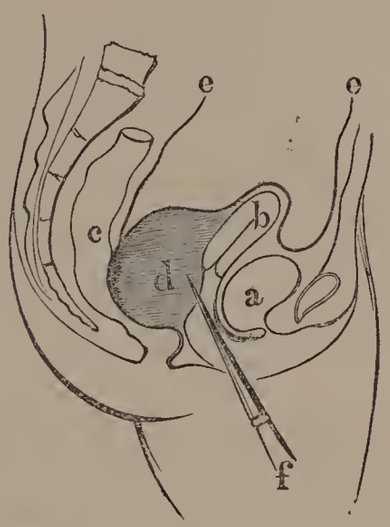

Fig. 1.—Diagram showing the situation of a purulent collection (*d*) behind the uterus (*b*), and the point at which it may be punctured through the vagina by means of an instrument (*f*). *a*. The bladder. *c*. The rectum. *ee*. The ends of the peritoneum.

c. The proper Means *for Artificial Evacuation.*—For opening pelvic abscesses some have recommended the use of a long curved trocar and canula, such as are used for puncturing the bladder through the rectum in cases of retention of urine, and if the pus be "well digested" and the abscess perfectly mature,—to use the well-known and sufficiently expressive phraseology of the older writers,—such an instrument will usually suffice for its complete evacuation. I saw a case some time ago, along with Dr. Young, where I passed a long trocar and canula of this description along the inner edge of the iliac bone, and so gave vent to an abscess seated very deeply in the iliac fossa. This depth I could not well have reached with a knife; yet in by far the greater number of cases, the knife is by much the preferable instrument. It is not always that the matter is so fluid as to escape freely and full at first through the canula, and then the opening made by it is so small that it readily closes, and thus you are very

apt to have a re-accumulation of the pus. Such a risk you do not encounter when you use a knife for opening the abscess, for with it you can make the opening as free as you will. You may use an ordinary bistoury, in which case you must wrap the whole of the blade round with lint or tape, except the tip of the instrument, so as to guard it and prevent it from wounding any part of the canal. But I believe that you will always succeed best, and operate most successfully with a tenotomy knife. Introduce the forefinger of one hand into the vagina, to guide and guard the point of the tenotomy knife up to the soft and yielding spot, and feel if there is any artery pulsating at the point you propose to puncture, and if so go to one side of this point, pushing in either case the tenotomy knife forward into the abscess with the other hand. On doing this you will usually feel the pus escaping through the opening, but the knife must not be at once withdrawn—not till you have made a slight incision with it to one or other side, wide enough to admit the tip of the forefinger to be pressed through. With the finger forced through enlarge the opening, avoiding the further use of the knife if possible. As you thus enlarge the opening with the finger still more, you will be able to feel with it whether there are further loculaments or dissepiments beyond. If all the different loculaments have already come to communicate with each other, by enlarging the opening in the manner I have indicated, you ensure a free outlet for all the matter. If you find the pus to be fœtid when it escapes, as it sometimes is, then you must bear this further in mind, that that phenomenon is sometimes due to the presence of gangrenous masses in the abscess, and that a perfect cure can never be accomplished until these be completely removed. Break down the walls of these dissepiments or loculaments as much as you can before removing the finger. After a free and dependent opening has thus been made into the abscess, there is usually nothing further to be done. To exert pressure through the abdominal parietes, as has sometimes been recommended, is altogether unnecessary, for the abscess empties itself completely without any pressure whatever from above. All that you have to do now is to attend to the patient's general health, which requires to be supported; and to introduce the finger again into the vagina after a day or two, and open up the wound, to prevent its lips from adhering by the first intention, and so lead on again to closure and reproduction of the abscess. By following out these simple rules you will find that in most cases the purulent discharge begins to dry up after a few days, and in about a week the patient begins to recover from all her untoward symptoms, and becomes gradually restored to her former state of health. In most cases, I say, but unfortunately not in all; for in some instances where pelvic abscesses are evacuated either naturally or with the help of art, a sinus is left which keeps on discharging pus, and which renders it necessary for the practitioner to make one or more,

9*th*, *Counter-openings.*—After an abscess in the broad ligament of the uterus, for example, has been evacuated, suppuration may still go on and spread along towards its external border, and as the matter which is here formed might have difficulty in escaping through a wound in the roof of the vagina, the abscess may go on for years, alternately filling and being discharged, and never healing up at all until another opening has been made in the side of the pelvis. I once saw a very striking illustration of the necessity and value of making a counter-opening, in the case of a patient, the wife of a medical gentleman, whose history showed that several years before she had had an attack of pelvic cellulitis and abscess, which after spontaneously discharging and making a fistula had been allowed to go on for many years, until the hectic fever became so distinct, and the reduction of the patient's health became so great, that two eminent physicians, who had a consultation about her case, came to the conclusion that she was labouring under tubercular disease; and they sent her on a distant voyage in the hope that she might recover in a milder climate. After a year's absence she returned, improved in health, but still with two fistulous openings, one in the rectum, the other high up in the inguinal region, both of them ever and anon discharging quantities of pus. On introducing a long ball probe into the external orifice near the anterior spine of the ilium, and pushing it down along the fistulous track, I could feel it distinctly through the roof of the vagina. At this, the most dependent point in the whole course of the sinus, I made a counter-opening, through which I pushed the probe, and brought it out at the vagina. The late Dr. Bright was with me at the time, and he afterwards told me he never was in such terror in his life,—for, first, he saw the lady snoring under chloroform, the use of which he had never witnessed before; and then, secondly, he saw that long metal rod sinking away down and down into the depths of the abdomen and pelvis until after my incision it emerged at the vaginal orifice. The result of that operation was most satisfactory, for the matter had now a free outlet for escape; the sinus speedily closed in its entire extent; and the patient recovered betimes her lost health and strength under the kind and able care of my friend Dr. Traill, of Arbroath. Such a case illustrates, in a very impressive manner, the value and importance of making a counter-opening, in the case of a sinus remaining after the evacuation of a pelvic abscess. But you may find cases of pelvic fistulæ of this nature occurring in practice where it may be impossible for you to adopt this plan of treatment. An abscess may have opened spontaneously on some surface, and through the opening from which the matter still escapes you may push a probe without arriving at any other point where a counter-opening would be likely to prove of any service; or in evacuating an abscess with the knife you may have found it impossible to make an opening sufficiently large to admit of the full and free escape of the pus, which continues slowly to be discharged during a lengthened period. When such a state of matters exists, there are two other different modes of treatment which you may adopt. You may have recourse first, for example, to,

10*th*, *The Injection of Tincture of Iodine.*—Of the value of this measure as a means of diagnosis I have already spoken. Let me now add only one word as to its value as a means of cure. Injection of tincture of iodine in a slightly diluted form into a fistula will almost never produce any bad effects; at least, I have never seen any untoward symptoms result from it, although I have had recourse to it in many cases and many kinds of fistula. Its use, I say, is always safe, and its action is often most satisfactory. The only drawback is, that the injection may require to be repeated again and again, if at first it does not prove successful; and when it becomes necessary thus to have recourse to repeated injections, it is advisable to use a stronger and less diluted preparation. Should the injection of the strongest tincture of iodine fail in effecting a cure of a fistula, you may next have recourse to,

11*th*, *The Introduction of a Piece of Wire.*—In the beginning of the last winter session I saw a fistula resulting from pelvic cellulitis in the case of a patient where an abscess had been evacuated behind the cervix uteri. Having injected some tincture of iodine into it, and finding little benefit result from its use, I introduced some iron wire into it, and left it lying deep in the cavity of the abscess. In the course of a few days a sufficient degree of inflammatory action was excited to lead to the formation of granulations, and the wire being then removed, the abscess quickly healed and closed up entirely.

12*th*, *Use of Tonics and Deobstruents.*—Finally, where much effusion remains in the surrounding tissues, your treatment of the case does not end even when the abscess has been healed, and the fistula dried up. But the treatment is now easy and simple, for all you have to do is to endeavour to restore strength to your patient by the well-regulated administration of cod-liver oil, quinine, iron, and other tonics; and where some degree of hardening and induration remains, you must put her upon small doses of iodide of potassium, or, what I think you will find better still, give her five grains of the bromide of potassium three times a-day dissolved in water, or in a vegetable tonic infusion.

And, now, before I have done with this subject, let me fulfil a promise which I made to you when I began it, by reading to you the observations that were made regarding pelvic cellulitis by Archigenes, and which have been preserved to us by Ætius. Remember that Archigenes practised at Rome at the termination of the first, and in the early part of the second century, and that the following account of pelvic cellulitis was written by him within a few years of that distant time when the Emperor Hadrian visited Britain, and commanded here the building of that enormous wall from the Tyne to the Solway, the gigantic remains of which, and of the dilapidated Roman cities raised along its course, form still in Northumberland such striking and startling objects even at the present day.

"Of Abscess of the Uterus, from Archigenes.

"Abscess in the uterus, as in other parts of the body, results from a previous attack of inflammation. In the first instance, therefore, the symptoms of inflammation will be manifested, and afterwards when the pus begins to be formed the pains are increased, and fever sets in with shiverings, mostly towards evening; a tumour is formed, and a pricking pain is felt; in some cases there is suppression of urine, and in others the evacuation of the fæces is interfered with, or both may be simultaneously affected. But the local pain will indicate the seat of the disease. Then if it cannot be discussed, the suppuration must be artificially promoted. For this purpose poultices of linseed, fennel, barley-meal, boiled figs, mallow root, or turpentine, are to be applied to the lower part of the abdomen and to the loins; or we may even sometimes apply pigeon's dung with oil and honey. The pudenda are to be constantly fomented with a sponge, and vapours are to be introduced into the vagina by means of a reed inserted into the perforated lid of a dish. The patient must be made to sit frequently in baths containing decoctions of those herbs which have a drawing property, such as penny-royal, horehound, laurel, sage, mugwort, dittany, centaury. But if the pain should set in still more violently, poppy-heads boiled in water and bruised must be added to the poultices." Then he goes on to give prescriptions for various medicated pessaries, which may be useful under certain circumstances; and afterwards he proceeds thus: "But when the abscess bursts, if the pus be carried into the bladder, and be excreted with the urine, the patient must drink milk and take cucumber seeds; and poultices such as we have described must be applied, and emollient and odoriferous ointments. But if it make its way into the intestinum rectum, and escape alone, or with the fæces, we must administer a decoction of lentils and pomegranate bark as a clyster. If, on the other hand, it should burst into the pudendal sinus, when the pus is pure, oil of roses, or tetrapharmacum with fresh butter, and the oil of roses is to be injected, and the parts are to be bathed with a decoction of roses or lentils, or with the juice of ptisan. When a thin and fœtid sanies escapes instead, like that from a noma or a corroding ulcer, a less astringent injection must be used, as a decoction of myrtle berries, primroses, lentils, and pomegranate bark. Should the inflammation, however, still persist after the matter is excreted, the use of the poultices and hip-baths above referred to must be persevered with. If the discharges are unequal, the patient must use fomentations and hip-baths of water in which wormwood, horehound, vetches, centaury, or lentils have been boiled. The parts, moreover, must be washed out with juice of ptisan, to which honey and oil of roses have been added; but the os uteri and the anus are to be anointed with a cerate of rose oil or butter, containing a small quantity of the dross of furnaces, antimony, plumbago, or litharge of silver, with some milk from the human female. It may be done also with the juice of lead. But if the matter that escapes be extremely fœtid, the pudendal sinus is to be washed out with mead, and the use of it is to be persevered in until the cure is completed."

University of Durham.—At the Convocation held on the 28th ultimo, the following gentlemen, Licentiates in Medicine, were admitted to the degree of Bachelor in the same Faculty:—John Dickinson, Thomas Thompson Pyle.

Curious Denial of an Established Fact by a Great Authority.—"For a long time," M. Trousseau tells the Academy, "I have heard spoken of—I have myself heard—and have believed in a *pleuritic friction sound*; but now daily I lose my confidence in it. I search for it in the patients under my charge, who are attacked with commencing pleurisy, and pleuro pneumonia; I beg my colleagues at the Hôtel Dieu to inform me when they themselves notice its presence in any of their patients; and now, during four years, I have only once heard a true *bruit de frottement*. This is what I find: In chronic catarrh, in pleurisy and pneumonia in its period of resolution, I find, under certain circumstances, the peculiar sound called *bruit de frottement*. In the greatest number of these cases, this *bruit* appears to me to be a sonorous *râle*, which ceases when the patient coughs." M. Trousseau appeals to his colleagues at the Academy; but his colleagues on this point all differ from him.

ORIGINAL COMMUNICATIONS.

FURTHER OBSERVATIONS ON SO-CALLED VOLTAIC NARCOTISM, AND ON CUTANEOUS ABSORPTION.

By A. WALLER, M.D., F.R.S.

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In the *Medical Times* (February 12, 1859,) Dr. Richardson made known a process for obtaining local anæsthesia that appeared to mark a new epoch in the history of anæsthetics.

To signalise more fully the originality and the importance of this discovery, a special name for it was proposed by its author, and willingly accepted by the Profession, *i.e.* that of voltaic narcotism. The long-sought-for object that had stimulated the ambition of a Galvani, a Davy, and so many illustrious philosophers and physiologists, seemed at length to be realised, for galvanism, that wayward, uncertain, and capricious therapeutic agent, appeared to be tamed for the daily and hourly demands of practical medicine in the alleviation of pain. Voltaic narcotism was presented to us, not as looming in the distance or as accompanied by any doubt or uncertainty, but rather like a Jove-born Minerva, springing into existence perfect in all its parts, and so certain did it appear that it was heralded by the leading articles in two of our chief Medical journals as a great discovery.

According to Dr. Richardson's statement in the *Medical Times* (February 12) voltaic narcotism produced:—

1. Complete insensibility of the integument, rendering operations upon it painless.
2. Insensibility of the deep-seated parts.
3. Insensibility of the parts interposed between the poles (Experiment February 1.)
4. No symptoms or complications calculated to impede cicatrisation and recovery.

Voltaic narcotism seemed the more valuable, as it was burdened by no unnecessary theoretical details, as to its rationale, the plain unvarnished facts appeared to have been described, leaving their explanation to others. The only point upon which Dr. Richardson laid stress was that of the all-potent influence of electricity, without which the topical agents, chloroform and aconite, produced no insensibility (a). As a crowning point for the process, it was stated "that within twenty minutes [after amputation of the leg of a dog by Dr. Richardson's process] the animal had eaten two plates of meat and walked about on his three legs with the utmost unconcern." Strongly impressed, in common with many other persons, by the importance of this discovery, I proceeded forthwith critically to examine it, previously to my adoption of it in practice, and the results of my experiments, which were completely opposed to those brought forward by Dr. Richardson, appeared in this Journal on March 19 and May 25, 1859. I found—

1. That insensibility from so-called voltaic narcotism is produced solely by the local absorption of the chloroform and aconite mixture.
2. That anæsthesia is produced with equal efficacy by the mere topical application of the narcotic mixture.
3. That the narcotic fluid generally produces inflammation and disorganisation of the skin, and consequently that voltaic narcotism creates unfavourable complications in surgical operations.
4. That the insensibility is confined to the skin, and does not extend to the deeper-seated parts.
5. That its application is to be avoided in cut or abraded surfaces, or on the skin of infants where the cutis is very thin.

I need scarcely say, therefore, that I perused with considerable attention, a second paper (b) by Dr. Richardson, professing to convey the results he obtained during the lapse of four months since his first communication.

The first case alluded to by Dr. Richardson is that of the young woman with a bursa at the wrist, described in his first paper, and which after having entered into various

(a) See *Medical Times*, February 12, 1859. (b) *Ibid.* June 25.

details, he concluded by stating "did well." We are now informed for the first time that there was for a few days (the number not stated) "some hardness of the skin over the part where the narcotic was applied, also some slight disorganisation of the skin, as if the part had been frost-bitten." I am at a loss to understand why this condition of the skin was not mentioned in the first paper of Dr. Richardson. It is obvious that there must have either been great inattention on his part, or a "suppressio veri" on a point essential to a fair judgment of the case; for our favourable opinion of voltaic narcotism, in the case of a small bursa, so trifling in itself as to be frequently operated upon by patients themselves with scarcely any pain or inconvenience, must be considerably modified, and that the removal of the pain of a simple puncture was dearly bought at the expense of vesication, and partial disorganisation of the skin above it.

The fresh cases now brought forward by Dr. Richardson are six in number: 1. One of whitlow; 2. Another of strangulated hernia; 3. Pain of the arms connected with epilepsy, 4. Tumour of shoulder; 5. Staphyloma of cornea; 6. Section of tendo-Achillis. In all these cases we find that complete insensibility was not once obtained, and that in only one out of the six was there even complete insensibility of the integuments. Furthermore, the impossibility of obtaining insensibility of the deeper seated parts was manifest in every instance.

In case No. 2 of strangulated hernia, there was not even complete insensibility of the skin produced, as it is stated that the patient evinced "passive suffering," which was most marked at the division of the strieture. Case No. 4, where "a tumour, the size of a large orange," was removed, the female had no knowledge of having been "cut," but experienced a sensation like what she called a "wrench."

In both these cases vesication was produced, which in the latter case must have been rather extensive, as Dr. Richardson says that for the removal of the tumour (the size of a large orange) ten inches of cutting surface was required.

The length of time occupied in these manipulations, in case No. 4 lasted one hour, in case No. 1 two hours, and in No. 3, three hours. Dr. Richardson omits all mention of the pain caused by his process, which must have occurred in all these cases. Any one acquainted with the human frame must know that it is impossible to produce vesication and superficial disorganisation of the cutis, without giving rise to a great amount of suffering both before and during cicatrisation. Should, however, doubt exist in any person's mind as to this fact, the simple experiment of applying a sponge moistened with the narcotic mixture to the cutis, for a quarter of an hour or upwards will satisfy him.

The following case of varicose veins, operated by Mr. Gamgee, in the presence of Mr. West and other gentlemen connected with the Queen's Hospital, will show how much pain may be uselessly inflicted by voltaic narcotism, which I applied in the manner described by Dr. Richardson. In the first instance two needles were inserted beneath the vein without any anæsthetic. A third was inserted after voltaic narcotism had been applied for fifty-eight minutes, and a fourth was introduced after the skin had been made insensible by Dr. Arnott's process of congelation.

The two first operations need no description. The third was watched, and minutely described at the time. During the whole time of the application of the narcotic mixture the patient felt considerable pain, causing him to wince, and describe his sensations to be of a burning nature. After one minute's application the spot beneath the mixture and positive pole became hot and somewhat red. The burning pain was greatly increased by pressure, and no anæsthesia was ever obtained. In this respect the case resembled that given by Dr. Richardson, where, after three hours' application, no insensibility was produced. The passage of the third needle beneath the vein caused much greater suffering than that of the two first needles where no anæsthetic agent was employed; the skin and subcutaneous tissue being likewise somewhat indurated.

The advantage of Arnott's process was most marked in every particular, it being speedy, simple, and painless; for, after the freezing mixture had been applied for the space of five to ten minutes, the needle was passed beneath the vein without the slightest sensation being produced by its passage, while voltaic narcotism caused a great increase of suffering before, during, and after the operation. I am quite willing to admit that the effect of voltaic narcotism in the above case was exceptional, though I believe that such exceptions are not infrequent. The different effects in the stage after operation were not less evident. Over the spot where congelation was applied, although the vein was completely obliterated, the sensibility was much decreased, nor was there either tumefaction, pain, or suppuration. Whereas, beneath the skin, where no anæsthetic had been used, there existed around both needles much inflammation and abscesses. Where voltaic narcotism had been applied there was great pain for six or seven days, which pain was considerably increased by the slightest pressure. This pain was unaccompanied by either vesication, tumefaction, or suppuration. The only local action being increased redness and heat, which gradually subsided towards the seventh day, leaving the skin brown, dry, and wrinkled.

The absence of pain and inflammation in the spot where Arnott's process was applied was one of the most remarkable features of this case, and confirms strongly the point contended for by Dr. Arnott, who asserts, as a general rule, that operations by his process are less subject to after inflammation. It was not less interesting to remark that there was a similar absence of inflammation of the cellular tissue after voltaic narcotism, notwithstanding the great amount of pain and vascularisation of the spot. This point is of sufficient interest to need further confirmation by comparative experiments. At present it is not my intention to dwell further on this case, as I understand that Mr. Gamgee intends to present some remarks upon it.

Dr. Richardson, in his paper of February 12, attributed to electricity almost the exclusive power of producing anæsthesia by its action upon the narcotic agents. He based this opinion upon one comparative experiment, where he found that the narcotic mixture produced no insensibility, whereas, on the same person, by the intervention of electricity he produced anæsthesia. Dr. Richardson's mistaken opinion arose from two causes:

1. That he did not act on homologous points on making the experiments.

2. That the narcotic was not applied in the same manner in each experiment.

Any one, on referring to his paper of February 12, will see that his comparative experiments were not made on the same parts, one being on the skin of the wrist and the other on the arm, which last has a thicker cuticle, and its sensibility is less readily affected. He tells us that he renewed the narcotic at the wrist, the part electrified, but does not mention having done so at the non-galvanised spots of the arm. Accordingly, he found only increased redness, but no insensibility on the latter. He was thus led to the erroneous conclusion that electricity accelerates absorption. His error lay in not having sufficiently varied and repeated the experiment, which, had he done, he would have arrived at the same conclusion as myself, *i. e.* that galvanism exerts no accelerating influence on the phenomenon. I find that Mr. Nunneley has even come to the conclusion that electricity lessens absorption, for, in a letter to me he states: "I quite agree with your inferences that the substance, and not voltaic current, is the active power. I have told Dr. Richardson that if the latter have any effect, it in all probability will be to lessen, rather than increase, the power of it." How is it that Dr. Richardson, who cites Mr. Nunneley's excellent article on anæsthesia, does not mention his opinion on the influence of electricity?

In a memoir, recently laid before the Royal Society, I have examined into the action of various agencies which influence cutaneous absorption; and as it will shortly be published, I will only mention here some of the leading results at which I have arrived, and there described.

My principal experiments on absorption have been made by applying to the skin solutions of different alcaloids, as atropia, strychnia, morphia, etc., watching carefully the symptoms of absorption, and noting particularly the effects produced on the pupil. By these means, the influence of age, of circulation, of innervation, etc. may be ascertained and accurately measured. I found a still more powerful influence than either of these on the rate of absorption, exists in the nature of the menstruum, or vehicle of the alcaloid. The menstrua, with which I have experimented, are chloroform, alcohol, water, and turpentine. Chloroform I find to exert the greatest accelerating influence on cutaneous absorp-

tions, of all those yet tried by me. Alcohol, on the contrary, I find to possess the greatest retarding action.

With chloroform, for example, I find that atropia will dilate the pupil after its simple topical application, in the space of from two to four minutes; whereas the same proportion of atropia in alcohol, will produce no influence on the pupil, even after the lapse of thirty minutes and upwards. Water and spirits of turpentine, as vehicles, hold an intermediate place between chloroform and alcohol, or spirits of wine.

Atropia is particularly well adapted to ascertain the exact influence of the various menstrua and other agencies on absorption. I have likewise found the same laws to obtain with aconite, morphia, strychnia, and many other alcaloids, and a solution of equal parts of these in chloroform, possess so great an influence on absorption through the skin, that the simple application of some of the former will cause death in a few minutes; whereas an alcoholic solution of the same may be applied from thirty to forty minutes without any effects whatever. Thus, the same agent which is perfectly innoxious in one case, becomes rapidly fatal in another. It was from having inadvertently come across some of the effects of this remarkable action of chloroform, as an accelerator of cutaneous absorption, that Dr. Richardson has been led to draw such erroneous conclusions respecting this so-called process of voltaic-narcotism, which will remain as a remarkable instance in physiology of drawing hasty inferences on the one hand, and on the other of the advantages of eliminating all extraneous causes, and of reducing phenomena to their simplest expression before venturing to explain them.

Finally, I have to remark, that although throughout his last paper, June 25, Dr. Richardson adopts all the objections to the use of voltaic narcotism, which I was the first to signalise four months ago, viz. pain, vesication, and disorganisation of cutis, which appear in his last article, as if newly-discovered by Dr. Richardson, all allusion to my experiments on the subject are studiously avoided. Although I attach little importance to such plagiarisms, I mention them now, as they are so little in accordance with that spirit of "rigid honesty" which Dr. Richardson assures his readers animates him.

Some points of my paper, however, he has not yet adopted, as he still asserts the accelerating action of electricity in the production of anæsthesia, and the existence in some cases, of an interpolar anæsthesia, which he regards as the discovery of a new principle, and I as a complete delusion—as a mere "lusus physiologiæ."

NEW TREATMENT OF HYDROCELE.

By JAMES YOUNG, M.D.
Surgeon, Edinburgh.

Since my last communication on the "New Treatment of Hydrocele," which appeared in the *Medical Times and Gazette* of February 26, I have had several opportunities of further investigating the merits of the operation by the iron wire seton; and I feel prepared to recommend the treatment to the Profession as worthy of their careful attention, especially as success has followed in so many cases. This plan of cure may fail; but such has also been the fate of the iodine treatment.

The iron wire seton appears to possess the advantage over the other mode, of not only being more successful, but of effecting a cure in less than half the time. The wire seton may be called a new form of treatment, because the seton employed by Pott, and even the Arabians, was of silk thread; and I have failed hitherto to discover the iron wire seton treatment as employed by anyone previous to the recommendation of Professor Simpson, who has recently given to the world very valid reasons why metallic wire should so far excel silk thread in surgical operations. Within the last few months I have received letters from several Surgeons in England, Ireland, and Scotland, some of whom have tried the operation and found it successful—among others Dr. Quinlan, of Dublin; Mr. Stainthorpe, of Hexham, etc.

I have examined Dr. Curling's treatise on "Diseases of the Testes," and find that mention is there made of the treatment of hydrocele by the silk thread seton, and which was regarded as an improved method of curing hydrocele; but no reference is made by him to the iron wire. It appears to me that one great desideratum gained by the new treatment of hydrocele over the old, is in one being able to regulate the amount of inflammatory action necessary by the length of time the seton is retained, and which can be removed at any time; while, in the case of the iodine injection, you cannot control the amount of inflammation after the operation is once performed; and as is well known, the action is sometimes so severe that chronic orchitis is the result; and there is at this moment a gentleman under my care for that disease, the result of the iodine injection by a Surgeon in this city two years ago. If we then can so regulate the amount of inflammatory action for the radical cure of hydrocele, so much more likely are we to cure the patient more speedily, than we could do by any method over which we have less control, as in the case of the iodine, and it is just in the point of time that the second benefit results from the new operation.

The time necessary for the cure is six or seven days; and I am certain that in very few cases will the inflammatory action after iodine be subdued, and the parts assume their normal state, in that space of time. I quite believe that a patient having an injection of iodine may walk, or even work, soon after the operation; but the swelling may remain for months in many, if not most instances; whereas, in Case 4 it will be observed that a hydrocele of seven years' standing was completely cured in seven days, and no enlargement of the organ remained.

In arriving at these conclusions I am fortified by several cases on which I have operated since my last paper on the subject, and some of these cases I shall now lay before your readers.

Case 4.—G. G., aged 47, a pensioner, has been for twenty-two years in the public service, and while riding on horseback in London seven years ago he received a bruise of the testicles, and soon after observed the part begin to enlarge and become painful. Leeches were applied while in Woolwich Hospital, where he remained for three weeks. The patient states that he improved somewhat under this treatment, and afterwards wore a truss for six weeks; but the swelling continued unabated till March last. He has had the water frequently removed, but no radical treatment adopted.

On the 3rd of March, 1859, I saw him for the first time, and found him labouring under hydrocele of the left side. I proposed the operation, to which he at once assented. I performed it on the 5th of March, in the usual way, with the curved needle and iron wire seton.

He complained of a little pain, and in the evening a large quantity of water escaped. On the 6th of March there was neither pain or swelling; but on the 7th, a little inflammation, and on the 8th considerably more. I removed the seton in this case on that day (the third from the operation), as the enlargement of the scrotum was sufficient to justify it.

On March 10 the inflammatory action had nearly subsided, and on the 12th he was perfectly well. I saw him a few days since, and he continues quite well.

I may here mention that this patient readily agreed to an inspection of the part before the members of the Medico-Chirurgical Society of Edinburgh at its last meeting.

Case 5.—My next case was that of a mason, from Montrose, aged 67, who, when I saw him, was labouring under a double hydrocele, on both of which I operated at the same time.

He states that his testicles began to enlarge in November, 1858, without any apparent cause. The size of the scrotum gradually increased from that time, and in January, 1859, he was twice tapped by a Surgeon in Montrose without any radical cure having been effected. He came to Edinburgh in March last.

I saw him on the 10th of that month, and operated on the 13th on both sides, and in the usual way. He stated that the operation occasioned him almost no pain. I watched this patient carefully, and removed the wire seton of the right side on the 16th (three days), and the other on the 17th (four days). The inflammatory action rapidly subsided, and he was able to go home cured: and, although I have not seen him, or heard from him since, I requested, before he left town, that he would make me aware if the disease returned.

Since Case 5, I have operated on another patient with equal success. The patient was by trade a smith. The hydrocele was produced by a severe stroke. This patient after being cured, became careless, got intoxicated, and received another

blow, which reproduced the disease a month or two after being cured.

No blame was attributable to the operation in this case, seeing that he continued well and cured till a fresh irritation brought back the disease.

I visited a patient of Dr. Dycer's a week or two since, on whom my friend, Mr. Edwards, operated for hydrocele with the curved needle, and iron wire seton. I saw the man on the third day after the operation, when the wire was removed; and on the sixth day, three days after the wire was removed, the inflammatory action had nearly subsided. The cure has proved most successful. Mr. Edwards thinks this a decided improvement over the old operation, and I expect he will bring the subject under the notice of the Profession at the next meeting of the Medico-Chirurgical Society.

Two reasons why this operation may be considered an improvement, are, 1. Because of the comparative freedom from pain, and 2. Because it effects a cure much more speedily, as is further illustrated by a case operated on in Edinburgh a few weeks since, where the iodine was injected for the cure of the hydrocele. Acute pain continued for four days, from Thursday till the following Monday, and the subsequent enlargement of the scrotum (equal to the pre-existing hydrocele) did not begin to abate for fourteen days.

We are bound in kindness to our patients to adopt the simplest and speediest method of cure in every Surgical operation, and so in this disease. There may be more trouble to the Surgeon in watching the action of the seton, than there is with the tincture of iodine; but there is a great saving of pain and time to the patient, and time is of the utmost importance with most men.

CURE OF HYDROCELE BY INTRODUCTION OF HYDRARG. NITRICO-OXYDUM.

By WILLIAM HEPWORTH RADLEY,
Surgeon to the Great Northern Railway Company, etc.

Having tried the above method in two instances, and never having seen it mentioned in any work on Surgery, I venture to append the manner of operating and progress in the two cases. It seems to me to possess, for several reasons, a preference over that by injection, seton, etc. 1st, Its simplicity; 2nd, It does not cause so much pain "immediately" after introduction, as the various remedies employed for injection,—the pain coming on more gradually and not being so severe; 3rd, The inflammation excited, although sufficient to produce the equilibrium between the secretion and absorption of the fluid of the tunica vaginalis necessary to make a cure of an hydrocele, still it does not run so high as is very often the case when iodine, port wine, sulphate of zinc, or acetate of lead are employed; 4th, The patient need not be confined to his bed, or even restrained from following his daily occupation. The method of introducing the powder is as follows:—Having extracted all fluid by tapping in the ordinary way,—the only precaution that is necessary being to use a moderate-sized trocar,—grease the end of a probe, the blunt end being preferred, and dip it lightly into some of the hydrarg. nitrico-oxydum finely powdered; then introduce through the canula into the sac of the tunica vaginalis; next feel for the end of it through the scrotum; nip the scrotum together, having the probe between the two portions, and withdrawing it, the powder will be left in the cavity. A repetition of the above once or twice will be all that is necessary.

J. G., labourer, aged 65; has had hydrocele for the last twenty years, and has generally required tapping four times a-year.

May 21, 1859.—Tapped him, and drew off thirteen ounces of clear fluid; then by the above process introduced the powder twice. Complained of no pain.

22nd.—States that he experienced a sensation of burning for about an hour after the operation yesterday.

23rd.—Went to his work, which was hoeing wheat.

29th.—Complains that his hydrocele is as big as ever, but has no pain in it; drew off twelve ounces of thick red fluid.

June 5.—His testis is much swollen and hard; can bear it handling without pain, and has continued his work without inconvenience.

12th.—Swelling is now diminishing in size, hardness fast disappearing.

19th.—Has been to the Surgery, and now declares his scrotum to be as natural as it ever was.

J. M., farmer, aged 35, gives a similar history to the above, of twelve years' duration.

June 8, 1859.—Came for the purpose of having it tapped, that it might not, as he said, interfere with superintending his harvest. Having drawn off the fluid, I advised him to have the powder introduced, but had some difficulty in obtaining his acquiescence, as he had had an injection used; it had failed, and having given him so much pain, he said he would rather submit to his hydrocele than undergo the same punishment. However, he consented, and after I had introduced the probe twice, sat talking to me twenty minutes, speculating on the chance of a cure, doubting its efficacy, because as he said it did not pain him near so much as the other did; he then left to walk to his home, some nine miles distant.

10th.—Complained of some considerable amount of pain, which he referred to his walking home, but that the pain was not so severe as to prevent him from going into his hay-field. The scrotum is much swollen and hard, very little pain. Ordered him an ordinary cold lotion, to apply frequently.

13th.—Swelling much abated; has again been into his hay-field.

16th.—Swelling not reduced, but much softer; can now feel testicle at back part.

19th.—Swelling rapidly going, and also hardness.

25th.—I saw the scrotum to-day, and find it to all appearance quite natural.

Red Lion-street, Boston.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TRACHEOTOMY PERFORMED FOR THE REMOVAL OF A TAMARIND-STONE FROM THE TRACHEA.

(Under the care of Mr. SKEY.)

On July 14, a boy, W. S., aged 5, was brought into St. Bartholomew's Hospital (Lucas Ward), with symptoms of suffocation, consequent, as reported by his mother, on his having "swallowed" a tamarind-stone. The subject of this accident was a strong healthy child. His mother stated that within half-an-hour of the present time, he had been playing with other children, one of whom had shared some tamarinds he had purchased with him; that he had been in perfect health up to that moment, and that he uttered a scream, and appeared on the point of suffocation.

Concluding that the child had one or more of the tamarind-stones in the wind-pipe, the mother held the child up by the legs, hoping to disengage the foreign body. The attempt was not successful, and she ran off with him to the Hospital. When first seen by the House-Surgeon, the boy was sitting up in the father's arms. There was no discoloration or lividity of the skin of the face or lips; but the child had an expression of extreme anxiety, with a hurried respiration. The act of inspiration was stridulous, and he was at intervals attacked with a sudden cough, the sound of which was ringing and metallic, much resembling that of croup, and from its peculiar character was audible at a long distance. During the intervals of the cough the child fell back asleep, from which he was again and again roused by a return of the paroxysm. The presence of the stone could not be felt by the finger pushed down on the glottis. The respiratory sounds on each side of the chest were unchanged, and air entered freely into each lung, and no positive information could be obtained of the position of the offending body. The operation for its removal was performed by Mr. Skey about an hour and a-half from the time of the accident.

The child took chloroform without difficulty. The external incision was somewhat long, and extended from below the cricoid cartilage to the sternum, its length being about one and a-half inch. Some bleeding followed the dissection of the structures, down to the trachea, quite sufficient indeed to preclude the puncture of the air-tube. The trachea being bared, the further progress of the operation was suspended

for a few minutes, at the expiration of which the bleeding had ceased. The trachea was then opened freely, apparently to two-thirds the length of the outer wound. A pair of curved forceps were introduced into the trachea, with which two or three attempts were made to seize the stone; but ineffectually, and they were laid aside. The opening in the trachea was then lengthened by the division of another ring, and two fine hooks being introduced into the opposite cut edges of the tube, the parts were drawn widely asunder, and steadily held by Mr. Savory. Within a few seconds, the child was seized with cough, and the tamarind-stone was thrown out with force through the opening. It was found to be a stone of the smaller size, and flattened at the sides. The directions given were, that the extremities of the outer wound should be brought together, and that if required, the child should have a mild sedative.

July 15th.—The boy has passed a good night, with a fair allowance of sleep. Skin hot and dry. Respiration, forty per minute. The child inspires through the larynx, but expires partly through the larynx, and partly through the wound. Pulse, 140. Tongue much furred. Over the right side of the chest the cellular tissue is emphysematous. Respiratory sounds, healthy. Ordered, one-twelfth of a grain of tartarised antimony in syrup every two hours.

16th.—Child improved. Skin moist. Respirations, twenty-four per minute. The passage of air through the wound very slight, except during coughing. Omit antimony.

17th.—The boy is sitting up in bed playing with toys. Diet: eggs, milk, beef-tea. Emphysema reduced; wound, healthy. Ordered, liq. cinchonæ ♏ x., ter indies.

20th.—No air passes through the wound. Child convalescent. After the operation Mr. Skey made the following remarks:—

"Tracheotomy is not an operation very easy of performance, and the less so when undertaken on a child by gas-light. It is desirable to dissect in the exact mesial line, not merely to avoid injury to the sterno-thyroid muscles, but to maintain a clear knowledge of the precise locality of our dissection. The operation of tracheotomy, when undertaken for the removal of a foreign body, is essentially different from that performed for the admission of air to the lungs. The required opening in the latter case is small. In the former it must be large, and inasmuch as when it is undertaken for the removal of a foreign body, it is usually performed on the persons of young children in whom the trachea is short. The opening made should involve nearly the whole of the tube, from the cricoid cartilage to the upper border of the sternum. The division of the thyroid isthmus in the child is of no moment."

Mr. Skey expressed an opinion unfavourable to the employment of forceps of any kind introduced into the windpipe, and said he had never succeeded himself, nor seen the attempt to seize the foreign body succeed in the hands of others, and he greatly perferred to trust to the expiratory efforts of the child, acting through the medium of a large and dilated aperture. Mr. Skey said, the success of an operation of this nature much depends on the co-operation of the assistant. "I have had the advantage of the able assistance of Mr. Savory, who held widely asunder the edges of the divided trachea. In an operation by Mr. Paget last year for the removal of a plum-stone, that duty devolved on me. The length of the opening in the trachea having been increased, the stone was thrown out by the act of coughing, while I was engaged in dilating the wound by means of hooks, and I am indebted to the skilful co-operation of Mr. Savory, whose good management enabled me to complete the operation in the above case."

HOSPITAL NOTES.

ORCHITIS OF AN UNDESCENDED GLAND.

It not unfrequently happens that when the descent of the testis is delayed until a period of life closely bordering on puberty, inflammation and considerable inconvenience attend its escape through the external ring. We have seen such swellings mistaken for hernia, and a truss applied, to the great aggravation of the boy's suffering. An extreme instance of orchitis, under the condition alluded to, came under notice at Guy's Hospital the other day. A rather puny, thin boy, aged 12, applied, with a countenance and whole bearing expressive of great discomfort, on account of a swelling in one groin. He was stooping forwards, and evidently moved with the greatest difficulty. On examination, Mr. Bryant, under whose care he was admitted, found that no testis was as yet present in the left side of the scrotum, and that in the left groin, just within the grip of the pillars of the external ring, was a swelling about the size of a bantam's egg. The swelling was excessively tender, and there could be no doubt that it was the undescended testis in a state of inflammation. The boy said that he had had pain in the groin for two weeks, but that the swelling had only commenced three days ago. He was taken into the Hospital and put to bed. Ice was applied, and opium administered, and after a short time the swelling of the gland had subsided.

CHALKY CONCRETIONS FROM A SUPPURATED LYMPHATIC IN THE NECK.

We published some years ago a series of cases in which, during the course of phthisis, chalky concretions had been expectorated. The object of the series was to illustrate and determine the true value and meaning of this peculiar symptom. Our conclusion was, that the expectoration of fragments of chalk indicates that the patient has had tuberculous deposits at some distant period, which have been absorbed, and that now some relapse of pulmonary disorganisation is in progress. We could find no probability in favour of the notion which some writers have expressed, that cretaceous expectoration is a sign of good augury; on the contrary, in all the cases which we cited the patient was worse at the time of its occurrence than had been the case before, and got worse still subsequently. If tubercle is absorbed, its cretacious remains are impacted in the cicatrised tissue, and never make their appearance in the sputum. A relapse of inflammation is needed to cause their dislodgment, and of such relapse, they are directly symptomatic. The following case has an interesting bearing upon the same question. A girl, aged 14, stout and pale, and of markedly strumous family, has been under Mr. Hutchinson's care at the Metropolitan Free Hospital for six months past on account of a swollen lymphatic under the jaw. Very slowly the gland suppurated, and about a fortnight ago it was opened. A few drops of thin pus having escaped, the opening became choked by a white substance, which required removal by the probe, and which proved to be a nodulated mass of chalk. Four other similar masses, all of them moulded, nodulated, and hard, were subsequently removed. The pus was thin and flaky, such as is usually designated as "strumous." That these concretions are really the result of absorption of tubercle, and not of that of ordinary pus, there can be but little doubt. The girl had been more or less under Mr. Hutchinson's observation for two years past, having suffered from a very intractable lachrymal fistula; and during this period it is quite certain that the gland had never been materially swollen. With regard to prior years, her relatives were carefully questioned, and they agreed with herself in saying that they had never noticed any swelling in the neck until the present one. It is very probable that a tuberculous lymphatic might have escaped observation, but scarcely possible that a suppurated one should have done so. Apart from its interest as an example of a rare pathological phenomenon, the case is of some importance as strongly supporting the view we took with regard to the parallel one, when the lungs are the organs involved.

AMPUTATION OF THE LEG AFTER RESECTION OF THE ANCLE.

Amongst the cases of interest which have recently been treated in King's College Hospital, is that of a man, aged 26, under Mr. Bowman's care, for whom excision of the astragalus and malleoli had been performed about three years before. The resection operations had been performed by the late Mr. Statham; and had been two in number, the first consisting in the removal of the astragalus, and the second in sawing off the malleoli and gouging the surface of the tibia. Although at first a cure had been hoped, yet the diseased processes had continued in the tibia to such an extent as to prevent any use of the limb. A single sinus remained. When admitted under Mr. Bowman's care, the man wished to have amputation performed, and to this wish Mr. Bowman acceded. On March 26 amputation was performed, Mr.

Teale's method (by rectangular flaps, one short and one long) being adopted. With regard to the amputation we need not say more than that it answered well, and that the man recovered with a good stump. On dissection of the foot the under surface of the tibia was found united to the tarsal bones by firm ligamentous tissue. The astragalus was wholly wanting.

There are of course not a few exceptions to the remark, but we fear that the above case is but too good an example of the usual result after resection of the ancle-joint. For the wrist and ancle, where many bones, and those consisting of porous structure, have to be interfered with, the operation of excision seems but ill-adapted. We have seen some very good results after it, but we have seen still better after treatment by rest and constitutional measures only. The Surgeon's knife and saw, and, above all, his gouge, are but too liable to extend the carious ulceration which they are intended to remove. We have repeatedly seen cases of this class disappoint the Surgeon's hopes after an infinity of care and trouble, and come to amputation at last.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

EXCISION OF THE KNEE-JOINT — SUBSEQUENT AMPUTATION—DEATH.

(Under the care of Mr. CRAVEN.)

[Reported by Mr. EVANS, House-Surgeon.]

ROBERT C. aged 31, a cachectic-looking man; married; an engine-driver by occupation. Admitted on March 3, with disease of the left knee-joint. He came in with the impression of the necessity for the removal of the limb, and with the wish for it if it were so.

History—He sustained an injury nearly four years ago, while in his occupation, and subsequently injured the knee a second time. He was in the Infirmary last summer, under the care of Mr. Huntington, for about a month, when Scott's treatment was adopted. There were no sinuses nor open sores at that time. He has since had treatment elsewhere, and his knee has been blistered and cupped, and issues also employed. Has been unable to follow his employment for the last nine months.

Present symptoms.—There is general enlargement of the joint, great pain on striking the sole of the foot; two or three sores above the knee, but not leading to bone, the result of issues. No indications of pulmonary mischief. He was ordered liberal diet, and an opiate every night.

March 12.—There is some inflammation and œdema of the integuments below the knee, and great pain in the part. Cold water dressing to be applied.

℞ Mist. salin. effervesc. 4tis horis.

16th.—A consultation was held, and it was considered requisite that relief should be obtained by operation; it was resolved that resection of the joint or amputation of the thigh should be performed, according to the state of parts on examination. A long semicircular incision was made over the front of the joint, the convexity downwards. On reflecting the flap thus made, and the joint being exposed, there was seen pulpy degeneration of the synovial membrane, and ulceration of the cartilages, the bone being exposed and rough in several places. The cartilage which remained was soft and very vascular. The ulceration was of the deep kind. The lower end of the femur was now sawn off to the extent of a full inch or more (a common saw being used at right angles to the shaft), and the sawn surface seemed pretty healthy, scarcely more vascular or softer than natural. The upper end of the tibia was then sawn off in the same manner, to the extent of half-an-inch, and the bone appeared perfectly healthy. The patella presented the same appearances as the rest of the joint, and was removed entire. At this stage of the proceedings a quantity of very fetid pus escaped, appearing to come chiefly from the soft parts below. Two or three vessels only required a ligature, and the wound was closed with iron-wire sutures. Wet lint was applied, and the limb bound down upon a straight splint, with two side ones, and the part was kept cool by irrigation for the first few days. Half-a-drachm of liq. opii sedat. was given immediately after the operation.

8 p.m.—Has had some sleep and feels comfortable. Pulse 140, tongue moist. The opium is repeated.

17th.—Had a very tolerable night. Pulse 140. Vespere.—Pulse 120.

18th.—Pulse 120, feeble. Not much appetite. Ordered eight ounces of wine daily, and a cinchona draught three times a-day.

20th.—Knee dressed; looking well. No tension or inflammatory appearance about the sutures. Copious discharge from wound.

25th.—An abscess has formed in the calf. Incision made, and free discharge of matter. Ordered a quinine draught three times a-day, and allowed brandy in addition to his wine.

28th.—All the sutures were removed, one or two only having sloughed out. The flap has united by granulation in nearly the whole extent.

April 15.—Wound dressed every two or three days since last report. The thigh has a tendency to rotate outwards. Rather a troublesome cough, with slight mucous expectoration. Ordered ipecacuanha and conium for his cough.

24th.—Can sleep now without his anodyne. The flap of integument over the knee is gradually withdrawing itself from the opposing one, thus exposing a broad semi-circular line of granulations, which are rather soft and flabby. The amount of discharge continues very great. The excoriation from the discharge is greatly relieved by dusting the part with powdered oxide of zinc. Notwithstanding all care, a sore has formed upon the heel.

May 20.—Limb in better position and firmer. General health very fair. Bowels less relaxed, but stools of an unhealthy character. Sleeps well.

27th.—A sore has now formed under the knee, from which there is free discharge. There is no attempt at cicatrisation of the wound made at the time of the operation. There is a collection of matter on the outer side of the thigh, which escapes from an opening near the knee.

June 4.—He remains much the same. There is a tendency to relaxation of the bowels. Leg dressed twice or three times a-week; the discharge continues very abundant, and is thinner and more watery in character.

28th.—The foot has become a good deal inverted, and the least movement of it gives him very great pain at the knee. There appears to be some union of the bones, though not much. Appetite indifferent. The patient expresses an urgent wish to have the limb removed. A consultation was again held, and, all things considered, it was resolved to accede to his request.

29th.—(Three and a-half months after excision.) The patient was brought into the operating theatre under the influence of chloroform. The thigh was amputated in the upper third by the circular method; very little blood was lost. The muscles of the thigh looked dark and unhealthy. No sutures were put in, but the integuments merely brought over the stump by wet lint, and a turn or two of bandage.

℞ Liq. opii sed. ♏ xij statim et h. s.

On examining the limb, there was found to be no union of the bones, although they were in apposition, and their surfaces were for the most part covered with soft, pulpy-looking matter.

30th.—He had a fair night. Pulse feeble. Beef-tea, wine, brandy, etc. ad lib.

July 1.—Has vomited once or twice, and does not take much support. Pulse very small and feeble. He evidently will not rally.

2nd.—He died this day about noon.

Remarks.—As the bones were in apposition, and yet union of them did not take place, the failure of it must be attributed to the debilitated and cachectic habit of body which the man possessed; and which the dark, flabby condition of the muscles gave evidence of. It is probable that had amputation been performed in the first instance the man would have recovered; yet at the time of the operation the state of the bones seemed fully to justify the attempt which was made to save the limb.

ELECTION AT THE ACADÉMIE DE MÉDECINE.—M. Ambrose Tardieu has been elected into the Section of Hygiene and Legal Medicine, by 62 out of 69 voters present.

THE COLONIAL
PRACTICE OF MEDICINE AND SURGERY.

SYDNEY HOSPITAL, NEW SOUTH WALES.

LARGE FIBRO-CELLULAR TUMOUR SITUATED ON NATES.

(Communicated by Mr. ALFRED ROBERTS, Surgeon to the Hospital.)

R. B., aged 29, has always enjoyed good general health, is a native of India, and has been fourteen years in this colony. About twelve years since he received a blow upon left nates, which was followed for some time by a small painless swelling over the seat of injury; this has gradually increased up to the present time, but its progress has been more rapid during the last two or three years. On one occasion he fell from a horse, and struck the tumour upon a stone, by which it was extensively lacerated; the wound, however, healed rapidly. His occupation is that of a shepherd and gardener. He wishes to have the growth removed, which, although painless, is very inconvenient. He appears to possess a sound constitution, a placid temperament, and to be in a good state of health.

Situated over the left nates is a large tumour, pendulous when the patient is in the erect posture, loose and extending at its base. When he lies upon his face it has the feel of a fatty tumour as a whole; but about one-half of the mass is covered by hard tuberculous masses, which apparently pervade the subcutaneous cellular tissue, and to which the skin is firmly adherent; the skin and subcutaneous cellular tissue cannot be raised, or moved upon, more than one-fourth of the morbid growth. Examined, with the patient lying upon his face, the tumour appears to be bounded as follows:—superiorly and externally, it extends on right side to within two and a-half inches of superior and anterior spinous process of ilium; on left side, to within an inch of trochanter major, overlapping and inferiorly occupying, the superior and posterior portion of thigh three inches; on right side it also partially surrounds the sphincter ani, pressing heavily upon the rectum. The circumference of base is thirty-one inches; length of same, twelve inches; breadth, ten inches.

I considered the mass to be steatomatous, but containing an unusual, and very large proportion of dense cellular tissue irregularly distributed; the portion of the base over the sacrum was very adherent to the periosteum, and I anticipated that in all probability the growth sent processes of diseased structure into, and between the neighbouring deep-seated parts.

For these reasons I determined to remove the tumour by an eliptoid incision, saving sufficient covering for the wound from the most healthy portions of the side of the growth, taking away as much of the diseased structure as possible without minute and deep dissection. The patient being placed under the influence of chloroform, the operation was rapidly performed, with scarcely any loss of blood.

The mass removed, weighed upwards of seven pounds, and contained but little healthy fat; it was apparently composed of dense glandular-looking formation, which in some places were of almost cartilaginous hardness; numerous detached glandular-looking masses were found embedded between the fibres of the glutens maximas, some of the more superficial of which were removed, and the flaps brought together. About a thirtieth or twentieth part of the entire morbid deposit was probably left behind, it being hoped that suppuration might so modify it as to check or prevent its further development. The result of this operation was highly satisfactory, sufficient integument was retained to form a covering for the large basic wound, a very small portion of which only sloughed; healthy suppuration and granulation rapidly set in, ending in a quick recovery. When he left the Hospital the cicatrix was healthy, and the portions of morbid tissue which had not been removed, had very much diminished during suppuration, and were very insignificant.

The mass removed appeared to the eye, as above stated, to be composed mainly, and in its most developed parts, of a series of glands connected by loose cellular tissue; but upon tracing one such body, it was found to be a segment of a long, nodulated, and tortuous substance, some of which dissection showed terminating in blind extremities, while others seemed to have no termination; thus an end of one of these taken at the cut surface of the tumour, could be easily traced into the mass a considerable distance, and again back to the surface. It might be compared in one sense to an entangled mass of nodulated worms. This structure in approaching the skin (to which it was in many places adherent), merged gradually, more or less, into the character of subcutaneous cellular tissue. Microscopic examination proved the greater part of this growth to be of fibro-cellular formation.

The small amount of hæmorrhage during the operation was remarkable; only one vessel of very inconsiderable size required ligature.

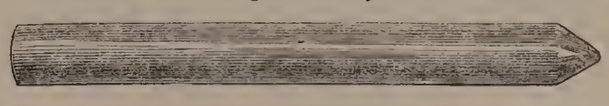
VESICAL CALCULUS FORMED UPON A PIECE OF SLATE PENCIL SWALLOWED SIX MONTHS PREVIOUSLY.

(Communicated by Mr. ALFRED ROBERTS.)

T. B., aged 47, admitted into the Hospital, August 9th, 1856, is a sawyer by trade, and resides at Wollongong. Has occasionally drank freely, but has enjoyed good health. Six months ago, while at work, a friend called him to have a glass of spirits, and going into the house for the purpose, he picked up a piece of slate pencil, which by habit he put into his mouth and swallowed with the spirits while engaged in conversation with his companion. He immediately mentioned the circumstance, and was assured by his friend that it did not matter. On the following or second day, when jumping from a piece of timber, he experienced a sudden, sharp, and pricking pain in the right lumbar region, which continued more or less for five weeks (sometimes keeping him in bed for a couple of days, and always preventing him from working), when it ceased, giving place to all the symptoms of vesical calculus in a severe form. Athough he firmly adhered to the above account, it appeared so improbable that the pencil should have found its way from the intestine into the bladder, without greater constitutional and local irritation, that I diagnosed a renal calculus passing into the bladder, upon which the large calculus, probably phosphatic, which the sound detected had formed. The man was prepared for lithotomy, which was performed August 18th. The stone was found to be large and very soft, breaking readily between the blades of the forceps. One end having thus come away, I felt to my surprise the cut end of a piece of slate pencil. This I now seized, but it came away from its bed, and I was obliged to remove the calculus piecemeal. The man made a good recovery, and was discharged quite well on September 24th, 1856.

Immediately after the operation, and while he was still partially under the influence of chloroform, I asked him abruptly, what he passed the pencil down his penis for? But he naturally and without hesitation replied that he had swallowed it. I have since written to my friend, Mr. Lambert, who sent me up the case, to make further inquiries as to the truth of his account. He writes me, that he has seen the person (a small farmer and respectable) who was with him at the time, and that he *fully corroborates* his tale.

The piece of pencil is two and a quarter inches long, and of the smooth made kind, called Dutch pencil; it is bluntly pointed at one end, having evidently been used a little after



it had been sharpened; it is quite perfect, each mark of the knife upon it being distinct. The calculus measured from three and a half to four inches, by from one and three quarters to two inches length and width, and is of the fusible or quadruple phosphate variety. The portion saved weighs dry, six drachms, probably three drachms more were lost during the operation. I have left no stone unturned to elucidate the truth in this very interesting case, and can only state that after much hesitation I have arrived at the conclusion, that the pencil was swallowed by mouth, and made its way by inflammation and ulceration into the bladder. What course it took can only be surmised at, but probably it was in some portion of the small intestine at the time he made the jump, the concussion of which threw the foreign body across the intestine, bringing the pointed end opposite the bladder, and pointing as it were to it; but it may be asked, Would the small intestine under the influence of a body

weighing six drachms, suddenly stretch to the length of the pencil?—if not, then it most probably became entangled in a fold of mucous membrane, but in this case it must have occurred in the first portion of ilium. These are questions, however, which I presume can only be solved by a post-mortem examination. I enclose half of the pencil, which will subsequently be sent to Guy's Museum.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 345.—English Midwives in 1602.

My mother, whether by reason she had a little mistaken her time, or that the country thereabouts yielded no better, was necessitated to make use of a midwife whose neck was distorted by some natural or emergent cause, on the one side, as it has been credibly related unto me, so as the very sight of her at first much affrighted my mother, when she saw her come right forward, and get to look over her shoulder; and had there been either a stay of her throes, which now grew strong and quick, or possibility of another midwife, she would upon no terms have admitted of her help. The woman perceiving, was also herself troubled at it, and, whether maliciously or casually I know not, exceedingly bruised my right eye in her assisting at my birth.—*Diary of Sir S. D'Ewes.*

No. 346.—Accouchement of Madame de Bourbon.

"Her labour was so difficult that it was feared it would be necessary to deliver the child by force. The child was, in fact, born dying. To reanimate it, it was placed in linen soaked in spirits of wine. No one knows how, but the spirits took fire. The women all rushed away terrified. The accoucheur, however, assisted well; and the child's life was saved. It is thought he will live." Thus wrote on August 5, 1772, Madame de Deffand, of the birth of a child, who in 1804 ended his career in the ditches of Vincennes, as Duc d'Enghien!

No. 347.—A Popular Remedy for Hernia.

The following singular account referring to the ash tree (*Fraxinus Excelsior*) is taken from a book very recently published, called "Our Woodlands, Heaths, and Hedges," by W. S. Coleman:—"This tree has been the object of some curious superstitions, one of which, at least, absurd as it is, is not yet quite obsolete: we allude to the reputed virtue of a split ash-tree in curing ruptured children. The programme of the ceremony by which this supposed power was called into play is as follows:—The stem of a young ash being cleft down the middle, and kept open by wedges, the afflicted child, in a state of nudity, was forced through the opening, the mother standing on one side of the tree and the father on the other. This uncomfortable transit having been twice performed by the astonished and shivering infant, both it and the disrupted tree were respectively swathed up at the same time; and if the wound in the latter healed, and the parts coalesced, as was generally the case, a simultaneous cure was supposed to be effected in the child. It is but a short time ago, that a poor child suffering from the above infirmity was actually subjected to this process somewhere in Warwickshire."

H. L. Maysmor.

Springfield-lodge, Park-vill. east, Regent's-park.

No. 348.—Murder of Sir Thomas Overbury.

From which day (May 19, 1613), for the space of three months and six days, he had several poisons administered unto him in tarts, jellies, physic, and almost in everything he took; so as the stronger his body and constitution were, the more horrible were his torments; having sometimes, upon the taking of only one fascinated potion, threescore stools and vomits, and divers of them mixed with blood. . . . . The last poison that was administered unto him was in a glister, soon after the taking of which he died in horrible torment and agony, upon the 15th September of the same year. The apothecary who administered it was liberally rewarded for his pains, and received twenty pounds, but could not be afterwards heard of. Notwithstanding the giving of these poisons, which had eaten out his entrails within, and caused great boils and sores to break out in his body without, they—intending to entomb his good name with his miserable carcass—caused it to be bruited about that he died of the French disease, which is commonly gotten by accompanying with evil women, and that the boils and sores on his body produced by that, made his stench after death intolerable."—*Sir S. D'Ewes' Journal.*

[There is something singular in the similarity between the means employed for Sir T. Overbury's destruction, and those resorted to in certain cases of modern date. There can be little doubt from the above description that arsenic was the poison used in this case.—Ed.]

No. 349.—Clay Eaters.

"Humboldt confirms the statement of Gumilla, that the Otomas of South America, during the period of the floods, subsist entirely on a fat and ferruginous clay, of which each man eats daily a pound or more. The well-known botanist and explorer, Martius, informed me that the Indians of the Amazon eat a kind of loam, even when other food is abundant. Molina says the Peruvians frequently eat a sweet smelling clay; and Ehrenberg has analysed the edible clay sold in the markets of Bolivia, which he finds to be a mixture of talc and mica. The inhabitants of Guiana mingle clay with their bread; and the negroes in Jamaica are said to eat earth when other food is deficient. According to Labillardière, the inhabitants of New Caledonia appease their hunger with a white friable earth, said by Vanquelin to be composed of magnesia, silica, oxide of iron, and chalk. The same writer asserts that at Java a cake is made of ferruginous clay, which is much sought for by women in their pregnancy. To conclude this list we must add Siam and Kamschatka as countries of clay-eaters."—*Physiology of Common Life.*

No. 350.—Curious Optical Phenomenon.

M. Babinet has related to the Academy of Sciences details concerning the singular phenomenon which happened in Paris, on the 27th of May last past. Every shadow, it was observed, had a well marked bluish colour. "Ordinarily," said the *spirituel* academician, "this colour of shadows is ascribed to the reflection of the azure of the sky; but such an explanation of the phenomenon could not be admitted on this occasion, because the whole city was covered with a thick fog—the sun at setting looking like an enormous red disc. The light had a very intensely orange-red colour, and the blue coloration of the shadows must be considered as a phenomenon of complimentary vision. Just in a like way the moon always looks blue, when we see her reflected in the water in the streets of Paris. Its colour is in such case complimentary, to the more or less orange-coloured rays, proceeding from the gas-lights."

No. 351.—Surgeons and Physicians 100 Years ago.

The Duchesse de Choiseul gives the following account of the treatment of fracture of the clavicle a hundred years ago. "Yesterday, the Abbé, wishing to show off on horseback, fell from his saddle on his shoulder, and broke his clavicle. The Physicians and the Surgeons assure us that it is the very slightest of fractures, that the danger from it is nothing, that its consequences are without inconvenience, and that the pain is the least that can be for a fracture. His is a simple one. It was remedied immediately, and directly it was arranged all pain at once ceased. After he was 'dressed' and *bled*, he was sent to bed, and has passed a very tranquil night, though he has not slept much. He has no fever, and is indeed so well, that it is thought there will be no necessity to *bleed* him again this evening; notwithstanding that the practice is to bleed extensively in fractures. If all this passes away without fever, it will be very extraordinary; because we are told that fever always comes on on the second or third day. In the meantime the Abbé is very gay, and suffers from nothing but the bandages, which restrain his movements." Surgeon Pevol seems to have treated the case right well, for the Abbé complains of no inconvenience afterwards. About ten days after the accident he writes (being a lady's man and *spirituel*): "I conclude from all these details, that nothing is of greater service for the cure of *ennui* than the breaking of one's collar-bone!"

The physicians of that day were not, however, so happy. "Madame de Pompadour," writes the Duchesse de Choiseul, "has coughed much, and has a strong fever; but we are assured that there is no danger." The Marquise, nevertheless, died phthisical in one month. This was before the days of Laennec.

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Medical Times & Gazette.

SATURDAY, JULY 30.

AMENDMENTS ON THE MEDICAL ACT.

A Bill has been introduced by Mr. Whiteside and Lord Naas, and was ordered by the House of Commons to be printed on July 19. It was read a second time last Saturday morning, and was to be considered in committee on Thursday. It is entitled "A Bill to Amend the Medical Act." After reciting that provision is made by "The Medical Act" for the registration of the Medical Profession, that certain disabilities are imposed on members of that Profession who are not registered, and that Licentiates of Medicine and Masters in Surgery of the Universities of the United Kingdom are authorised to be registered under the Medical Act, it is added that no provision is contained therein for the registration of Licentiates in Surgery of such Universities, and proposes to enact, "that the diploma or Licence in Surgery, as heretofore usually granted by any University of the United Kingdom, should be considered a sufficient qualification to practise under the Medical Act, and that every person to whom such diploma or licence has been granted shall be entitled to be registered under the provisions of the recited Act, in like manner, and with the like effect, and subject to the like provisions as are prescribed by the recited Act in respect of the registration of any Master in Surgery of any University in the United Kingdom;" and by Section 2, that the words "or Licentiate in Surgery," shall be added after the words "or Master in Surgery," to the qualifications described in the tenth head of Schedule A of the Medical Act. Various other specific provisions are then inserted, but these it is unnecessary to notice now.

The sole scope of this new Bill is really to create a new class of Practitioners, under the head of *Licentiates in Surgery*. This object it was attempted to accomplish by the Medical Act Amendment Act introduced last session, but the scheme then proved unsuccessful. The Medical Degrees obtained at Oxford and Cambridge are Bachelor of Medicine and Doctor of Medicine; the first being conferred after a study of three years, the latter title after six. What constitutes virtually a Licentiate of Medicine, or Master in Surgery, we do not now profess to say. We understand, however, that a Diploma or Licence in Surgery is given in Ireland to such students who have matriculated in Medicine, and have completed at least one year in Arts. The men thus qualified, it is now proposed, shall have the right and privilege to practise in any part of Her Majesty's dominions.

A petition from the Edinburgh College of Surgeons against this Bill was presented to the House of Commons, on Tuesday, by Mr. Black, and ordered to lie on the table; and Mr. Henry B. Sheridan has given notice of various amendments to be proposed in Committee, which will have the effect, if adopted, of extending the qualification to register and to practise to Licentiates in Midwifery of the Lying-in Hospital in Dublin. Section 1, if amended, will therefore, in effect, read "That the Diploma or Licence in Surgery, or Midwifery of any University or by the Lying-in Hospital in Dublin shall be considered a sufficient qualification to practise in Surgery or Midwifery."

Not content with this attempt to add another to the list of qualifications entitling the holder to a place on the Medical Register, Lord Robert Cecil gave notice of a motion to admit Licentiates in Dentistry of the College of Surgeons also to the Register. This motion was to have come on on Tuesday night in the House of Commons, but the House was counted out.

These attempts at legislation by isolated sections of the Profession appear to us to be peculiarly objectionable, now that the whole Medical body is united and represented in the Medical Council. It seems extremely improper for any one body, without the concurrence of others, and still more so without their knowledge and full discussion, to attempt to push any measure through Parliament, affecting the interests of the whole Medical body. If it be for the good of the Public and the Profession that the Universities should have the power of granting Licences to practise Surgery, let the power be granted,—but first let us all be convinced that such a change is really desirable. At all events, let the question be fully discussed among ourselves before any single University urge on a measure which once passed may be very difficult to repeal. Then, as to the Licentiates in Dentistry, the feeling in the Profession would be very strong against their admission into the Medical Register. It was a great mistake to admit those Licentiates in Midwifery who have no other Medical qualification: and this admission of Dentists, who are not members of the College, but are only to have a special licence as Dentists, is a still greater mistake.

THE WEEK.

The recent trials of Watters and Kahn in this country, and that of Vriès mentioned below, seem to show that if persons will only take the pains to put the law in operation, much may be done to stop imposture. The celebrated "Docteur Noir," alias Vriès, entered into an agreement with the Abbé Bocquet, as expressed in the following receipt,—"Received of the Abbé Bocquet the sum of 2000 francs, on account of a sum of 4000 francs, as the covenanted price of the cure of a cancer by which the Abbé is attacked. The second 2000 francs to be paid as soon as the cure is completed. Paris, Dec. 25, 1858—Vries." The Abbé, who the "Docteur Noir" had thus engaged to cure, was not long in departing this life, and his widow demanded of Vriès the restitution of the 2000 francs paid on account—as, not having satisfied the conditions mentioned in the receipt, he had no right to retain any portion of the money paid upon the faith of such fulfilment. Vriès declined making any restitution, generously, however, foregoing the balance! The tribunal of the Seine has condemned him to make the restitution, and to pay the expenses.

A Mr. Samuel Nunn has been convicted for "having unlawfully, wilfully, and falsely taken and used the name and title of Surgeon, not being duly authorised to take and use the same, against the statute." The proceedings were taken by the London Medical Association, which has lately so well distinguished itself in the Bennett swindle case. The facts were clearly proved; and Mr. Secker, the magistrate, fined the defendant 40s., and 28s. costs; and also informed him that he must at once remove the description over his door and his window. This is the first conviction which has taken place under the Medical Act; and demonstrates very satisfactorily that the Act is not a mere thing of words, but possesses much virtue and actual power, and may be used thus bene-

ficially in the service of the Profession, and for the good of the public. The fine, it should be observed, was small, because, as Mr. Secker said, this was the first conviction under the new Act. A full report of the case will be found in another column.

The recent movement for strengthening our national defences has brought into prominent notice the present position of the Militia Surgeons. These gentlemen, it will be recollected, receive no regular pay, and are merely remunerated for a short period of the year when their regiments are called out into service; but since the Russian war and the disturbances in India, the Militia regiments have been frequently embodied, and have been called upon to serve even in distant regions. The consequence has been that the Surgeons have been, in many cases, compelled to relinquish their practices in the several localities where they may have been residing, and to accompany their regiments to foreign stations. The hardship thus inflicted upon the Militia Surgeons has been most serious, for these gentlemen have often been obliged to sacrifice a permanent for a temporary position, and have lost a professional connexion which it had cost them many years to form. They, therefore, very reasonably request that they should be placed upon the permanent staff of their respective regiments, and that thus their services should be recognised and remunerated. It is very properly suggested that this important class of practitioners, even in the disembodied state of their regiments, might be employed in many Medical duties of a military nature, such as the examination of recruits for the Army, Navy, Marines, East India forces, and also of prisoners and deserters and in many other similar duties which the present somewhat warlike aspect of affairs may impose upon the Medical Officers of the Army. We hope that the claims of the Militia Surgeons will be duly considered in the proper quarters.

Mr. D. G. Thackeray, a Surgeon, practising at Radford, a suburb of Nottingham, was on the 22nd instant, convicted at the assizes of having caused the death of a woman by *mal praxis;* and was sentenced to twelve months imprisonment. A sentence of this kind is, of necessity, ruin to a Professional man; and, from the report given of the case, we feel bound to say that it is, in our opinion, an extremely unjust and cruel sentence. The woman, it appears, had a very lingering labour with her first child; and Mr. Thackeray attempted to deliver the child by aid of the forceps and failed. Dr. Wilson was eventually called in to attend the woman, who was delivered shortly after his arrival of a stillborn child. She had been in labour from Sunday night to Tuesday night. Upon his arrival Dr. Wilson noticed that a portion of the substance of the wall of the vagina had been lacerated, and it appeared that this must have been caused by the instruments applied by the prisoner. A portion of the wall of the vagina protruded, and this portion appeared to be lifeless. However, Dr. Wilson replaced it, and afterwards treated the lacerated part with chloruret of lime and of soda, in consequence of his perceiving that there was a sloughy discharge. The deceased lived for a short time, and then died of the effects produced by the wound. An attempt was made to show that Mr. Thackeray was intoxicated, but the accusation failed; so that the question came to rest upon the skill of the defendant. It was proved that he had been most attentive and kind to the woman. But it seems to have been shown to the satisfaction of the jury, that the woman's death resulted solely from his improper use of the instruments.

"Medical witnesses for the prosecution admitted on cross-examination that the instruments used by the prisoner are sometimes properly employed for the purpose for which it was alleged the prisoner had used them, but they were of opinion that if used with ordinary skill and caution such a laceration could not be made, except it were occasioned by some extraordinary and sudden movement of the patient, although some Medical men take the precaution of using padded instruments, and lacerations might sometimes occur in spite of the greatest skill and caution."

Considering that the death did not occur until many days after delivery, and that sloughing of the vagina is a not uncommon occurrence in long-protacted labours; and that death might have followed if no laceration and sloughing had occurred, we can only repeat that we think Mr. Thackeray has been very unjustly punished. We sincerely trust that none of the Medical men concerned in this case gave evidence tending unfairly to bias the jury. In a case of such manifest difficulty, and where it clearly would be impossible to say in how far death resulted simply from the laceration, the defendant ought to have had every benefit of doubt.

The position of the Medical Society, the oldest Medical Society in London, seems to be at present very precarious. It will be remembered that at the last general election, in March, the "*habitués*" of the Council were ejected by a large majority, and a new Council appointed. The result of this movement appeared to be beneficial. The papers read were good; the attendance of members greater. Present difficulties, however, spring out of this general election. There exists a law which provides that no Fellow two months in arrears at the time of the printing of the lists, which is fixed at the latest eight days before the election, is eligible for office. This law, up to the last election, was never enforced. At the last election, however, the discomfited party enforced it; and thus the names of four or five gentlemen who had obtained the majority of the votes were rejected, and a number of their opponents, although the minority, returned. These latter gentlemen, however, after the explanations made at the first ordinary meeting after the election, resigned *en masse*. Whereupon the remaining Council, acting upon another law which authorises them to fill up vacancies between the anniversary elections, re-appointed those gentlemen formerly excluded by the scrutators. The trustees of the real estate, who, by the will of Dr. Lettsom, are neither appointed nor removable by the Society, believing the Council illegally constituted, refused to co-operate or act with it, or to give over to the Treasurer more than a portion of the funds of the Society, being so advised by legal authority. At a session of Council, held May 4, two of these trustees formally protested against the legality of the acts of Council. Subsequently a memorial to the President, also protesting against the course taken, and signed by some fifty Fellows, was sent in. To meet the difficulty the Council summoned a general meeting of the Society, which was held last week. It was clearly proved and admitted by all parties, that the usages and practice of the Society warranted the appointments made, but the whole question hinged upon how far the law upon which the Council acted was or was not controlled by the law above quoted. The oratorical display on both sides was excellent; but the Council was outvoted by 38 against 25. Here matters might have stopped, but that an attempt was made, when most of the members had left the room, to exculpate a former officer of the society under the old *régime*, and whom some Fellows supposed was reflected upon by some ill-chosen words in the financial report. That officer's character stands so high that it would have been folly to assail it, even if desired, which was not in any way shown to be the case. A resolution was carried by which the financial report was withdrawn, and a vote of thanks for past services rendered to that officer by the Society. This vote, although generously moved and seconded by two gentlemen on the Council,

and taken in connexion with the first resolution passed, amounts almost to a vote of censure upon the present Council. This body has not been supported by the independent party in the Society; and the apathy shown in the matter by the majority of Fellows of the Society (only 63 voting out of some 240), may perhaps oblige the Council, in maintenance of its own dignity, to resign *en masse*. If they do, the difficulties will not stop here. The course taken shows to what an extent party feeling exists. Yet there are no laws extant by which a general election can be held, the Society providing only for one general election in March. The Election Committee, which nominates the candidates for office, can only be elected at an ordinary meeting in February. Another, perhaps several, general meetings of the Society must be called—a hazardous proceeding, to say the least, in the state of parties. The present Council cannot reaccept office. If the old *régime* come in again, a large secession of Fellows must be expected; and thus, with diminished receipts, increased expenditure, and perhaps legal expenses to pay, what Council will incur the responsibility? The position should be understood by all, or the oldest Society in London will soon be numbered among the things of the past.

We understand that for some weeks past negotiations have been going forward between the Colleges of Physicians and Surgeons of Edinburgh for the purpose of enabling these bodies, in conformity with Clause XIX. of the Medical Act, to unite or co-operate in conducting the examinations for the qualifications conferred by each. Such an arrangement, of course, requires the sanction of the General Medical Council; but we believe that we are correct in stating that the arrangements between the two contracting parties are now in such a forward state that they will be submitted to the meeting of the Council next week. We understand that the general principle of the arrangement is, that the preliminary examination in literature and science, and also the examinations on those professional subjects which are common to Medicine and Surgery, shall be conducted conjointly by a Board formed of examiners in equal proportions from the two Colleges. The examinations in the practical branches of Medicine and Surgery are to be conducted exclusively by examiners from the College of Physicians, and the examinations in Surgery exclusively by examiners from the College of Surgeons. After passing through the final examinations successfully, the candidate will receive two diplomas, one from each College, so that he may be enabled to register two separate qualifications —"Lic. Roy. Coll. Phys. Ed.," and "Lic. Roy. Coll. Surg. Ed." It were perhaps desirable that some title were allowed to be entered on the register specially to designate persons thus examined, and thus qualified; but the terms of the Medical Act are too precise and definite to allow any other qualifications to be entered on the register than those enumerated in Schedule A to the Act.

Mr. Griffin has laid before the Poor-Law Board the draft of an Act of Parliament on the subject of the remuneration of the Poor-Law Medical Officers. The first section, which defines the class of persons entitled to Medical relief, involves many difficulties, from the fact that there is no uniform system at present of affording relief on the part of the overseers; some granting, and others refusing, orders to the sick poor, according to individual judgment or caprice. The section specially referring to remuneration, is drawn up by Mr. Griffin in accordance with the scheme suggested by Mr. Estcourt, the late President of the Poor-Law Board, except that Mr. Griffin raises the rate of remuneration proposed by that gentleman, from 1s. 6d. to 2s. 6d. per case of sickness. To meet the third indefinite element in Mr. Estcourt's scheme, Mr. Griffin introduces an *acreage* payment for the district Medical Officers, as one which admits of no doubt or cavil, the number of acres in each parish being already defined; and a *mileage* payment for the Medical Officers of Union Workhouses, although this payment will be applicable to very few persons, as most of the Workhouses are situated within a mile of the residence of the Medical Officers. The payments, at present, of the Union Medical Officers amount to £177,039 4s. 3d. per annum, of which £150,941 3s. 11d. are paid to the district Medical Officers, and £26,098 0s. 4d. to the Medical Officers of Union Houses. The payments proposed in Mr. Griffin's scheme will amount, in the case of the District Medical Officers, to the following sum, viz. for paupers in receipt of relief, on an average taken in January and July, at 1s. 6d. each, £59,345; for each case of illness at 2s. 6d., £136,840, and for acreage, at 1d. per acre, £146,210, making a total of £342,395: and for Union Medical Officers, for paupers in receipt of relief, on an average taken in January and July, £8793; and for each case of illness at 2s. 6d., £33,992, making a total of £42,785; mileage to be added in a few cases. The extra fees at present paid amount to £36,386 6s. 4d. per annum, and it is not probable that there will be much increase under this head. The principal question for consideration will be the amount of money to be paid for each case of sickness attended; and it will probably be necessary to lay down some stringent rules for the guidance of relieving officers, because under a *per case* system of payment, orders would no doubt often be repressed, and the sufferings of the poor might be seriously augmented. By the proposed payments a much larger sum than at present would be expended in Poor-Law Medical relief; and, as it might be necessary to propitiate the Guardians, and avert their opposition, it has been suggested, either that a county-rate should be adopted, if Parliament should be unwilling to defray the expense, or that a part-payment should be continued as at present. It would also be desirable, perhaps, that the amendments on the Vaccination Acts should be introduced into this Bill, although we fear that the amalgamation of the questions of public vaccination with Poor-Law Medical relief might tend to make the practice of vaccination repugnant to the population of the country.

Windfall to Medical Charities.—The Baroness de Sternberg has bequeathed, among a host of other charitable legacies, the following:—To the London Hospital, the Samaritan Society connected therewith, and to the Marine Society, £3000 each. To the Whitehaven Infirmary, £1000 towards forming a fever ward; £300 towards repairing a wing thereto, which was built at her expense; £1000 for a Samaritan Society to the same, and £1000 towards the support of a chaplain to that infirmary; and has bequeathed to the Whitehaven Infirmary the portrait of the late Joseph Steele, her friend and benefactor, with a request that it may be placed in the board-room of that institution. To the Royal Medical Benevolent Fund £1000, and a legacy of £500 to each of the following institutions,—City of London Lying-in Hospital, City-road; Middlesex Hospital (the Cancer Ward); Brompton Consumption Hospital; St. Luke's Hospital; Asylum for Idiots, Redhill; Refuge for the Destitute, Hoxton; Eastern Dispensary, Great Alie-street. The whole of the bequests, whether charitable or otherwise, are to be paid in full, without deducting the legacy duty.

The State of the Thames.—A report from Professor Miller, on the present state of the River Thames, states that, notwithstanding the long drought, in consequence of the use of deodorising agents, the river was not so offensive as it was last year. It also stated that a report had been received from the Surgeon of the Dreadnought hospital-ship, which stated that, although the river was very unpleasant, yet no ill effects had arisen to those on board, either sick or healthy. A report was also referred to from Dr. Guy, the Medical superintendent of Millbank Prison, stating that, although there were 1000 inmates, they had not suffered, in any appreciable degree, from the state of the river.

REVIEWS.

A Treatise on Medical Electricity, Theoretical and Practical. By J. Althaus, M.D. London: 1859. 8vo. pp. 352.

For many years past the application of electricity in the treatment of disease has been conducted by men of such a peculiar scientific stamp that the practice has given rise to ridicule rather than respect, and to opposition rather than favour. It is not until very recently that this important mode of treating diseases has received the attention of men competent to the task; and even these men, with the best intentions as their bases of action, have been obliged to make their attempts as strong men treading a dangerous shore. "I believe every man to be a quack who writes on Medical electricity," said an eminent member of the Profession to us not ten years ago; and we believe that at the time this utterance was made it would have found an echo from almost every mouth. It is certain that such universal expression had a dash of reason to back it. It is equally certain from what we now know of the electric force, that the assertion was unfair, and we had almost said fool-hardy. We arrive at the correct statement of the case by assuming that that which was wanted ten years ago was an improved scientific tone in the writings of authors who treated on electricity and its remedial influences. We wanted a class of men who knew something of the laws of the electrical force; something of physiology; something of pathology; and something of disease. Mere tradesmen, making a machine from a pattern, and then running about with this machine from one sick person to another to administer shocks that would prostrate an elephant, were not the men to advance the science of Medical electricity; but these were the men who then wrote the books and did the business.

We have arrived now at a more fortunate period. The bias formerly existing has been cleared away. Honest labour has swept aside prejudice; and Medical electricity, in its new and improved phase, is becoming a source of interest to all members of our Profession.

For this change of sentiment in this country we are indebted to a few men. We should not be acting fairly did we not award to Dr. Lawrance his due meed of praise as a useful and honest pioneer. We have now the opportunity of paying a further measure of credit to Dr. Althaus, who, in the work in hand, has supplied to the English Profession by far the most elaborate and useful book on the subject upon which it treats extant in our mother tongue. The difficulties which the author had to meet are clearly expressed by him in his preface. We note the whole of his observation on this matter as conveying in very defined sentiment the spirit of the whole book. "Know a preface, know a book" is a critic's common and generally correct axiom.

"That there is at present so little certainty respecting the physiological and therapeutical effects of electricity, is in some measure due to the vast extent of the field that is to be explored, and to the comparatively short time that has elapsed since scientific researches of this kind have been undertaken; also to the intentional falsehoods that have been published, even in the present time, about pretended cures by means of electricity; and especially to the small number of observers who have devoted themselves to the study of these phenomena. We possess a large amount of valuable information and experience concerning the effects of internal remedies upon the system; we know where to procure and how to prepare most drugs; we know how to combine them, and in what cases and in what doses to administer them with advantage. But in respect to electricity we have no such certainty. What form of electricity should be used? in what cases should it be employed? shall we act indiscriminately upon the different tissues, skin, muscles, and nerves, or shall we limit the action of electricity to each one singly? It is easy to understand that we cannot expect beneficial results from the application of electricity, if it is applied by empirical galvanists; if the cases are not well selected; if the apparatus employed does not possess those qualities which are necessary for Medical use; if the dose of electricity given is too large or too small, and if, instead of acting upon the diseased part alone, the whole body or part of the body, is acted upon. If, on the contrary, such mistakes as the above are avoided, electricity will be found a most valuable therapeutical agent, by means of which many morbid states of the system may be relieved, and even wholly cured.

"It no doubt sometimes happens that in cases which to all appearance are suited for electric treatment, and in which the agent has even been judiciously employed, it nevertheless produces little or no benefit. In fact, electricity is as little infallible as any other remedy we possess. But nobody will doubt the remedial powers of quinine, if it should happen to leave uncured a few cases of ague; and croton-oil will always be reckoned amongst our most efficacious aperients, although it does not invariably relieve constipation.

"There is another important point upon which I feel obliged to dwell: patients are recommended by their Physicians to undergo a course of galvanic treatment in many instances only after every other remedy has been tried without success, and when the disease is of such long standing as to afford but little hope of ultimate recovery. What beneficial results might be obtained in certain affections of the nervous system, if the electric treatment were resorted to in an earlier stage of the complaint, may be conceived from a perusal of the chapter in which the effects of Faradisation in a number of cases of hysterical aphonia are detailed. I shall be especially gratified if I succeed in inducing more frequent recourse to the electric treatment in certain forms of neuralgia, which defy all other therapeutical treatment, and which are wonderfully amenable to electricity.

"Finally, I must allude to the mistake frequently made of employing galvanism alone without any internal remedies. I am quite satisfied that some affections of the nervous system can be cured by electricity alone; but in the majority of cases a simultaneous internal treatment is of the greatest importance, and should not be neglected if we wish to increase the chance of success."

The leading points discussed by Dr. Althaus are as follows:—

1. *Forms of Electricity.*—Under which head are given an epitome of all recent facts relating to the nature of the electrical force, modes of producing electricity, and the substance of what is known regarding animal electricity.

2. *Electro-Physiology.*—In which section is observed the action of electricity in the various organs and structures of the body, including analysis of the experiments of Ritter, Galvani, Humboldt, Marshall Hall, Du Bois Reymond, John Reid, Ziemssen, Richardson, Brown-Séquard, Bernard, the author himself, and various others. We do not, in fact, know any so complete a history of this department of science as the one before us.

3. *Medical Electric Apparatus and its Application.*—This forms the third section, and is equally complete. In this section an important note is made in respect to the volta-electric apparatus fit for Medical use. We quote this entire:—

"*A volta-electric apparatus fit for Medical use must furnish two currents*, viz. the *primary current, or extra-current* induced by the action of the spirals of the thick wire upon themselves; and *the secondary current, or the current induced in the second wire*, which is long and fine. Duchenne has drawn considerable attention to the fact that there is a difference in the physiological action of the extra-current (called by him current of the first order) and of the current induced in the second wire (called by him current of the second order). According to Duchenne the current of the first order acts chiefly on the contractile power of the muscles, while the current of the second order acts chiefly on the sentient nerves; and on the retina when applied by means of moistened conductors to any point of the face or scalp animated by the trigeminal nerve. Duchenne has referred this difference of action to a special elective power in each of the currents, and is borne out in this supposition by M. Bouvier; but I am inclined to adopt the view first put forth by M. Becquerel (a), viz. that the difference in the physiological effects of the two currents is merely due to the difference that exists in their tension. Duchenne's observations are correct, but his explanations are unsatisfactory, as there is no other difference than that which naturally arises from the physical condition of the wires: a current circulating in a short and thick wire possesses less tension than a current circulating in a long and fine wire. Therefore, the extra-current will have a trifling effect on the skin, which offers a great resistance to

(a) Traité des applications de l'électricité, etc. Paris, 1857.

the passage of an electric current, and more effect on the contractile power of the muscles, which, in consequence of the large amount of water they contain, are better conductors of electricity; while the current induced in the second wire, which possesses a high tension, will not only powerfully affect the muscles, but also the skin and retina. For the same reason a layer of water is more easily traversed by the current induced in the second wire, than by the extra-current. Messrs. Breton Frères have shown by a simple experiment, in which the arrangement of the wires was modified, that the effect which has been attributed by Duchenne to the current induced in the second wire may be obtained from the extra-current, and *vice versâ*. It is, however, important that the same apparatus should furnish both currents, as in some instances a current of very low, and in others of very high, tension is required."

4. *Electricity as a means of Diagnosis* forms the fourth section. It is less complete than some other parts, perhaps, but highly interesting.

5. *Electro-Therapeutics*.—In the fifth section all the practical meaning of the book is embodied; it is, therefore, written with more of detail and illustration.

The book ends with an appendix on atmospheric electricity and lightning.

If we have been sparing in our quotations from Dr. Althaus's work, we have been so from the belief that the book will command general reference. We expect to see it for some time to come the standard English work on Medical electricity. If we have forborne from critical argument, it is because the book is not of argumentative type. It is a book of facts and observations, with as little of theory as can be dreamed of, and as much of information as the printer could compress into the space allowed him.

In closing the book a word is due in regard to its merits as a literary composition. Dr. Althaus, far from Fatherland, writes to us in a tongue new to him, but familiar to us as our own language in its simplest and purest character. Truly some of our Anglo-German authors might, without assumption, teach English composition to many Anglican writers.

Les Climats de Montagne considérés au Point de Vue Médicale. Par le Docteur H. C. Lombard. Genève, 1858. 8vo, pp. 192. Seconde Edition, entièrement refondue.

Mountain Climates considered in their Medical Point of View. By Dr. H. C. Lombard. Geneva: 1858. Second Edition, entirely remodelled.

Our readers may remember having met with a notice of the first edition of Dr. Lombard's work on Mountain Climates, in our second volume for 1857. A second and greatly enlarged edition of the book is now before us, conveying much additional and valuable information on a subject which we must confess has been hitherto more or less neglected by the Medical Profession. The efficacy of mountain air in very many diseases is now universally admitted, and proved beyond doubt by the success attending the establishment of sanatoria in high districts, as, for instance, those erected by our government on the Himalaya mountains. We may suggest that a great number of invalids sent to the sea-side to recruit their health after a long illness, or to recover from the fatigue of London business, would derive infinitely more benefit and enjoyment from the romantic scenery of the Highlands or the still more bracing atmosphere of the wild and beautiful Swiss mountains. The present work is written in a correct, easy, and pleasant style, and will be found most useful, not only to the Medical Profession, but also as a travelling companion in the hands of those, who for the sake of their health are in search of a suitable and comfortable residence in a mountain district. The great experience obtained by our author from an extensive Medical practice in the town of Geneva is a warrant of the correctness of the information he imparts in the volume under our consideration.

We observe in Dr. Lombard's book that the climate of a mountain district acts very beneficially on those patients who suffer from disorders of the digestion, care being taken not to overtax the digestive powers by giving way to the temptation created by an increased appetite, of eating more than can be easily digested. In many cases, where the health is affected from a deficiency of the functions of respiration, or in a tedious convalescence from a disease which has required an active antiphlogistic treatment, the bracing air of the mountain, full of the fragrant particles of the Alpine fir-trees, will kindle the spark of life into a bright blooming health. The progress of phthisis, when the formation of tubercles has not proceeded beyond a certain point, and when unattended with fever, is not unfrequently checked by a residence on a hill, in a spot carefully sheltered from the cold wind, and exposed to the rays of the sun; this treatment being, however, contra-indicated when the disease is accompanied with fever or a predisposition to hæmorrhage.

The beneficial influence of mountain air is remarkably conspicuous in certain cases of nervous exhaustion from excessive mental exertion, anxiety, and moral depression; the same observation applies to hysteria attended with much muscular weakness. Scrofulous patients will also do well to take up their residence in a mountainous district, chosing a warm place where they can leisurely bask in the sun.

The above remarks show that our author has given due attention to the practical part of his subject. We recommend his book to the Medical Profession, and to all those who are about to set out for an excursion among the Swiss mountains for the sake of health.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE ACCIDENTS PRODUCED BY CATHETERISM.

(By M. CHARLES PHILLIPS.)

These not unfrequently occur, however carefully and adroitly catheterism may have been performed. Usually, they are not to be predicated, although they are more frequently met with in certain diatheses, and during old chronic affections, which also add much to their gravity and importance. The size of the instrument or nature of the operation do not seem to exert any effect in their production; nor do nervous and pusillanimous subjects seem to be more liable to them; but the seat of the affection appears to have considerable influence, as they much more frequently occur when this is near the neck of the bladder or beyond the bulb. The explanation of the exemption of women from these accidents by the ease with which catheterism is performed on them, seems contradicted by the fact that they sometimes, in men, follow catheterism when performed with the greatest ease, and at others are not produced by the most violent manœuvres.

Passing by those of the accidents which are of a local character, such as hæmorrhage, retention, etc., M. Phillips confines his attention to the *general* accidents, which may be divided into three categories: 1. They are manifested under the form of simple febrile paroxysms, unattended with complications. 2. The febrile accident is complicated by some disease, especially of the urinary organs, and particularly of the kidney. From simple intermittent it becomes a remittent affection, and only temporarily yields to quinine. In the 3rd, the febrile paroxysms are more or less rapidly followed by the production of phlegmonous inflammations and suppurative arthrites. In the simplest form, the febrile paroxysm much resembles that of ague, except that it is determined by the catheterism, and is less regular in its recurrence. Whether confined to the simple febrile paroxysm complicated with disease of the urinary organs, or accompanied by abscess, the paroxysms may assume the quotidian or double tertian type. The continued remittent type is oftenest met with when there is prior disease or abscess. Under these circumstances, too, the pernicious condition may ensue, or it may at once arise in the aged or enfeebled.

Simple Febrile Paroxysms.—Sometimes these disappear promptly of their own accord; but at others, they are more persistent, or may even assume the pernicious form. Under all circumstances, however, they yield to the action of quinine.

Febrile Paroxysms complicated with Disease of the Urinary Organs.—When disease of these exists, febrile paroxysms are easily induced, although in the case of their being slight, they may sometimes yield, like the simple ones, to quinine. In other cases the fever is converted into an obstinate continued

remittent. When the disease of the urinary organs is more serious, this type, or the pernicious form of fever, may be at once developed.

Production of Pus in the Joints.—M. Velpeau first described this as one of the accidents supervening upon catheterism. In certain of the patients suffering from disease of the urinary organs, a considerable effusion takes place in one or more of the joints. They rapidly increase in size, and become red, hot, and very painful; and the danger is then very great. The pus which forms is very fluid and very fetid, resembling that of urinary abscess.

Diagnosis and Prognosis.—The really important question to decide is, whether the febrile paroxysm supervening upon catheterism have aroused or revived a nephritis,—of all complications in these cases the one to be most dreaded. Determined in the affirmative, we have then to ascertain how far this complication may have placed the case beyond our aid. If after one or two paroxysms, there being constant renal pain, the skin is found harsh and dry, the pulse rapid and full, and above all if the tongue which is always dry and sometimes cold becomes covered with a blackish coating, the worst issue is to be expected. When the fever is followed by phlegmonous inflammation or arthritis, we may at first confound the disease with an attack of rheumatism, gout, or gonorrhœal arthritis. The rapid progress of the disease to suppuration helps to elucidate its nature.

Nature of the Disease.—Velpeau advanced the hypothesis that admission of some of the principles of the urine into the blood, owing to defective elimination of these, was the origin of the symptoms witnessed: and the researches of Claude Bernard upon the varying colour of the renal blood seem to confirm this view. The urinary odour of the abscesses, even when remote from the possibility of infiltration, has often been remarked. Phlebitis may also give rise to these accidents; but then either a purulent collection existed already, or the passage of the instrument has given rise to the formation of one, and then the patient dies in consequence of purulent resorption.

Treatment.—Experience has shown that preventive treatment is often quite efficacious, and even when not so, remarkably diminishes the severity of the subsequent attack. It consists in administering quinine for four or five days prior to the catheterism, giving six grains per diem in the young and robust, and double the quantity in the aged and enfeebled. When the intermittent paroxysms are quite simple, expectative treatment usually suffices; but when they persist or assume worse types, large doses of quinine, as fifteen to thirty grains, should be given daily. In the case of disease of the kidney, it must be remembered that the quinine is only a palliative, and that the nephritis calls for our greatest attention.—*Bulletin de Thérapeutique*, tome lv. pp. 203—216.

[Dr. Wolff, in the *Berlin Med. Zeitung*, 1858, No. 42, relates an interesting case, in which the patient was carried off amidst febrile symptoms sixty hours after the introduction of the catheter. Dr. Heyfelder, of St. Petersburg, also reports two cases in the *Deutsche Klinik*, 1857, No. 35, in one of which the patient died in twenty-four, and in the other in forty hours afterwards.]

EXCERPTA MINORA.

Acetate of Lead in Pneumonia.—Dr. Brandes, of Copenhagen, has recently strongly recommended the treatment of certain cases of pneumonia by acetate of lead—not as an exclusive method, however, for other means, as expectation, bleeding, etc. all have their proper indications. Generally, bleeding is to be avoided in enfeebled or anæmic subjects; and in these cases Dr. Brandes gives the acetate, generally uniting it with quinine (āā gr. j. alternis horis), or when the cough is very troublesome, substituting opium for the quinine. In young children it has also been found of advantage, half-a-grain being given as a dose to children from one to eight years of age.—*Presse Belge*, No. 28.

Mastic in Nocturnal Incontinence of Urine.—M. Debout recommends the following formula:—Tears of mastic, ʒviij., simple syrup q.s. to form into 64 pills; or if the child swallows badly, the mass may be divided into 128 pills, or the mastic may be made into an electuary with honey. However this may be, if the child is more than ten years old, it must take the whole quantity in four days, *i.e.* ʒj. morning and evening, two hours before or after a meal. For younger children the dose is diminished, so as to extend the ʒviij. over six or eight days. If a cure is not operated by the first batch, a second must be given in the same way, but there is no use in going on further. In more than two-thirds of the cases in which it has been used, the cure has been complete, and that in persons from 18 to 24 years old, who had suffered from the affection from infancy.—*Bull. de Therap.* tom. 57, p. 24.

Skoda's Formula in Scorbutus.—Professor Skoda, of Vienna, employs the following preparation with advantage, associating it also with the other means generally had recourse to: Decoct. of malt with fir sprouts 275, yeast 25, and syrup of orange peel 25 parts; a tablespoonful every two hours.—*Ibid.* p. 25.

Holloway's Pills.—Three Spanish pharmaciens of Valladolid declare the following to be the composition of this quack medicine:—Aloes ʒj., rhubarb gr. xxvi., pepper gr. vij., saffron, sulphate of soda, of each gr. iij. Divide into 144 pills.—*Journal de Chimie*, July, p. 403.

Preparation of Camphor Ointment.—As ordinarily prepared, this keeps badly, altering in consistency. M. van Bartelaer recommends the substitution of simple cerate for lard as an excipient or the employment of the following formula:—Camphor 31, lard 125, and tincture of benzoin 6 parts. Rub the camphor very finely by means of the benzoin; then add the lard, and mix well.—*Ibid.* p. 405.

Tannin in Albuminous Anasarca.—The following are M. Garnier's conclusions:—1. Tannin in the dose of ʒ½ to ʒj. per diem cures anasarca or œdema when passively developed and coinciding with albuminous urine. 2. Its curative action is manifested by the abundant flow of urine, which gradually assumes its normal characters, by transpiration, easy alvine evacuations, recovery of appetite, etc. 3. These signs of its action appear after the second day of its administration. 4. Given in solution in doses of from gr. iij. to gr. vij. at a time, it produces no disturbance of the digestive organs. 5. Its action seems to be primarily exerted on the fluids of the economy, coagulating and plastifying their albuminous principles. Its action on the solids seems to be consecutive, tonic, and astringent.—*Ibid*, July, p. 445.

GENERAL CORRESPONDENCE.

PHYSICIANS AND DOCTORS.

LETTER FROM MR. HUSSEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—While your correspondents are asking, rather than answering, the question whether Licentiates of the Colleges of Physicians,—admitted to the right "tam docendi quàm exercendi scientiam et artem medicam,"—are "Doctors," be kind enough to allow me to remind them of the case of the Physician at Aberdeen, mentioned in Boswell's "Life of Johnson," who brought an action against the managers of the Royal Infirmary for publishing his name as a "Doctor of Medicine."

In the argument drawn by Johnson, he says: "What is implied by the term Doctor is well known. It distinguishes him to whom it is granted as a man who has attained such knowledge of his Profession as qualifies him to instruct others. A Doctor of Laws is a man who can form lawyers by his precepts. A Doctor of Medicine is a man who can teach the art of curing diseases."

If the Medical Registrar finds a difficulty in following the custom, established by courtesy, of addressing as "Doctors" those Physicians "qui non sunt de corpore Universitatis," why does he address as "Esquires" all Physicians, Surgeons, Apothecaries and Licentiates indiscriminately, — whether bearing the Queen's commission or not?

I am, &c.

Oxford, July, 1859. E. L. HUSSEY.

FRENCH AND ENGLISH STUDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The remarks contained in last week's Journal respecting the occasionally strange conduct of French Medical students during operations in the Parisian Hospitals, recals to

my memory a singular scene actually witnessed at La Charité many years ago, when the narrator was attending that Institution, and which merits record as an excellent illustration of what sometimes occurs among our excitable neighbours.

One day Roux was about to perform lithotomy in the Hospital operating theatre, then quite full, many strangers being present, as likewise his eminent father-in-law Baron Boyer. The favoured spectators admitted within the lower area were, as usually happened on such occasions, crowding round, and poking their heads wherever possible, in order the better to see how the great Surgeon would proceed. Every one was looking attentively; and just as Roux began to make an incision into the perinæum, suddenly projected by an invisible hand, down came a large octavo volume designedly thrown from an upper bench at some other person, but which hit the operator so severely on the cheek that the blow made him stagger, and almost fall prostrate on the floor, unless for the support rendered by those around. Starting up furiously, Roux seized the offending yet innocent book, tore it into pieces, "sacréing and foutréing" in a paroxysm of rage. He next danced upon the scattered fragments, and vehemently demanded who had dared to perpetrate the deed here briefly described. Of course no reply could be heard amid the commotion thus created, and while the uproar continued, which it did for some time, although that is by no means unnatural in French audiences, especially whenever parties are deeply excited. However, tranquillity having been at last restored, the operation was finished with M. Roux's accustomed dexterity, and almost as if nothing untoward had happened to disturb his equanimity. Whether the juvenile delinquent was afterwards found out has escaped the writer's recollection: but the main facts can never be forgotten, and will always constitute one curious reminiscence at least of an English student's life in Paris not long after the battle of Waterloo. I am, &c. An Old Fellow.

July 25, 1859.

VITAL CAUSES.

Letter from Dr. Heale.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reference to my treatise on "Vital Causes," which you were good enough to review in your last number, permit me to explain that the salient objects which I had in view were as follows:—

First, I wished to call attention to the fact, that by the combination of oxygen with the blood in the lungs in the act of breathing, a galvanic current is generated, which is conducted by the different circles of blood to all the organs of the body, compelling them to act in unison with each other and with the lungs.

This fact was communicated to the Royal Society, and all the details of numerous very careful experiments, in which Mr. Samuel Lane lent his invaluable assistance, were also given. The paper was only published in abstract; but after having confided the facts and details to the Royal Society, I am precluded from making a republication of them myself. It was contended by some of the Fellows, who were present when my paper was read, that although it was undisputed and indisputable that such a galvanic current could be demonstrated, and that this galvanic current became more powerful or otherwise, precisely in proportion as the vitality of the animal under experiment was increased or diminished, yet the Fellows could not in any degree see how this current could have any influence on the vital operation.

Actual physical demonstration, then, being found of so little moment, it is now my endeavour to show, by pure physiological reasoning, that it is inevitable that there must be such a galvanic current, and that all the vital operations of the body are governed by it, and this is the purport and gist of my work.

My object has also been to apply to physiological reasoning those principles of deduction which Dr. Faraday discovered and demonstrated in reference to inorganic combinations.

My next intention was to bring to the notice of the Profession, certain conclusions which I arrived at after much careful research as to the minute distribution of the blood-vessels in the lungs. A summary of these will be found in my treatise from page 88 to 104. A paper containing all the details with reference to these investigations, was sent to the Royal Society, but I regret to say this also was only published in abstract—and I am precluded from the same reasons as quoted above from again making use of them. The conclusions, however, are open to the scrutiny of every anatomist in Europe, and my anatomical preparations establish them beyond all controversy. I am, &c.

James Newton Heale.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 28, 1859.

F. C. Skey, Esq. President, in the Chair.

A paper by W. Adams, Esq., F.R.C.S. was read, on

THE REPARATIVE PROCESS IN HUMAN TENDONS AFTER SUBCUTANEOUS DIVISION FOR THE CURE OF DEFORMITIES,

ILLUSTRATED BY A SERIES OF SPECIMENS AND DRAWINGS FROM FIFTEEN POST-MORTEM EXAMINATIONS.

Specimens of reunited tendons after division were exhibited from ten cases, and also drawings, made by Ford, of the recent appearances in thirteen cases, at periods between four days and three years after the operations. These specimens had been collected by Mr. Adams during the last eight years, and were principally from patients operated upon at the Royal Orthopædic Hospital; but for two specimens he was indebted to Mr. Erichsen and Mr. Curling. After alluding to our at present scanty information on this subject, and describing the recent appearances in fifteen cases, the author gave a general summary of the reparative process, describing—1st. The immediate results of the operation. 2ndly. The commencement and nature of the reparative process. 3rdly. The general appearance and structure of the newly-formed connective tissue, or new tendon. And 4thly. The junction of the new with the old tendon. This was followed by an account of the circumstances which may interfere with the perfection of the reparative process, or entirely prevent it, so that non-union of the divided tendon may result. Complete failure of union had been witnessed by the author only in the posterior tibial tendon, but it appeared that there is considerable risk of such an occurrence whenever tendons are divided in or near to dense tubular sheaths. It was shown that imperfect union might result either from some constitutional defect in the reparative powers of the patient, or from injudicious after-treatment in a variety of ways, but principally from too early and too rapid mechanical extension. The conclusions which the author considered to be established by the above series of cases were arranged under nine different heads. It was stated that tendon is one of the few structures of the body capable of reproduction or regeneration, and that the newly-formed tissue acquires within a few months of its formation the structural characters of the old tendon so perfectly, as that, under the microscope, it is with difficulty distinguishable from it; but it does not acquire through its substance the uniformly opaque, pearly lustre of old tendon; in the mass it retains a greyish translucent appearance, so that the recent section affords an easy method of distinguishing the new from the old tendon. The greatest length of perfectly formed new tendon which the author had seen was two inches and a quarter, and this was in the tendo-Achillis of an adult, a year and a half after it had been divided by Mr. Curling. That the process by which new tendon is formed is essentially similar in animals and in man; that the perfection of the reparative process is in direct proportion to the absence of extravasated blood and inflammatory exudation; and that the sheath of the tendons, when consisting of bone-textured areolar tissue, as in the tendo-Achillis and other tendons surrounded by soft tissues, is of importance—1st. In preserving a connexion between the divided extremities of the tendon. 2ndly. In furnishing the matrix in which the nucleated

blastematous, or proper reparative material, is effused. 3rdly. In giving definition and form to the newly-developed tendinous tissue. That the new tendon always remains as a permanent tissue, and as an integral portion of the tendon, the divided extremities of which it has been formed to reunite. In the specimen exhibited, in which Mr. Adams had divided the tendo-Achillis three years previous to death, an inch and a quarter of new tendon was clearly traceable. The average length of new tendon formed in children to reunite the divided extremities of the tendo-Achillis, Mr. Adams considers to be from half an inch to an inch, and in adults from one to two inches. The author considered the facts adduced in this paper were amply sufficient to disprove the linear-cicatrix theory—the theory at present in vogue, and supported by all his colleagues—which assumes that the newly-formed tendinous structure has a disposition to undergo a process of gradual contraction, such as we see taking place in the cicatrices of the skin after burns, to which it has been compared, and that ultimately it becomes absorbed, the muscular structure at the same time becoming elongated by the force of the contraction of the cicatrix, so as to allow of the re-approximation of the ends of the divided tendon, and the formation of a linear cicatrix. From the present observations it appeared that in the cure of deformities, muscles are elongated by the increased length of their tendons, obtained by means of subcutaneous division, and the development of new tendon formed for the purpose of reuniting the divided extremities of the old tendon. The mechanical and physiological effects of this increased length of the tendons were described; and lastly, the author stated that when recontraction of the foot takes place, and the deformity returns at a distant period after tenotomy, this does not depend upon absorption of the new material, or new tendinous tissue formed previously to unite the divided extremities of the old tendon, but upon structural alterations taking place in the muscular tissue. In three cases of relapsed deformity of the foot examined by the author, the new tendinous tissue formed after the previous operations remained, and could be easily distinguished from the old tendon. These facts were regarded as additional evidence against the linear-cicatrix theory.

A paper by Henry Lee, Esq., F.R.C.S., was also read,

ON DIFFERENT FORMS OF SYPHILITIC INOCULATION.

The object of this paper was to show that primary syphilis does not always commence in the same way. The "specific pustule," in which all syphilitic diseases were formerly said to originate, is produced by one kind of syphilitic inoculation only, and that form was one which does not give rise to constitutional or secondary symptoms. As nearly all the experiments on syphilisation had been performed so as to produce this pustular variety of the disease, it follows that no fresh constitutional syphilitic disease can be engendered by syphilisation so practised. The kind of syphilitic sore which infects the system commences in a different way, and when not artificially irritated, it gives rise rather to the adhesive than to the suppurative form of inflammation. This form of disease Mr. Lee had shown, in 1856, to be, as a rule, not inoculable upon the person who had it. This view had more recently been confirmed by the researches of French Surgeons. But although not ordinarily inoculable like the suppurating form of the disease, yet it was capable of being rendered inoculable by artificial irritation. The results of the inoculation were, however, then uncertain in their results, producing little local irritation, and capable of being transmitted by successive inoculations a very limited number of times. These observations applied only to inoculations performed upon the individuals who had at the time, or had previously had, infecting sores. The author described one kind of suppurating sore which was surrounded by induration which could not always be distinguished from the induration of the infecting sore. The induration could not, therefore, always be taken as the diagnostic mark of a sore which would infect the patient's system. The character of the secretion, however, gave the information which the induration did not always give. If care were taken to prevent any accidental cause of irritation, the secretion from an infecting sore would soon cease to be purulent, whereas, in the suppurating sore surrounded by induration (the phlegmonoid variety of suppurating sore) the secretion would continue, as in other forms of suppurating sores, puriform to the last. The number of cases of indurated sores which had been said to have been inoculated by Dr. Sperino and others, led to the conclusion that the two forms of disease now described had not been distinguished from each other. It was now ascertained that the infecting sore could not, as a rule, be inoculated upon the patient having it, whereas the phlegmonoid variety of the suppurating sore was of all kinds the most readily inoculated. When inoculated artificially, it produced a pustule containing well-formed pus within forty-eight hours, and it was occasionally followed by an eruption of a brick-red colour, confined to one part of the body, disappearing spontaneously, and not recurring. This eruption was, therefore, certainly not syphilitic.

The various points in the paper were illustrated by experiments, drawings, and tables of cases.

PARLIAMENTARY INTELLIGENCE.

PUBLIC HEALTH BILL.

This Bill was on the 21st inst. read a second time, and passed through Committee of the House of Lords on the 22nd inst.

MEDICAL ACTS' AMENDMENT BILL.

On the motion for the second reading of this Bill on the 22nd inst.,

Sir E. Grogan asked the right hon. member for Dublin University to postpone it until Tuesday next. The Bill had only just been delivered, and those persons who were affected by it had had no time properly to consider it.

Mr. Whiteside declined, and, after a few words from Mr. Cardwell and Mr. Vance,

The House divided,—

For the second reading	115
Against it	14
Majority	——101

The Bill was then read a second time.

On the 25th inst. in the House of Commons—

ADULTERATION OF FOOD, ETC., PREVENTION BILL.

This Bill passed through committee *pro formâ*, in order that some amendments might be printed.

UNIVERSITY (SCOTLAND) BILL.

This Bill, as amended, was considered and agreed to.

UNIVERSITIES (SCOTLAND) BILL.

This Bill was read a third time and passed.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

SUCCESSFUL PROSECUTION OF A DENTIST FOR ASSUMING THE TITLE OF "SURGEON."

On Wednesday, July 20, Dr. Ladd, the honorary secretary of the London Medical Registration Association attended before Mr. Secker at the Lambeth police-court to prosecute an unqualified person, named Samuel Nunn, residing at No. 8, Mount-terrace, Lambeth, for practising and assuming the title of "Surgeon," in contravention of the new Medical Act.

Mr. Bowen May, in opening the proceedings, stated that this information was of great importance, as carrying out the preamble of the new Medical Act, and was instituted by the London Medical Registration Association, an Association which had rendered great service to the public and the Profession in prosecuting and putting to flight the notorious Bennett gang, as well as other infamous impostors. The object of the present proceedings was to carry out that clause in the Medical Act which rendered it a criminal offence for any unqualified Medical Practitioner to assume the title of, or to practise as, Surgeon, etc., for which offence he was liable to a penalty not exceeding £20. The defendant, Mr. Samuel Nunn, is a druggist, carrying on his business at No. 8, Mount-terrace, Lambeth, where it would be shown that he (the defendant) had violated the law, both by assuming the title and also by practising as Surgeon. The defendant had had painted over his door the word "Surgeon," followed by a comma, then his own name, Nunn, followed by "Dentist;" on a large square of glass in the shop-window, "Surgeons'

prescriptions accurately prepared." All these letters were what we should term "giant" letters, with the exception of the "s" and the apostrophe, which followed the word Surgeon; these being so small, he should term them homœopathic. This was done with a view of misleading the public, and making them believe he was qualified to act as a Surgeon, whereas he knew nothing whatever of Surgery.

Dr. Theodore E. Ladd stated that he was Hon. Secretary to the London Medical Registration Association. He had examined the Medical Register, and no such name as Samuel Nunn appeared. (It was here objected that the Medical Register was not evidence in a printed form. Mr. Bowen May drew the magistrate's attention to section 27 of the Act, which laid down that "a copy of the Medical Register for the time being....shall be evidence in all courts, and before all Justices of the Peace, etc.")

Dr. Ladd (in continuation) stated that a dentist had no right to prefix the word "Surgeon," unless he was a member of some College of Surgeons. He had seen the writing on the shop front of the defendant: it ran over the shop window, "S, Surgeon," in large letters, followed by a comma; then, "Nunn, Dentist," on shop window; "Surgeon," in conspicuous letters, followed by a very small apostrophe and "s"—and "Prescriptions accurately Prepared;" on the side door a brass plate, "Mr. Nunn, Dentist." He never saw the words, "Surgeons' Prescriptions accurately Prepared" written up anywhere else. The usual mode chemists adopt is to state, "Physicians' Prescriptions accurately Prepared."

John Owens, carpenter, 24, Pleasant-row, deposed that about two weeks since, he met with an accident, and hurt his arm. He called on Mr. Nunn, seeing the word "Surgeon" over the shop window. He saw the defendant, who said he was Mr. Nunn. He did not say he was a Surgeon. He examined his arm, and made him up a bottle of liniment, which he desired he would rub in. He would not have gone to the defendant if he had known that he was not a qualified Surgeon. He paid one shilling for the liniment and advice.

William Edward Humble, M.D. Lond., stated that dentists were not entitled to the prefix "Surgeon" unless they were qualified. The defendant had formerly been his assistant. He had no qualification to practise as a Surgeon, nor had he any knowledge of Surgery. Defendant left him about six years ago, at which time he took the chemist's shop.

The Solicitor for the defence urged upon the magistrate that his client had carried on his business for some time with the same writing on the shop, and as he was a Surgeon-Dentist, he did not think he had infringed upon the Act of Parliament, and was not therefore liable to the penalties under the Act.

Mr. Secker said he was of opinion that the defendant had been holding himself out as a Surgeon, and it wat quite clear that he had brought himself under the provisions of a very useful Act. He had been, he would not say falsely representing himself, but had untruly been pretending that he was a Surgeon, having his name over the door with the direct title of Surgeon, and passing himself as duly registered, whereas his name was not on the Register previous to the 1st of July; and if he had registered since that time, the onus lay upon him to prove it, which he had not done. Assuming him to be a surgeon-dentist, he could not see how that by operating on a man's arm he would be cured of the toothache. By Section 40 of the Medical Act it is enacted that "Any person who shall wilfully and falsely pretend to be, or take or use the name or title of, a Physician, Surgeon, or any name, title, addition, or description implying that he is registered under this Act, &c., shall, upon a summary conviction for any such offence, pay a sum not exceeding £20." But as the case was the first of the kind that had been proceeded with, and as he presumed it would be the first of such convictions under the Statute, the circumstances were likely to create an unenviable notoriety, he should therefore convict the defendant in the mitigated penalty of 40s., with the costs. At the same time he would advise the defendant to take down the writing from his shop, and not mislead the public; for if brought again before him, as the defendant probably would be if he continued using the same words, he would find that he would not be dealt with so leniently.

MEDICAL NEWS.

Royal College of Physicians.—The following Fellows of the College were elected Censors at the last quarterly Comitia Majora:—

Baly, William, M.D. Queen Anne-street.
Barker, Thomas Alfred, M.D. Grosvenor-street.
Gull, William Withey, M.D. Finsbury-square.
Weber, Frederick, M.D. Green-street, Grosvenor-square.

Apothecaries' Hall.—Names of gentlemen who passed their examination in Classics and Mathematics on Tuesday and Wednesday, the 19th and 20th inst.

Anderson, William, jun. Lovaine-crescent.
Anstey, A. T. Tiverton.
Argles, Frank, Maidstone.
Armitage, Frederick William, Finsbury-square.
Ashton, John H. Upper Barnsbury-street.
Baddeley, William Bratton, Queen's College, Birmingham.
Baker, George Benson, Blackpool.
Ball, John Augustus, Shadbroke.
Barrow, Thomas Samuel, Cobden-villa, Whitehead-grove.
Becker, J. Leigh, Accrington.
Birt, Joseph, Leamington.
Blogg, George, Ipswich, Suffolk.
Blythman, Clement, Swinton, York.
Bond, Thomas, Southampton.
Boult, Edmund Farrington, Bath.
Brown, Frederick Gordon, St. Mary Axe.
Burnham, Edw. Aspwell, Adelaide-square, Bedford.
Carter, Richard, Newbury.
Clothier, Henry, Haslemene, Surrey.
Collett, Frederick, Worthing, Sussex
Cornish, George Bishop, Taunton.
Covey, George, Basingstoke.
Currie, John Legge, Bungay, Suffolk.
Daloleish, Jonathan, Newcastle.
Davies, Richard W. Charles-street, Manchester-square.
Denton, Thomas John, Bridlington.
Eddowes, Arthur, Loughborough.
Evans, Evan, Llandysal, South Wales.
Evans, Edward Charles, Cardiff, South Wales.
Fall, Joseph, Micklegate, York.
Flower, Frederick Isaac, Codford, St. Peter's.
Fothergill, Thomal Prince, Bedale.
Freeman, Robert George, Trafalgar-road.
Greucock, George, Falkingham.
Hall, Eli, jun. Spilsby.
Hallet, Thomas G. P. Langport, Somersetshire.
Hanks, William, Snaith.
Haward, John Warrington, Leicester-square.
Hawthorn, Frederick John, Uttoxeter.
Haxworth, Walter, Leeds.
Hindle, Frederick Thos., Asperne-hill.
Hocken, Charles Edward, Rougemont, Exeter.
Holman, Herman B. Crediton.
Howell, Llewellyn, London.
Huel, Charles William, Barnstaple.
Ireland, John Roaf, Kings Swinford, Stafford.
Jackson, Stephen, Bucklesham.
Jackson, Henry Gilbert, Leeds.
Jagoe, Robert Brown, Liskeard.
Johnson, Thomas Mason, Great Ousebourne.
Kenyson, George Arthur, Hooton Pagnel, Doncaster.
King, John
Kelly, Charles, Market Dressing, Lincolnshire.
Knapp, William Frederick, Headington-hill, Oxford.
Lake, George Robert, London.
Lamb, Barnabas Walter, Stourport.
Langford, John Whitton, Ellesmere.
Lee, William, Victoria-terrace, Bideford.
Leigh, Frank, Regent's-park, Exeter.
Lethbridge, Charles Frederick, Kennington.
Libbey, Henry Cornelius, Manor-row, Bradford.
Lister, Allen Lindsay, Doncaster.
Lloyd, Nathaniel H. Tiverton, Devon.
Lloyd, Ridgeway Rt. The Folley, Radford-rd. near Coventry.
Lowndes, James Matthew, Barnstaple, Devon.
Lowne, Benjamin T. Bartlett's-buildings.
Malim, George Warcup, Grantham.
Morris, Henry, Petworth, Sussex.
Olivey, Edward, North Curry.
Orton, George Hunt, Nasborough.
Pitt, Charles Wightwick, Malmesbury, Wilts.
Purvis, John Prior, Blackheath.
Rix, Richard Avery, Beccles, Suffolk.
Rogers, Henry, Bucks.
Routh, Samuel, Bride House, Chesterfield.
Roper, Robert Gear, Goswell-street.
Scannell, Henry, 22, Chapel-street.
Shorland, Edward P. Westbury, Wilts.
Smith, William Henry F. Romford.
Smith, Frederick, Ruby-grove, Grimsby.
Snell, Ebenezer, Plymouth.
Steward, Joseph Septimus, Tye-hill, Newcastle-on-Tyne.
Taylor, Theodore Thomas, Cricklade.
Tomlinson, Daniel Webster, Erbistock.
Treves, William Knight, Dorchester
Turner, John Sidney, Seaford, Sussex.
Turner, Richard, King's College

Vise, William Foster, Spalding, Lincoln.
Wearne, Vivian, Helstone.
Whipple, Connell, Plymouth.
Wilson, Henry, Ulverstone, Lancashire.
Williams, Edward, North Wales.
Woodcock, John Rastron, Ramsbottom.
Woodruffe, Daniel, Jun., Ipswich, Suffolk.
Wraith, John Hargreaves, Over Darwen.

The following are the names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 21:—

Day, William White, Acton-vale, Clifton.
Fisher, Frederic.
Payne, Charles William, Hoxne, Suffolk.
Rigby, James Morris, Chorley, Lancashire.
Tuck, Buckmaster Joseph.

The following gentlemen also on the same day passed their first examination:—

Gatton, John H., Brixton-rise.
Greenhill, Joseph Ridge, Lewes, Sussex.
Hawthorn, Henry John, Uttoxeter, Stafford.
Jones, Thomas, Brecon, South Wales.
Meade, Henry, Bradford, Yorkshire.
Rogers, Frederick John, Helston, Cornwall.
Spauncer, Frederick Charles, Gainsborough, Lincolnshire.
Welch, Francis Henry, Stansted, Essex.

APPOINTMENT.

The Queen has been pleased to appoint James William Cusack, Esq. M.D. Fellow of the Royal College of Surgeons of Ireland, to be Surgeon, in Ireland, in Ordinary to her Majesty.

DEATHS.

Isaacson.—On the 24th inst. at Huntingdon, suddenly, of disease of the heart, Wotton Isaaeson, aged 45.

Spry.—On the 14th inst. at his residence in Truro, Edward John Spry, M.R.C.S., L S.A., Senior Surgeon to the Royal Cornwall Infirmary, aged 59.

Stafford.—On the 20th inst. at Long Bennington, Lincolnshire, William Stafford, aged 52.

Vimiquerra.—Dr. Vimiquerra has just died, at the age of 85. He made the Russian Campaign under Napoleon; afterwards he went through the Spanish Expedition; and then served in Africa. He was at last made Physician of the Military Hospital of Bastia.

A new General Hospital and Dispensary has just been opened in Bridge-street, Manchester, at a cost of £1000.

Several persons at Darlington, we are informed, narrowly escaped poisoning from the effects of putrid cheese, which they had partaken of.

Louis Napoleon, in returning from Villafranca, passed through Milan. He then visited the Hospitals, and distributed his Legion of Honour not only to the wounded, but also to several of the Doctors and one of the priests.

Lord Canning has appointed a committee, consisting of General Birch, Colonel Steward, and Colonel Mackenzie, to investigate the present system of a double staff in India in the Medical department, and suggests a prompt remedy.

Cholera in Bombay.—Between the 2nd and 22nd June 683 persons, of whom six were Europeans, fell victims to cholera in Bombay; and at the departure of the last mail this fatal scourge raged with great violence.

It has been widely circulated that an epidemic reigns at Arcachon (to which many English now resort as a bathing quarter). Dr. Hameau asserts that the report is utterly false, and that the sanitary condition of the place is most satisfactory.

Queen's University in Ireland.—At a meeting of the Senate of the Queen's University, held on the 18th inst., the following gentlemen were elected examiners for the ensuing year:—Chemistry—William Barker, M,D. Anatomy and Physiology—Benjamin George M'Dowell, M.D. Zoology and Botany—William H. Harvey, M.D. Medicine—Samuel Gordon, M.A., M.B. Surgery—William Colles, M.B. Materia Medica, Pharmacy, and Medical Jurisprudence—R. Macnamara, F.R.C.S. Midwifery and Diseases of Women and Children—F. Churchill, M.D.

London is not the only town suffering from a stinking river. The inhabitants of Hadlow cry out against the Bourne, "which poisons the atmosphere for a quarter of a mile on each side of the stream." St. George's Basin, Liverpool, also, has been "presented" by the grand jury. "Its pestilential state is worse than anything ever complained of from either the Thames or the Clyde."

An Autopsy on the body of the late King of Sweden was held at Stockholm on the 12th inst., in the presence of the Ministers of State and the High Officers of the Court. A report was drawn up, stating that the death of the King arose from general debility, effusion of blood on the brain, and inaction of the heart.

Civil List Pensions.—The following pensions among others have been granted this year:—James Bowman Lindsay, in consideration of his scientific attainments, £100; Mrs. Amelia Gresley Ball, in consideration of the services of her husband, the late Dr. Ball, the naturalist (in trust to Thomas Hutton, Esq., and Dr. Aquila Smith), £400.

Presentation of a Gold Chronometer to Dr. Ladd, of Lambeth.—On Tuesday, July 26, at the Masonic-hall, Fetter-lane, a number of gentlemen assembled, and presented to Dr. Theodore E. Ladd, "as a token of fraternal affection, and in grateful recognition of his valuable and unwearied exertions in the cause of Royal Arch Masonry, July 26, 1859," a gold chronometer, value 50 guineas.

We are glad to hear that Mr. Henry Sterry, Surgeon, has been the first to erect a public drinking-fountain on the South side of the Thames. He has presented it to the parish of Bermondsey, and the Southwark Company furnish a constant gratuitogs supply of good water. It is cheering to see our brethren leading in a movement so obviously beneficial to the working classes.

Flesh and Fowl.—It appears that it has been the custom of a poulterer in the neighbourhood of Paris to feed his fowls on meat in a state of putrefaction. The Council of Health has lately investigated the subject, through their officer, Dr. Duchesne, with a view of ascertaining, whether animals thus reared are injurious to the health of those who eat them. The result of the inquiry has been, that the poulterer in question has been forbidden to feed his winged animals on flesh. The food does not appear to injure the health of the animals themselves; and their eggs appear perfectly good, only the shell of them is very thin. The flesh, however, of fowls thus fed, is softer than natural, and readily undergoes putrefaction.

Concealed Birth and Infanticide.—Notwithstanding all the preparations which had been made, the hippopotamus, which was born a few days back, died on Friday night. The birth took place in the water. The female by her movements signified a desire to go into the basin, and the moment the door was opened she plunged in, and immediately afterwards she was delivered under water, and the little one instantly came to the surface and began to swim about. On the former occasion the female hippopotamus repulsed her offspring, would never let it suck or come near her, and in pushing it away violently, inflicted a wound which caused its death. This time everything appeared to be going on more favourably. The mother gave nourishment to the young one, and allowed it to lie on her back and neck, according to the habit of those aquatic animals. She also remained constantly in the water, instead of as usual frequently leaving it. For a space of about forty-three hours the two animals never quitted the water. The day before yesterday the little one began to walk in and out of the basin. It fed well, and was visibly growing. During the night, however, the mother was seized with a sudden fit of rage and attacked it. "It is an extraordinary fact," says M. I. G. St. Hilaire, "that the females of those mammiferous animals abandon their young, ill-treat, and even devour them. But it is almost without example that when the mother has adopted the young one and given it suck, it should do so. It is true, however, that there is no animal more irascible and brutal than the hippopotamus." The event having occurred under water and in the night, the keeper was not able to give a very full account of what took place, but the results are but too clear. The mother must have seized the young one by the stomach in her formidable jaws, as five deep marks of her

teeth are visible, and she must also have attacked it with her tusk, which pierced the left breast into the lungs.—*Galignani.*

Ladies' Association for the Diffusion of Sanitary Knowledge.—This association was formed recently by a few ladies, who believed that in the majority of cases the principal cause of a low physical condition was ignorance of the laws of health. They, therefore, combined to propagate the above important branch of education. The first annual meeting was held on the 21st inst. at Willis's Rooms, the room being crowded with ladies. The Earl of Shaftesbury was in the chair. He said none but women could carry out this great work. Among the numbers of institutions that he was interested in, none gave him so much hope as this small one. He then mentioned the disorders of children and what was proper for their management and education. He was certain that if the few things to which he alluded were watched it would prevent many disorders among children. One hundred thousand deaths had occurred during the year from preventible diseases. The association would prevent a great many of these deaths. He considered mothers' meetings of great importance. He knew of nothing that had been productive of so much good. The Rev. Charles Kingsley then addressed the meeting at some length on behalf of the cause of sanitary reform. He dwelt pathetically on the sad amount of infant mortality which prevailed in England, and expressed his conviction that the finest race of men in Europe ought not to be so wastefully allowed to perish. Mr. Monckton Milnes, who followed, spoke of the illustrious example afforded during the Crimean war by those women who came forward with Miss Nightingale to give an impulse to sanitary reform for our army. He expected results not less beneficial from the ladies who had engaged in this work at home. The Rev. J. Rowsell then moved, and Mr. F. O. Ward seconded, a resolution declaring "That a great part of the premature mortality and disease in this country results from ignorance of the laws of health, and that the efforts of the Ladies' Sanitary Association are deserving of the greatest encouragement." This resolution was adopted; and, after some remarks from Dr. Southwood Smith and Dr. Lankester, the proceedings ended with a vote of thanks to the chairman.

Dr. Blackwell.—A Correspondent of the *Clinique Européenne* writes thus of this lady:—"Most of your readers already know the name of a doctress, of American importation, Miss E. Blackwell, who for some time was a shining-star among us. At the present moment this female Doctor has great success in London. We have in her the most characteristic personification of Medical bloomerism, of therapeutics in crinoline. Miss Blackwell commenced her studies in Paris and London. She then received the Doctorate in an American College, and New York became the theatre of her practice. She there founded a College for the education of ladies. The impulse given by this innovator was so strong, that at the present moment 200 fair Yankees have resolutely set to work in opposition to men, who have hitherto been exclusively engaged in the practice of medicine. Not contented with her first successes, Miss Blackwell has quitted the New World in order to gratify the Old World with a taste of the blessings she has bestowed upon America. Towards the end of last month, the celebrated Doctress commenced her course of Lectures. In her first lecture, she declared, in terms full of enthusiasm, 'That the true vocation of woman is to heal the sick, or at all events to relieve the suffering; that up to the present time man had usurped the monopoly of this vocation; but that it could no longer be borne that woman should be thus outrageously dispossessed of her natural attributes.' In a firm voice she called upon women to retake what had been so unjustly taken from them. Her discourse was received with enthusiasm."

BOOKS RECEIVED.

Meade's Manual for Students. 3rd edition. London: 1859.

The State of Lunacy. By John T. Arlidge, M.D. London: 1859.

Manual of the Protozoa. By J. R. Greene, B.A. London: 1859.

The Watering Places of England. By Edwin Lee, M.D. 4th Edition. London: 1859.

How to Brew Good Beer. By John Pitt. London: 1859. (A complete guide to the lover of Home-Brewed.)

The Sense Denied and Lost. By T. Bull, M.B. London: 1859.

The Anatomical Relations between the Mother and Fœtus. By H. Madge, M.D. London: 1859.

Third Report of the Commissioners of Her Majesty's Customs. London: 1859.

The Mortality of the Army. By A. Aspland, F.R.C.S. (A reprint from the "Transactions of the Manchester Statistical Society.")

Religious Revivals. By Rev. R. Oulton. Dublin: 1859.

Correspondence with the Poor-law Board. Sidmouth: 1859.

Clinical Medicine and Surgery of the Eye and Ear. By L. Turnbull, M.D. And by the same Author, The Clinical Use of the Ophthalmoscope. Philadelphia: 1859.

Practical Swiss Guide. Fourth Edition. London: 1859. (Well worth the half-crown it costs to any one intending to make holiday in Switzerland.)

Transactions of the College of Dentists of England. London: 1859.

Human Anatomy. Questions and Answers. By M. Redman, M.R.C.S. Lincoln: 1858. (A complete series of Questions and Answers for the use of Students.)

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 23, 1859.

BIRTHS.

Births of Boys, 855; Girls, 748; Total, 1603.
Average of 10 corresponding weeks, 1849–58, 1490·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	861	744	1605
Average of the ten years 1849–58	544·9	519·3	1064·2
Average corrected to increased population..	..	..	1170
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	17	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	9	5	1	5	61	6
North ..	490,396	3	5	10	1	7	77	8
Central ..	393,256	4	9	11	1	8	48	8
East	485,522	4	3	10	3	7	153	9
South ..	616,635	3	3	12	2	..	76	15
Total . ..	2,362,236	15	29	48	8	27	415	46

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·756 in.
Mean temperature	69·0
Highest point of thermometer	93·0
Lowest point of thermometer	56·7
Mean dew-point temperature	59·4
General direction of wind	S.W.
Whole amount of rain in the week	2·15
Amount of horizontal movement of air in the week.. ..	360 miles.

TO CORRESPONDENTS.

We are compelled to defer our notice of the meeting of the British Medical Association at Liverpool until next week.

Horsham.—Occasionally, but, we believe, not frequently.

Mr. Pullin.—The correspondence shall receive the necessary attention.

M.R.C.S.—We cannot say if there will be Local Registers published for Scotland and Ireland.

Dr. Willoughby Arding informs us that he finds the diluted unguentum hydrargyri nitratis a very useful application to cancerous sores.

Mr. Avery.—In 1801 there were in England and Wales 1,579,923 inhabited houses; 1,896,723 houses, and 8,892,536 persons. In 1851 the inhabited houses had increased to 3,278,039; families to 3,712,290; and persons to 17,927,609. In 1801, 4¾ persons occupied each house; in 1851 the number of persons occupying each house had increased to upwards of 5.

Mr. Todd's Inhaler.

Dr. Kidd has sent us a long letter of five pages in reply to the notes of Mr. Todd and Mr. Ferguson, published last week. But the only portion of the letter directly referring to the point at issue is the following paragraph:—

"I wish further to repeat the substance of my former note, as to my inhaler being almost exactly similar to that figured in your journal of the 9th. I have altered mine four or five times since Mr. Ferguson saw it;

there is still the same mouthpiece, and cylinder, and valves; the cylinder in mine is perforated at the top and capable of being opened at the sides to any extent. The cylinder in the new instrument is shut at the top, that seems the chief difference, but opens at the sides; a piston holds a flat sponge, but in mine I have altered the sponge since Mr. Ferguson put it in."

The Puff Testimonial.

The followiug advertisement, which has been going the round of the Irish newspapers, has been sent to us with an intimation that Dr. Gore belongs to the College of Surgeons of Ireland, and is a resident magistrate in Limerick. If his name is being used without his authority, he should certainly disclaim the testimonial:—

"Doctor Gore presents his compliments to Mr. Solomons, and begs to thank him for the highly satisfactory manner in which he has adapted Cataract Glasses to Mrs. Hogan, Mrs. Jones, and Edmund Naughton, who had been operated upon for Cataract bliudness. In these cases the operatiou rendered the eyes free from disease and restored vision as completely as was in the power of an operation to effect. The right application of an artificial lens was alone wanting to restore the altered optical relationships of the Eye, and to complete the success attendant upon these operations. Dr. Gore feels great pleasure in being able to say Mr. Solomons has effected that so perfectly that nothing remains to be desired. 79, George's-street, Limerick.—To Mr. E. Solomons, Optician to the Royal Family, 19, Nassau-street (within one door of Dawson-street), Dublin, and 27, Old Bond-street, London."

Air-Plugs.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I am held responsible for the correctness of the reports of the proceedings of the Edinburgh Obstetrical Society, I beg to observe that the statements contained iu the note signed "Albert Monastier, M.D." and published in your last number, are contrary to fact. Had Dr. Monastier been a member of the Society, he would have seeu from the "Billets" issued by me, and dated 9th March and 11th May, that on each of these occasions Dr. Keiller communicated to the Society a paper on the subject referred to. The report of the proceedings, as published in the Edinburgh Medical Journal for the present month, has reference to the first of these dates. I am, &c. James A. Sidey, M.D.
Secretary to the Edinburgh Obstetrical Society.

42, Queen-street, Edinburgh, July 25, 1859.

Hunter's Statue.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—To a certaiu extent I am glad to see so bold a subscription to the above object, although I have added nothing thereto, since I had fancied that Hunter's name could not be more immortalised by the marble than it has already beeu in our minds and would be in those to come after us.

Be this as it may, I would with caution and modesty suggest to the committee, that if there be any surplus fund, they might see fit to present it to a fellow-committee of the Royal Medical Benevolent College, Epsom, who would be able to apply it to the additional buildings required in order to extend the great object of its noble-miuded founder. Accommodation is there required for an increased number of pensioners as well as foundation scholars, as witness the numbers of rejected decayed candidates and sobbing mothers after their disappointment at the last May election.

In this case, I for oue (and no doubt many others) would contribute to the Hunter Fund, although like me they may be doing their utmost to support the College, as subscribers, honorary secretaries, or by sending their sons as exhibitioners. And thus a sum might be raised to enable the building committee to add a wing or department to the present edifice, which they would be too happy to desiguate the Hunter Memorial.

I am, &c. Fred. Manby.

July 26, 1859.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I veuture to trespass on your valuable space, because it appears to me that many of those who have written letters on the subject, have gone very far from the real question at issue. That the Licentiates of a British College of Physicians have hitherto ranked as high in the estimatiou both of the public and the Profession, as Graduates of a University, is at once admitted, aud the restrictions which have hitherto been attached to the College Licence, has eaused it to be held almost exclusively by eminent members of the Profession; that they should, therefore, receive the title of Doctor by courtesy, was a matter of no moment; but when the Edinburgh College of Physicians chose to license anybody who could raise £25, and virtually there was no restriction whatever, the case became different, and those who had spent an extra year in study, and passed the by no means slight examination of the University of Edinburgh, might with reason complain that they were to be deprived of all the houour they had fairly purchased with time and study, by this wholesale produetion of self-called Edinburgh Doctors by purchase. It is not fair to argue upon the strength of the former distinguished character of these Colleges. In the year 1859, one of them has chosen to grant Liceuces without the slightest practical guarantee of fituess; and the new Licentiates must be content to have their case argued on their present and unique condition, not on the merits of their College's *former* status, and the *present* status of sister Colleges. I am, &c. M.D.

Southampton, July 25, 1859.

Registration Injustice.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If there is one thing more than another from which I am disposed to shrink, it is from that of obtruding before my Professional brethren, or any other body of men, anything personal to myself; but I feel that I should be wanting in a sense of justice to myself, and of regard for the esteem of the members of my Profession, if I allowed to pass unnoticed a wrong which has been done me by the Registrar appointed under the new Medical Act.

Before the 1st of May, nearly three months before the publication of the Register, within the period advertised by the Registrar as entitling applicants to be included iu the first registration, I made my application in the form supplied by the appointed officer; and as directed by the Act of Parliament.

My claims were founded on my diploma from the Royal College of Surgeons, London, on which I had extensively practised as a pure Surgeon for twelve years iu this country; and on my degree of M.D. from the University of Pisa, which I had received after four years' residence and attendance on the University courses, and after a public examinatiou by the Professors of the University, before a large audience. On this degree I have practised in Torquay since my return to England in 1848.

In making my claims I filled up the forms sent me by the Registrar; and, to substantiate my statement that my Medical degree was received after public examination, I forwarded to the office my diploma from Pisa, which explicitly and fully expresses this fact. I had thus done everything required by the Medical Act to entitle me to the first registration, and had complied with all the requirements sent me by the Council. I was, therefore, perfectly justified in expecting that my name and qualifications would be included in the first Medical Register. I had no intimation of any doubt on the subject, or of any delay, until, in answer to my inquiries, I was informed by the clerk of the office, after the Register was published, that my Medical degree had not been inserted because the Council had received no return from the University stating that it had been granted after examination—a fact fully stated iu the only document they had required of me—a printed document, authenticated by the seal and signatures of the University authorities.

Now, sir, I do not in the least question the right or the propriety of any investigations which the Registrar, or the Council, may think fit to make in order to satisfy themselves of the justice of any claims brought before them; but surely, when an applicant has complied with all the requirements of the Act of Parliament, and has produced all the documents necessary to substantiate his claims, the Council cannot consider it right to inflict upon that applicant the punishment of suspendiug his registration, and subjecting him to all consequent penalties, merely because the Registrar may have delayed the application for some corroborative testimony, or have sent for it to a country involved in revolution, or at a season when a University may be closed.

The new Medical Act expressly states that every person possessed of one or more of the qualifications described in Schedule A "shall be entitled to be registered on producing to the Registrar the document conferriug or evidencing the qualification or qualifications whereof he seeks to be so registered." I am aware that the documents produced must be to the satisfaction of the Council, but this clearly must be a reasonable satisfaction, and whilst any "false or fraudulent representation" is punishable by imprisonment, no right is either expressed or implied in the Act by which a legally qualified applicant, who has complied with all its conditions can be deprived of his claim to be registered, or placed in a false position on the register, or suspended for several months from registration, on account of some fault or delay of the Registrar, or of the authorities to whom application may have been made to authenticate the documents produced. Such, obviously, would be to assume a penal power beyond the powers of the Act, and to make the applicant suffer for the delinquency of the Registrar, or the carelessness of the officer of some unconnected and uninterested institution.

But the object of this letter, sir, is not so much to point out the inequitable, and what appears to me, the illegal course adopted at the registration office, as to explain to my professional brethren that the false position in which I am placed on the Register does not arise from any fault or disqualification of mine, but from the provisions of the Medical Act having been in my case wrongly suspended. I am, &c.

Torquay, July 23, 1859. C. B. Nankivell.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Waller; Mr. Hulke; Dr. Young; Mr. O'Ferrell; Mr. Todd; Mr. Radley; Mr. Griffin; Mr. Bacon; Dr. Scott Alison; Mr. Hussey, Oxford; Dr. McWilliam; Dr. Lankester; Mr. Brown, La Poile, Newfoundland; Mr. Pullin; Dr. Madge; Mr. Hockley; Dr. Lee; Mr. Hart; Mr. Aspland; Mr. Greene; Dr. Bull; Mr. Compton; Dr. Turnbull, Philadelphia; Veritas; Mr. Bridges; Mr. Doig; Mr. Lewis; Mr. Marriot; Mr. F. Smith; Horsham, &c.

Papers by Mr. Hulke, Mr. Todd, Dr. Bristowe, Mr. Laurence, Mr. Walton; Dr. Embleton; Dr. Heale; Mr. Herbert, &c., will appear in early numbers.

APPOINTMENTS FOR THE WEEK.

July 30. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

August 1. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

2. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

3. *Wednesday.*

Operations at Uuiversity College Hospital, 2 p.m.; St. Mary's, 1 p.m; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

4. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

5. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL COMMUNICATIONS.

GLAUCOMA; ITS SYMPTOMS, DIAGNOSIS, AND SURGICAL TREATMENT.

By J. W. HULKE, F.R.C.S.
Assistant-Surgeon to King's College Hospital, and to the Royal London Ophthalmic Hospital.

Rather more than one year ago, I endeavoured, by an article in this journal, to draw attention to the Surgical treatment of glaucoma by the excision of a portion of the iris (iridectomy), after the manner first suggested and practised by Dr. A. von Graefe, Professor of Ophthalmology in Berlin. At that time the operation had been already fairly tried in the Royal London Ophthalmic Hospital, by Mr. Bowman and Mr. Critchett, and also in private practice, and the results were such as could not fail to convince any unprejudiced mind of the immense value of the proceeding. One might have thought that a measure which so surely offers relief in this most intractable disease, would have been gladly welcomed and generally adopted, had not the annals of medicine shown with what reluctance new truths and discoveries have always been received. It was not to be expected that iridectomy would prove an exception to this general rule; and the past year has shown that during this time it has not gained many new advocates beyond those walls where it was first tried. The number of persons hopelessly blind, but whose sight might have been preserved by iridectomy, is my strong apology for again urging the adoption of this measure in glaucoma; and but for this I should have waited patiently for the recognition of a truth which some years hence will, I believe, be universally admitted.

The extreme differences of opinion respecting the value of iridectomy in glaucoma, expressed by those who have personally tried the operation, have no doubt arisen from the indefinite nature of the cases which have been classed under this denomination, a greenish colour of the pupil having been taken as the distinctive character. The value of any operation in a given class of cases can only be correctly estimated when the character of the cases has been previously fixed and determined; and this has been done for glaucoma by Dr. A. von Graefe, who has so fully and accurately defined its symptoms, that he has left little to subsequent observers but to confirm his statements. He, in common with all Surgeons, recognises two forms of this disease, the chronic, and the acute, which differ in degree but not in kind; between these extremes there is a large proportion of intermediate cases.

Symptoms, Premonitory Period.—In seventy-five per cent. or more both of chronic and acute cases, the more obvious outbreak is preceded by a premonitory period (prodroma), which may be extended over a space of several months, or weeks, or be limited to a few days only; the symptoms are in some cases so slight as hardly to excite attention, and this especially amongst the lower classes, who pay but little heed to trifling ailments. These premonitory symptoms are occasional dimness, with pain in the eyeball, and sometimes headache. They are at first transient, often happen towards evening, and occur at long intervals. Afterwards accessions become more and more frequent, till, at length, the dimness is persistent and the pain chronic; but still with remissions and exacerbations. The subconjunctival veins begin to enlarge and become varicose; the pupil is rather dilated and sluggish, and the globe feels hard. Meanwhile the field of vision has undergone a remarkable contraction, progressing from the periphery towards the centre. Patients still see objects placed directly before them fairly; but cannot see things which lie on one side.

Active Stage of Chronic Glaucoma.—In chronic glaucoma the premonitory merges gradually into the active period. The ciliary region is congested, the radicles of the varicose subconjunctival veins encircle the cornea with arches. The aqueous humour becomes serous, the pupil muddy, and adhesions form between it and the lens. The size of the anterior chamber diminishes, the iris being pushed forwards towards the cornea partly by the lens, and partly by the collection of serum behind it. The cornea loses its lustre, resembles a piece of glass which has been breathed on; its epithelial layer is raised in minute vesicles, and its sensibility much impaired. The sclerotic has a dirty leaden hue and staphylomata form, generally just behind the insertions of the tendons of the recti muscles. The globe is now very hard, and sight is limited to bare perception of light or wholly abolished. We must be careful not to be misled on this last point, because luminous spectra often happen long after all sight is lost, and we may be unintentionally deceived by patients reluctant to believe themselves blind.

Acute Glaucoma.—The acute differs from the chronic form mainly by its terrible intensity; it is preceded by the same train of premonitory symptoms; but the outbreak is often so sudden and so violent that the earlier warnings are forgotten in the present storm. The attack often takes place at night. The patient wakes with violent throbbing pain in the eye, intolerable headache and sickness, and rapid blindness ensues. The pupil is widely dilated, fixed, and the globe very red. Patients have not unfrequently ascribed their blindness to a violent attack of bilious headache. After some hours, perhaps, a remission of the symptoms occurs; the pain abates, sight partially returns, and the patient is full of joy at his improvement; but his hopes are soon shattered by a fresh paroxysm. It was only a temporary improvement, and fresh accessions sooner or later bring about total blindness.

Ophthalmoscopic Signs.—The ophthalmoscopic signs of glaucoma are, excavation of the entrance of the optic nerve, the presence of visible pulsation in the retinal vessels, and often hæmorrhagic extravasations into the retinal tissue and vitreous humour. Excavation of the entrance of the optic nerve is indicated by a peculiar bluish tint, and by a very remarkable arrangement of the vessels which are abruptly bent, or seem suddenly to disappear at the margin beyond which they cannot be followed to the centre of the entrance; this is particularly the case with the veins. When the tension of the globe is much increased a visible pulsation in the retinal vessels takes place, and if not present spontaneously a very slight pressure upon the globe with the finger will produce it instantly. The excavation of the optic nerve comes on gradually with the increasing tension of the globe. This part offers less resistance than the tougher sclerotic, and yielding before the excessive intraocular pressure is bulged outwards; a wasting of the nervous fibrils accompanies this important change. From this it will appear that in glaucoma the excavation of the optic nerve is due to two causes, one mechanical, the other vital, pressure and wasting,—the second consequent on the first. Now it has been very recently denied that this change in the shape of the entrance of the optic nerve in glaucoma is ever due to pressure, it being alleged that a degree of pressure which could push the entrance of the optic nerve outwards must necessarily also push the lens and iris forwards, and that extreme excavation of the optic nerve has been observed in cases in which excessive tension does not exist, and in which there is no history of its ever having been present, in which also the anterior chamber preserves its natural dimensions. Such cases do occasionally occur, they were actually described by Graefe in a Memoir on Glaucoma addressed to the French Institute, 1857, and in the "Archiv für Ophthalmologie," Bd. iii. Abth. ii., under the designation of "Amaurosis with excavation of the optic nerve." The morbid anatomy of these cases has been investigated by Heinrich Mueller, and I have myself dissected the hollowed optic nerve-entrances of eyes which certainly at the time of their removal, during life, were not over-tense, and in which over-pressure had probably never been present. In these cases the tubules of the optic nerve have more or less completely disappeared; the surface of the hollow is formed by the membrana limitans (hyaloid membrane) resting upon the connective tissue of the lamina cribrosa and that of the framework, derived from the inner layer of the sheath of the nerve, which separates and supports the bundles of nerve-tubes and which is normally continued upwards as a delicate nucleated fibrous tissue, even through the lamina cribosa to the hyaloid membrane. This, then, is excavation of the entrance of the optic nerve from wasting and disappearance of its tubules, a change which has occurred without the agency of pressure, but it does not legitimately follow from this that the hollowing out of the entrance of the optic nerve in glaucoma, in which a similar atrophy also occurs, is also independent of pressure. Wasting of a tissue may be induced in several ways, and constant pressure is a most efficient

cause before which the hardest and softest tissues alike disappear.

But over-tension is the leading feature of glaucoma, and it seems only natural to consider the hollowing and wasting of the optic nerve as one of its effects. To these signs, excavation of the optic nerve-entrance, and visible pulsation of the retinal vessels, a third is often added, especially in acute glaucoma. Minute echymoses, points of capillary hæmorrhage appear in the retinal tissue by the rupture of the over-distended capillaries. Often the membrana limitans gives way, and small filmy bloodclots form in the vitreous humour, which becomes tinged with the hæmatine, and in specimens which I have dissected the stain extended to the lens, which had a yellow colour by transmitted light though during life was greenish. Later in the disease the vitreous humour becomes clouded, and the lens and cornea opaque, and the ophthalmoscope can no longer be used.

Prognosis.—The prognosis is allowed by all to be almost unfavourable one. Blindness is the natural termination, and the pain often persists long after sight has been entirely lost,—pain too sometimes of the most wearing kind.

Treatment.—Every candid person must confess that all known Medical treatment fails to cure glaucoma, because it fails to permanently relieve the over-tension of the globe. General antiphlogistic measures are inapplicable, because the subjects are feeble, and local depletion by cupping or leeches affords only very slight and very transient relief. Those who trust to measures of this kind let their patients drift into blindness. But practice has put it beyond doubt that the removal of a portion of the iris of an over-tense eye does permanently lessen the excessive tension, and, therefore, does cure glaucoma. The fact is not to be denied though a satisfactory explanation of its *modus operandi* may be still wanting. For the details of the operation itself, I must refer to a paper in *Medical Times and Gazette*, March 27, 1858. I have nothing more to add to what I then said, except that I believe an ordinary Beer's extraction knife to be a safer instrument for incising the cornea, than the lance-shaped knife of Jaeger, with which, as its point is directed inwards towards the centre of the anterior chamber, and therefore towards the vertex of the lens, there is greater danger of wounding this structure. In about two hundred operations performed with Beer's knife, which in making the corneal wound, only skirts the margin of the anterior chamber, the lens has, I believe, only been injured in three or four cases. In two cases the suspensory ligament gave way, vitreous humour was lost, hæmorrhage into the globe took place, and the eyes suppurated. The immediate effect of the operation is to lessen the tension of the globe; the wound heals in a couple of days, during which the aqueous humour drains away, but when union is quite complete, and the integrity of the anterior chamber is restored, the globe still continues naturally soft. The most complete results are obtained in acute cases, when the improvement of sight is very rapid and striking, and the cessation of pain equally so when the operation has been early performed. In chronic cases the improvement of the sight is gradual, extending over some months; its degree depends on the progress which the structural changes in the retina and optic nerve had made previous to the operation, and in these cases they advance *pari passu* with the growing pressure; but even where the sight is not improved, the operation generally arrests the disease and preserves what sight the patient had at the time of operation. In chronic glaucoma, too, the pain does not always cease at once, but sometimes subsides gradually, just as in tic douloureux it frequently persists for several days after division of the affected nerve.

Alleged objections.—Those who oppose iridectomy in glaucoma do so on the alleged grounds (1) of its futility; (2) of the danger to be apprehended from operating on an eye in a state of intense congestion; (3) of the difficulty of so delicate an operation, for which they would substitute paracentesis of the cornea or sclerotica. These objections are of small value, because they are not founded on practice, from which alone true inferences can be drawn. I will take them seriatim.

1. Facts abundantly prove, that iridectomy does cure this disease. I have been told that patients who had been operated on in the Royal London Ophthalmic Hospital have been afterwards seen at other Hospitals perfectly blind; and, indeed, it would be surprising if this were not the case, because the operation has been frequently done simply to relieve pain at a time when no restoration of sight could be looked for and no expectation had been held out.

In a few exceptional, very advanced cases of chronic glaucoma, the over-tension of the globe has returned after the operation, and the pain has not been relieved. In these cases the tissues of the globe are so unsound, its vascular system is so completely deranged, and the excitement of the ciliary branches of the fifth nerve has become so habitual, that no measure short of extirpation will afford complete and permanent relief.

2. Practice shows that iridectomy is the most efficient measure with which we are at present acquainted for reducing the intense internal congestion, which is present in acute glaucoma.

3. The difficulties of the operation are not insurmountable; they may be overcome with a little care. They were pointed out in the paper (a) to which I have already referred, and directions were, at the same time, given by which they may be avoided. Less extensive removal of the iris is insufficient; its whole breadth must be taken away so as to expose the edge of the lens and the suspensory ligament. Paracentesis of the cornea affords but an incomplete and transient relief; and it is futile to tap the sclerotic, because the vitreous humour is too firm to flow out, even through a considerable wound.

Lastly, It has been and still is urged that the operation has been very indiscriminately performed. This allegation does not affect the operation itself, but insinuates a want of discrimination on the part of the operator. I would state it in another way—the operation has been experimentally tried in a number of cases, which though not true glaucoma, showed an affinity with it; or where there were local signs of a relative excess of pressure, as in staphylomata of the sclerotic and cornea; and lastly in a few cases of acute phthisis bulbi, where the rapid wasting of the vitreous humour shown by the softness and collapse of the globe indicated a sudden arrest of nutrition.

The results confirmatory of Graefe's statements have proved, that in recurrent iritis and choroido-iritis, where there are numerous synechiæ, the tendency to fresh accessions is lessened and destroyed by iridectomy; that considerable staphylomata subside under its influence; and that soft and collapsing globes become plump and acquire a natural tension. Who then will assert that in these cases the operation has been indiscriminately performed? How can the value and scope of any remedy be ascertained except by a series of experiments? Without these progress would stand still and therapeutics become a stationary art.

ON THE RADICAL CURE OF HERNIA:

WITH AN ACCOUNT OF AN IMPROVED INSTRUMENT, AND NOTES OF FORTY CASES.

By REDFERN DAVIES,
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In cases of scrotal and femoral hernia where the tissues are relaxed and the rings of large size—say, capable of admitting easily two, three, or even more fingers—considerable difficulty and disappointment is experienced in endeavouring to effect a cure by the first operation; and it has occasionally happened to others, and to myself, to be obliged to repeat the process.

From a practical acquaintance with the subject on the living, and repeated trials and experiments upon the bodies of the dead who have been affected with hernia, I have been led to believe that the cause of such failures is not attributable to any fault in the theory of Wütz'er's method, but to a defect in his instrument, and upon the following grounds submit to the decision of practical test that they will be obviated by the adoption of the accompanying mechanical improvements in the instrument.

Upon examining a case of scrotal rupture in which the operation for the radical cure has failed (supposing, of course, that it has been properly managed, together with the proper after treatment), the rings and canal will be found to be obliterated probably for some three-fourths of its extent, or there may

(a) *Medical Times and Gazette*, March 27, 1858.

only remain an aperture which will with difficulty admit a crowquill; and thus, though the patient may be greatly benefitted, and with the aid of a truss resume his duties, a radical cure has not been effected.

That portion of the canal and rings which have been blocked up is invariably that which is nearest the abdominal walls. "The gut slips down behind the plug" are the terms in which both Surgeons and patients express the mishap which has occurred, and the reasons for this, I believe, are as follows:—

The anterior or superior layer of the invaginated integument is subjected to not only the pressure of the wooden plug to keep it in apposition with the opposed surface of the rings and canal, but also to the direct pressure of the compressor. The compressor exerts its influence exclusively upon the parts included between it and the upper surface of the said wooden plug, and in no wise affects the posterior parts, viz., the posterior layer of invaginated integument and posterior surface of canal and ring, whose only chance of being kept in apposition depends upon the accuracy with which the plug fits the canal, etc., as a whole.

The floor of the canal, etc., especially where the tissues are lax, as generally occurs in cases of old and large ruptures, does not present in the same manner an opposing resistance to the wooden plug as does the compressor, and thus should the two former be not very accurately adapted the one to the other, adhesion cannot even be expected to occur.

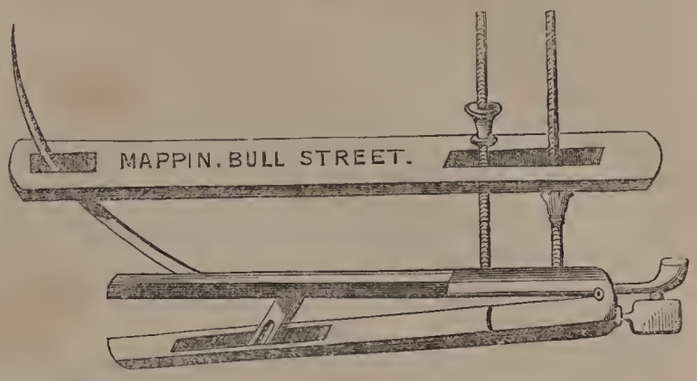
The mouth, or internal opening of the canal, is funnel-shaped, with the posterior surface the more sloped. Consequently, if there be any weak point, it will be there, and it is sure to receive all the shocks of the gut during the process of cure.

Besides it is evident that a cylinder, even closely applied to the rest of the extent of the canal, cannot fill up its funnel-shaped mouth; but must leave an interspace, which will be on the posterior surface.

And, again, it is not always practicable to introduce to a sufficient extent a solid plug, which would best fit the internal ring, by reason of the resistance of the other structures to its passage, besides entailing an endless variety of such plugs.

By the adoption, however, of the principle I now propose, viz. a plug, whose lower half is capable of expanding, these difficulties are severally overcome.

A glance at the diagram will render its application at once evident: it will be seen that by turning the handle and thus causing the lower half of the plug to expand, that the pressure upon the parts included between the upper portion of the plug and the compressor, is left in exactly the same condition and relations as in the usual instrument, but that a



force is exerted upon the posterior portions of the invaginated integument, canal and rings, which it gently, but firmly, retains in complete apposition one with the other.

By reason of the greatest point in its expansion being at the extremity of the instrument, and gradually tapering, two objects are accomplished; first, the funnel-shaped mouth, and the internal opening, is filled with a plug, whose sides are inclined towards its own—the invaginated integument being, as it were, modelled upon it; and, secondly, the rest of the canal is at the same time subjected to no undue pressure.

The principle adopted by Mr. Spencer Wells is likewise made available, viz. having the transverse diameter of the instrument very much greater than the antero-posterior, whereby the shape of the ring is altered, it being converted into a mere chink, and thus affording an additional security against descent of the gut; and so leaving as small as possible an amount of space between the opposed surfaces of the *doigt de gant* to fill up when the instrument is removed. A thin India-rubber finger-stall caps the end of the instrument, preventing any soft parts getting between the blades.

By reference to the accompanying table of cases, forty in number, which embraces the three varieties of oblique, ventral, and femoral hernia, occurring in ages varying from one year to sixty-five, and in both sexes, it will be seen that thirty-seven are cured, five requiring the operation to be repeated, and two complete failures (in one of which small-pox appeared on the day after removal of instrument). In this list, however, the more recent cases I have operated upon are not included. They will appear at a subsequent period.

No. of Case.	Variety.	Sex and Age.	Duration and size of Hernia.	Condition of Parts.	Operation.	Length of plug invaginated.	Duration of Instrument.	Results, etc.
1	Oblique inguinal.	Male, 24	3 years; goose's egg.	Firm; ring admits one finger.	Wützer's.	1 6-8ths of an inch.	9 days.	Successful.
2	Ditto.	Male, 24	3 years; pigeon's egg.	Firm; ring admits one finger.	Ditto.	1 4-8ths of an inch.	8 days.	Successful. This man was ruptured on both sides.
3	Ditto.	Male, 1½	Congenital; pigeon's egg.	Very fat; ring admits tip of little finger.	Ditto.	6-8ths of an inch.	5 days.	Successful. The instrument produced remarkably little discomfort.
4	Ditto.	Male, 63	30 years; man's fist.	Relaxed and canal short; ring admits one finger.	Ditto.	1 6-8ths of an inch.	8 days.	Successful.
5	Ditto.	Male, 30	10 years; cocoa-nut.	In good condition; ring admits three fingers.	Ditto.	2 inches.	7 days.	Successful in part. When coughing violently the gut descends behind the plug by an aperture the size of a crowquill.
	Ditto.	Same case.	..	Ring admits a crowquill.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
6	Ditto.	Male, 65	10 years; goose's egg.	Relaxed; ring admits one finger.	Ditto.	2 inches.	8 days.	Successful.
7	Ditto.	Male, 20	2 years; hen's egg.	Firm; ring admits two fingers.	Ditto.	1 6-8ths of an inch.	8 days.	Successful.
8	Ditto.	Male, 1	Congenital; pigeon's egg.	Firm; ring admits tip of little finger.	Ditto.	1 inch.	5 days.	Successful.
9	Ditto.	Male, 34	4 years; goose's egg.	Relaxed; ring admits two fingers.	Ditto.	2 2-8ths of an inch.	7 days.	Successful. This patient suffered from retention of urine (without stricture) for two days after application of instrument.
10	Ditto.	Male, 45	10 years; hen's egg	Firm; ring admits one finger.	Ditto.	1 2-8ths of an inch.	7 days.	Successful.
11	Ditto.	Male, 10	Congenital; hen's egg.	Firm; ring admits one finger.	Ditto.	1 4-8ths of an inch.	4 days.	Successful.
12	Ditto.	Male, 40	14 years; cocoa-nut.	Relaxed; ring admits three fingers.	Ditto.	2 4-8ths of an inch.	8 days.	Successful in part; gut descends behind plug. No truss, etc. previously at all restrained the rupture.
		Same case.	Pigeon's egg.	Plug well defined; ring admits little finger.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
13	Ditto.	Male, 7	Congenital; fœtal head.	Relaxed; rings admit two fingers.	Ditto.	1 4-8ths of an inch.	7 days.	Failure. The day after the instrument was removed he was seized with small-pox; no bandage could be applied, and the gut still comes down.

No. of Case.	Variety.	Sex and Age.	Duration and Size of Hernia.	Condition of Parts.	Operation.	Length of plug invaginated.	Duration of Instrument.	Results, etc.
14	Oblique inguinal.	Male, 58	15 year's; goose's egg.	Relaxed; ring admits two fingers.	Wützer's.	2 inches.	8 days.	Successful.
15	Ditto.	Male, 61	15 years; goose's egg.	Firm; ring admits one finger and a-half.	Ditto.	1 6-8ths of an inch.	8 days.	Successful.
16	Ditto.	Male, 31	6 years; hen's egg.	Firm; ring admits one finger and a-half.	Ditto.	1 4 8ths of an inch.	7 days.	Successful.
17	Ditto.	Male, 48	6 years; hen's egg.	Firm; ring admits two fingers.	Ditto.	1 6-8ths of an inch.	7 days.	Successful.
18	Ditto.	Male, 22	9 years; goose's egg.	Relaxed; ring admits two fingers and a-half.	Ditto.	2 inches.	8 days.	Successful in part; gut gives an impulse without descending into scrotum, which it is feared it will do.
		Same case.	Does not descend into scrotum.	Ring size of a crow-quill.	By a process of invagination by wires.	1 4-8ths of an inch.	6 days.	Successful.
19	Ditto.	Male, 58	20 years; fœtal head.	Relaxed; ring admits one finger and a-half.	Wützer's.	2 inches.	8 days.	Successful.
20	Ditto.	Male, 17	2 years; hen's egg.	Firm; ring admits one finger.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
21	Ditto.	Male, 21	3 years; goose's egg.	Firm; ring admits two fingers.	Ditto.	1 6-8ths of an inch.	7 days.	Successful.
22	Ditto.	Male, 31	6 months; pigeon's egg.	Firm; ring admits little finger.	By a process of invagination by wires.	1 4-8ths of an inch.	6 days.	Successful.
23	Ditto.	Male, 14	Congenital; hen's egg.	Relaxed; ring admits two fingers.	Wützer's.	2 inches.	8 days.	Successful.
24	Ditto.	Male, 59	25 years; pigeon's egg.	Relaxed; ring admits one finger; very tender, and testicle atrophied.	Ditto.	1 inch.	7 days.	Successful.
25	Ditto.	Male, 19	2 years; hen's egg.	Firm; ring admits one finger and a-half.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
26	Ditto.	Male, 59	20 years; fœtal head.	Relaxed; ring admits three fingers.	Ditto.	2 inches.	8 days.	Successful in part; gut descends a little behind.
		Same case.	..	Plug clearly felt; ring admits little finger.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
27	Ditto.	Male, 51	8 years; goose's egg.	Firm; ring admits two fingers.	Ditto.	2 inches.	7 days.	Successful.
28	Ditto.	Male, 35	3 years; hen's egg.	Firm; ring admits one finger.	Ditto.	1 4-8ths of an inch.	7 days.	Successful.
29	Ditto.	Male, 53	10 years; goose's egg.	Relaxed; ring admits two fingers.	Ditto.	2 inches.	8 days.	Successful.
30	Ditto.	Male, 49	3 years; hen's egg.	Firm; ring admits two fingers.	Ditto.	1 6-8ths of an inch.	7 days.	Successful.
31	Ditto.	Female, 9	4 years; pigeon's egg.	Firm; ring would admit a No. 12 catheter.	Ditto.	1 inch.	8 days.	Successful at the time; but from what cause not known gut has again descended.
32	Femoral.	Male, 20	2 years; pigeon's egg.	Firm; femoral ring admits little finger.	Invagination by means of wire.	..	7 days.	Successful. Vide *Medical Times and Gazette*, Feb. 12, 1859.
33	Ditto.	Female, 32	4 years; pigeon's egg.	Firm; ring admits little finger.	Same process.	..	6 days.	Successful.
34	Ditto.	Female, 51	3 years; orange.	Firm; ring admits a man's thumb.	Same process.	..	.. ..	Successful.
35	Ditto.	Female, 50	20 years; man's head.	Ring admits three fingers; tissues relaxed.	Invagination by plug.	2½ inches.	8 days.	Successful.
36	Ditto.	Female, 50	20 years; man's head.	Ring admits four fingers; tissues relaxed.	Ditto.	2 6-8ths of an inch.	8 days.	Successful in part; to be operated upon again.
37	Ventral.	Male, 26	4 years; pigeon's egg.	Average; ring admits one finger.	By a wire process (vide *Med. Times*, Feb. 12.)	..	8 days.	Successful.
38	Ditto.	Male, 55	8 years; pigeon's egg.	Relaxed; ring admits one finger.	Ditto.	..	7 days.	Successful.
39	Ditto.	Male, 60	20 years; hen's egg.	Relaxed; ring admits one finger.	Wood's subcutaneous.	..	7 days.	Successful.
40	Ditto.	Female, 18	3 years; walnut.	Firm; ring admits little finger.	Wood's.	..	5 days.	Successful.

REMARKS ON STRICTURE OF THE RECTUM.

By ARMSTRONG TODD, A.B., M.B., M.R.C.S.L.
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The great difficulty which I have experienced in treating stricture of the rectum has arisen from the annoyance and irritability patients experience when the ordinary bougies are used. This seems to be caused by the anus and sphincter ani muscle being kept extended to the same degree as the bowel and stricture are themselves. The skin and muscle of the anus are much more sensitive than the rectum, and their calibre, even when stretched to the full extent, is much smaller than that of the bowel, therefore a bougie large enough to extend the rectum to its proper size cannot be borne by the anus.

The causes of stricture may be considered to be,—Firstly, a submucous deposit, resulting from inflammation, which becomes of a fibrous character, having a great tendency to contract. It forms a ring round the mucous membrane, so that any contraction of it must lessen the calibre of the rectum. Secondly, stricture may arise from cicatrization of ulcers; and, Thirdly, from cancerous or other deposits. Over this latter form Surgery has little control. Dilatation in such cases cannot be expected to prove beneficial. In the first two forms, however, I believe perfect cure may be accomplished if proper extension be employed, and if it be continued for a sufficient length of time.

In the first form of stricture the effused lymph, although it appears to have become hard and resisting, yields pretty readily to continued and persevering pressure, and under this treatment it can be caused to absorb, so that a small-sized bougie is in a short time succeeded by a larger one, this again by a still larger, and so on until one of considerable diameter is admitted; but dilatation here becomes limited by the sensitive character of the anus, and the total absorption of the stricture is therefore not effected. If such be the case, although the patient may derive considerable benefit for a time, the contractile propensity of the stricture is, on the discontinuance of the bougies, permitted to proceed, and the

bowel again becomes narrowed. The second form, viz., that produced by cicatrices after ulceration, also yields to the pressure of dilatation; in fact, all contractions of cicatrices, even those resulting from burns, yield to extension made by mechanical contrivances. This has been fully shown by my friend, Mr. Tamplin, who has successfully used this treatment at the Orthopædic Hospital in cases of contracted cicatrices.

In this form of stricture the obstruction does not alone proceed from the cicatrization; there co-exists always some plastic effusion resulting from the inflammation, which taking the fibrous character, I believe, performs a very great, if not the chief part in obstructing the bowel. Thus it is that after ulceration one finds a stricture of considerable tightness, which from simple attention to the general health occasionally becomes resolved without any mechanical treatment whatever. In such cases the effused lymph is reabsorbed before it has taken on that fibrous character which requires dilatation. It is, therefore, unnecessary to interfere with this form of stricture in its early stage, and such practice is frequently injudicious, as any attempt at dilatation may rekindle inflammation. Dilatation, then, seems to be the only means we possess of causing the obliteration of stricture of the rectum; but in order to make sufficient pressure by extension so as to produce complete absorption, it becomes necessary to construct an instrument, which will admit of the rectum being stretched to its full extent, while the anus and sphincter are allowed to remain in their natural contracted state. In all cases dilatation requires to be conducted in a judicious and gradual manner, and, therefore, in the construction of any instrument for dilating purposes this requirement necessitates strict attention.

I subjoin a woodcut of an instrument which has been made from my directions, by Mr. Ferguson, of Giltspur-street.

I have drawn it in a partially extended position, so as to show its action more perfectly. It consists of two blades of finely-polished steel, forming, when closed, a small-sized oval bougie. These blades are about three inches and-a-half long, rounded above and below, and made to separate from and approach each other in a parallel direction, by mechanism contained within. Beneath these is a round stem, quarter of an inch in thickness, upon which the anus and sphincter are allowed to contract. The parallel movement of the blades is effected by four slight bars of steel, placed in pairs—one pair crossing each other above, the other below, united at their intersection by a pivot. The extremities of each pair, at the centre of the blades, are connected together and to the centre of the blades by means of hinges, their distal extremities being permitted to traverse a groove within the blades. The stem before spoken of is hollow, and is continued above, within the blades, into a fork, the extremity of which is attached to the pivot connecting the intersections of the superior crossbars. Through this hollow stem passes a rod, which also ends above in a fork, attached in a similar manner to the pivot through the intersection of the inferior crossbars. The other extremity of this rod is a screw, on which is a graduated scale; to this a thumb-nut is fitted, having a rim on its upper part, which revolves in a groove in the extremity of the outer or hollow stem.

The effect of this mechanism is, that when the nut is turned from right to left, the inner rod is pushed up, and the intersections of the crossbars are made to approximate, the horizontal diagonal of the central quadrangle becomes, therefore, elongated, and thus the blades are separated. A contrary movement of the nut draws down the rod, and brings the blades together. The screw is made so fine, that dilatation can be effected by an exceedingly gradual movement.

This instrument may be found useful in other surgical operations. In dilatation of the vagina, in Lloyd's operation for lithotomy, it would be found advantageous; also in the cure of fissure of the anus by extension. In this affection it would permit of unctious applications, or those of solutions of nitrate of silver; or even it might facilitate the division of the fibres of the sphincter. And if the internal mechanism could be made fine enough, it might become applicable to stricture of the urethra, when its parallel expansion would be found very advantageous.

I used this instrument in the case of a lady who had suffered for a very long period from inflammation of the rectum and fistulæ. After the latter had been operated upon, and all became perfectly healed, a stricture, which co-existed with the fistulæ, engaged my attention. Two months having been spent under treatment by bougies, the anus would only admit of one five-eighths of an inch in diameter. On the introduction of the above instrument, almost immediately, by cautious and gradual extension, the stricture was dilated to an inch and-an-eighth, without the least pain or unpleasantness to the patient. She also stated that she could retain the instrument as long as I wished, as it caused no inconvenience whatever.

I may mention a case which came under my care, where the excessive tightness of the stricture compelled me to use a rather rude instrument to dilate it. The result, however, was so decidedly satisfactory, that were I called to a similar case, I should certainly adopt the same course. The instrument I used was a common pair of glove-stretchers. Mrs. W. suffered from inflammation about the anus and rectum, for a period of twelve months. A feeling of delicacy prevented her from applying for surgical aid all this time; but her health becoming considerably impaired, I was at length called to see her. I found a small abscess close to the anus, almost in a bursting condition. This I freely opened, and on further examination I discovered four other fistulæ; having passed the finger into the rectum, I perceived a stricture situated about two-and-a-half inches above the anus, so tight that the point of the forefinger could not penetrate it. The impaired state of the patient's health obliged me immediately to operate upon all the fistulæ, and leave the stricture for after treatment. The operations healed well, and her health became improved, and some weeks having passed over, I commenced the treatment of the stricture by bougies; but I found that although I could pass a small bougie, the anus was so sensitive that it could not be retained even for a few minutes. As she could not be persuaded to continue the treatment, the stricture in time became so tight that a prostatic cathether could not be introduced; and the symptoms assumed so urgent a character, that I felt compelled to divide the stricture with the knife. In order to do this, I constructed a speculum of moderately strong sheet-lead, slit down one side; this I introduced up to the stricture, upon a round wooden plug. The plug being withdrawn, I pressed out the lead with my fingers, so as to dilate the rectum and anus as much as possible; and thus the stricture was fully exposed. I then divided it in three places by submucous sections. This operation, together with the use of bougies, which now could be better borne, gave the patient considerable relief, and she became able to pass the fæces with perfect ease. The largest bougie she could bear was three-quarters of an inch in diameter; this she introduced herself daily for some time after my attendance ceased; but finding herself much relieved, she discontinued the treatment, and in twelve months after the stricture became as bad, if not worse, than ever. On being again called upon, I found that a No. 12 catheter could not be passed through, even with considerable force. Defecation was exceedingly painful and difficult, the fæces coming away like narrow pieces of tape. I now provided, from a common draper's shop, a pair of glove-stretchers. I inserted a short peg into the flat surface of one of the limbs close to the point, and made a corresponding hole in the other, so as to prevent their overlapping each other during introduction into the stricture. Finding the point too thick to be admitted, I was obliged to fine it down considerably. I found this a very efficacious contrivance, for having manipulated with the hand for about ten minutes, as one sees a shopman do when stretching the fingers of a new glove, the stricture became greatly relaxed. I then placed over the handles of the stretchers a number of India-rubber rings, so as to keep up gradual extension, adding a ring now and again, according as the patient could bear them. By this treatment in about an hour I was able to pass my forefinger through the stricture, and the urgent symptoms of the patient were of course relieved.

My change of residence prevented me from following up this case, but she became able to use the stretchers herself, and, I believe, derived great benefit from them.

In this case, in one part of its career, under pressing circumstances, I divided the stricture by three submucous sections, as stated above. This operation has not, I believe, been previously performed. My reason for adopting this mode of proceeding was, that I imagined from the contractile nature of the fibrous structure, each segment would shrink, leaving a space between them; and that with the after employment of efficient dilatation they would become so small as not to interfere with the passage. In the above case I was unable to proceed with the dilatation, as the moment she experienced an ordinary amount of relief she refused further treatment; but from the amount of relief given in so short a time, I believe that under similar circumstances the Surgeon will find this operation facilitate the distention of the stricture, if gentle and continued extension be his after treatment. The submucous division is not so difficult as might be supposed when the lead speculum above detailed is previously introduced. The knife which I used was a small sharp-pointed curved bistoury, which I have frequently employed in operations for strabismus.

16, Old Burlington-street.

CASE OF MELASMA SUPRA-RENALE, OR ADDISON'S DISEASE.

By G. MACKENZIE BACON.

The following case is of some interest as an illustration of supra-renal disease, according in almost every particular with the instances adduced as types of the disease, in the monograph of the eminent Physician with whose name it is so closely associated. Since the publication of that work several cases have been recorded in which there has been disease of the capsules (and to some extent) without the peculiar bronzing of the skin; but in the present instance the various symptoms seem to have presented themselves in the most orthodox manner, and to have rendered the diagnosis a matter of comparative certainty. It might seem needless to insist on the value of any contribution to pathology, however small, if carefully conducted; but in the case of organs whose functions and morbid changes are involved in almost equal obscurity, such observations acquire a special claim, as it is to pathology alone that we can look for any solid addition to our knowledge on the subject, either by verification or correction of a previous suspicion. The success which has rewarded the researches of one active investigator, should surely, then, be enough to stimulate each to add his mite to the fund of facts, with the certainty that such efforts will, in time, bring a definite increase to our knowledge.

Subjoined are the details of the case, to which I have but to add that I was called to see the patient for the first time a few hours only before his death, and was led to diagnose Addison's disease from the symptoms noted.

John F., aged 15, a well-made lad, of average size, had always had good health till the present illness, which commenced about seven months ago with loss of appetite, nausea, and gradual diminution of strength without any apparent cause. Cachectic sores soon appeared on his thighs and legs, which healed but slowly, and he began to complain of giddiness and pain in the head. These symptoms continued for many weeks, at times being so far mitigated as to induce the boy to attempt a return to his work, which was that of a plasterer; but two or three such attempts only resulted in failure, and on one occasion he fainted on the road, and was brought home by a fellow-labourer. He had medical advice from two or three sources, and was supposed to be much benefited at one time after a long course of treatment. It is worthy of note that his appearance was attributed by his Medical attendants, as well as by his friends, to jaundice; with a view to cure which the latter performed several superstitious rites with great assiduity, one of which consisted in the daily evaporation of a portion of his urine. As soon as a month after his first attack his complexion, from being quite fair, was noticed to have become darker, and his face was of a dirty yellow colour. This increased in intensity as the end of life approached. During the last week he vomited constantly all he took, and was much troubled with hiccough, became gradually weaker, and died quietly and rather unexpectedly. During the last two days he had anæsthesia of feet and partly of legs, with pain in toes and fingers.

Post-mortem eighteen hours after death.—Rigor mortis well marked. Almost the entire surface of the body, with the exception of the upper portion of the chest, which was of an ordinary flesh colour, was of a dusky olive hue. The face, hands, and legs, were the darkest; but the back, outside of thighs and buttocks, were of a most decided tawny colour; on the face there were patches of a brown colour, and on the front of both knees, and along the course of the spine in the dorsal region were others of two or three inches in extent of a very dark brown. The scrotum was much discoloured, almost black, a change of comparatively recent date, and the penis also but to a less degree. The boy had quite the appearance of a mulatto. The conjunctivæ were quite white and pearly. There was no opportunity of examining the urine, but the amount secreted for the last few days was but small. Body not much wasted. The left supra-renal capsule was rather larger than usual and much altered in character, the distinctions between the various portions quite obliterated. The stroma was pale and flabby, and in it were numerous patches of a firm light yellowish material, having the look of strumous deposits, one nearly as large as a hazel nut. The right capsule was about its normal size, and studded with yellow spots similar to those in its fellow, but not so large—the deposits being evidently of the same nature, but of longer duration and undergoing degeneration. The mesenteric glands were enlarged, but not to any great size. There existed some fine pleuritic adhesions on the right side, but the pulmonary tissue of both lungs was positively healthy, and neither in the kidneys nor elsewhere was there any trace of disease.

The lad's father died of phthisis pulmonalis, as had also other relatives.

The early age at which the disease occurred in this case is worthy of notice.

Norwich.

ELEPHANTIASIS OF THE SCROTUM—OPERATION AND RESULT—WITH REMARKS.

By HAYNES WALTON, F.R.C.S.

Surgeon to St. Mary's and to the Central London Ophthalmic Hospitals.

Elephantiasis of the scrotum is so rarely seen in this country, and so few operations have been done for it here, that I venture to bring this short and strictly practical communication before the Profession.

In the early part of the year 1847, a gentleman, 29 years old, who had just arrived from the tropics, called on me with enlargement of the whole scrotum, which was doughy, inelastic, and slightly fissured in three or four places. Although the epithelium was much thickened, the general sensibility was not impaired.

The testes were at the upper part of the tumour. The left seemed healthy; the right was a little enlarged and hardened, the effects of a radical cure for hydrocele, that had been accomplished some years ago. The skin at the root of the penis was slightly affected.

The superficial femoral glands on the left side were a little enlarged, and there was a puffiness of the skin in this region. The right groin was quite healthy. Only two years and a-half had the disease been noticed. There were occasional sub-acute inflammatory attacks that seemed to be the growing periods, as the progress was marked on these occasions only.

I recommended an operation. As a matter of course, several opinions were taken, and, so far as I could learn, they did not coincide with my own; and as some of the Surgeons were twice my age, and men of great reputation, it was not to be wondered at that my patient and his friends rejected my advice. Treatment was tried, but the disease progressed, as I learned some years after. Having been overruled by authority, I naturally looked well into the recorded cases of operation for this complaint, and having found that the dangers

were those of hæmorrhage and shock, I determined, if I ever met with any example equally fitting, according to my views, for an operation,—and especially in so early a state, when the causes to be dreaded in a late operation were almost, if not entirely, out of reckoning,—I would operate.

On the 3rd of September last year, a still more favourable case came under my treatment, inasmuch as there was no glandular enlargement, and no puffiness in the skin of either groin.

Mr. C., aged 41, an athletic government quarantine officer, from Barbadoes, arrived in London to seek advice, and was sent to me. His scrotum was about eight or nine pounds' weight. The skin was rough and indurated, and it was redder than in the other instance, but there was the characteristic firm and solid swelling. There was no pain, and no inconvenience beyond that caused by bulk. The integument of the penis was similarly affected. Just four years ago inflammation appeared at the lower part of the scrotum, and, subsiding, left some hardness. Every year there had been several similar attacks, and each had added to the enlargement. Medicines and topical applications had failed in the hands of different practitioners, and it would be a waste of time to enumerate them. The last use of tincture of iodine caused so much suffering, and excited so much inflammation, that no further treatment was allowed, and Mr. C. determined to visit England, in the hope that he might get relieved by surgical operation. I fully explained to my patient that an operation was not devoid of risk; and he assured me that he was prepared to chance an unsuccessful result, rather than submit to the inevitable fate of steady increase of the disease. I also told him that there was just the possibility of my being obliged to remove the testes, to which he assented if I saw need. Under these circumstances, therefore, I determined to operate, and that at once.

The very evident vascularity of the part, added to the known tendency to hæmorrhage, and the difficulty that is generally experienced in checking it, from the rapidity with which the blood flows from scores of apertures, necessarily made me cautious and thoughtful, and I resolved on a plan which served the double purpose of effectually preventing the possibility of untoward bleeding, and enabled me to get the testes completely out of the way, while I was unrestrained in any operative detail.

With the kind assistance of Mr. Henry Smith, of Caroline-street, Mr. Freeman and Mr. Buncombe, of Mile End, I proceeded, on the 30th of September, to operate. Chloroform was used.

The scrotum was raised and pressed on for a few minutes, so as to empty it of as much blood as possible, and then with a long needle, of the sort used by upholsterers, threaded with strong twine, I tied it in small segments close to the trunk, first pushing up the testes, so that they were quite above all that I intended to remove, an act that demanded carefulness, from the indistinctness of these organs. Having had some experience in producing strangulation of a part, I well knew that to be effectual much tightness was needed, and this caution was the more necessary, as I intended to cut close to the nooses, when, without such provision, the divided surfaces would quickly retract away from them. I removed then as much of the scrotum as I could possibly get away. As each strangulated part was liberated, the vessels were secured, and altogether twenty-two ligatures were used. Some of the vessels were larger than I expected, and a few veins bled so freely, that I tied them. The testes fell down to an incredible length, owing to the very great elongation of the spermatic cords. They were healthy, except that the tunica vaginalis of each was much infiltrated. The after-treatment, including the immediate manner of dealing with the wound, had been duly considered, and I had determined that it would be better to amputate as much of the disease as was possible, and to trust to healing by granulation, rather than to attempt to cover the testes by any of the diseased structure. But I changed my plan, and made an attempt, I should rather say an experiment, that succeeded. I pushed up the testes, and forcibly drew together the divided surfaces, and applied sutures. This caused much strain, more than I thought justifiable from preconceived ideas. I then dissected away the thickened integument from the penis. Some prostration followed the operation, and wine and brandy were freely given. There was no secondary hæmorrhage. Contrary to all expectation, the whole wound healed by first intention, all but an inch and a-half in front, and that failed, I believe, because I removed the sutures from it too soon. I suspected the existence of clots, and I sought in vain for them. But there was not much gaping, so little that no part of the testes was seen. Ultimate closure was readily effected by granulation. The penis also healed over quickly.

Respecting the pathology, it is evident that sub-acute diffuse inflammation of the integuments produced the organic changes.

The morbid anatomy of elephantiasis has long been made out, and a careful examination enabled me to verify the statement of other observers. When the mass was placed in a basin, the bulk was reduced more than half by the exudation of serum. The epidermis was much thickened, but the true skin particularly so. The connective tissue between the scrotum and testis was greatly hypertrophied and intersected with large areolæ. My patient took leave of me, just six weeks after the operation, quite well. The penis was drawn to the right side and rather constricted in the circumference.

I have much pleasure in closing my paper with a report received on March 21. Mr. C. writes:—"My wounds are perfectly well, and the penis is so much better in the hot climate, that the contraction has nearly passed away. I am happy to say that I greatly rejoice at having undergone the operation."

6, Brook-street, Hanover-square.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

CASE OF VESICO-VAGINAL FISTULA TREATED BY OPERATION.

(Under the care of Mr. SIMON.)

[Reported by Mr. THOMAS MORETON, Clinical Assistant.]

Elizabeth G., aged 43, married, has had four children, was admitted into Lydia's Ward, under Mr. Simon's care; states that she has had very difficult labours, requiring instrumental interference, in the first three instances, but never sustained any material injury therefrom. About four and a-half years after her third confinement, she began to have pains at the lower and anterior part of the abdomen, with desire to pass water, but had great difficulty in doing so. The next day she became much worse, and continued to be so for a week, her abdomen increasing in size immensely, and at times was in a state of extreme agony. At the end of this time, on coming out of a warm bath one evening, the pain became unbearable, and a copious gush of water came from the vagina,—about a gallon according to her statement; immediately afterwards the abdomen assumed its natural size, and complete relief from pain followed, during all this time she had been under Medical treatment, but no catheter had been used. Afterwards her urine dribbled away. She again became pregnant; but the child was born dead, and no instruments were employed. On admission she appeared in pretty good condition, but has lost flesh lately; is out of spirits in consequence, undoubtedly, upon her present miserable state, having had incontinence during the last five years. The catamenia have been regular during this time. The urine was examined microscopically, but was found to be healthy; there is no history of vesical calculus. A sound was passed by the urethra into the bladder, and by passing the finger up the vagina, the instrument was felt through the fistula; it was situated high up, close to the anterior lip of the os uteri, and was about half an inch in diameter.

April 7.—This morning the operation was performed. She was placed on her left side, the legs being drawn up, and the pelvis raised. Simpson's speculum having been introduced, a complete ring, including a part of the os uteri was removed from round the fistula; fine silver sutures were introduced, and the aperture was completely and neatly closed. There was very little hæmorrhage. No chloroform was administered. A catheter having been introduced into the bladder, it was fastened there. She was put to bed, and directed to lie on her left side. She had a good deal of pain in uterine region during the rest of the day; was relieved by tinct. opii ℥xxx. ex. aq. ℥j. statim.

8th.—Feverish, and has considerable pain in the parts.

12th.—Began to menstruate this morning, which is before the proper period.

13th.—Catheter changed.

16th.—Had an enema, which did not relieve the bowels.

21st.—The sutures were this morning removed, and the aperture appeared to be closed.

22nd.—There is still incontinence of urine, depending probably upon the fact that the urethra has not recovered its tone after having had a catheter in it so long.

27th.—Bowels opened by ol. ricini ʒii., after being confined three weeks.

Before she left the Hospital, which was on May 7, she could retain or pass her water at will; there was a little dribbling, however, at nights.

She again called at the Hospital, about a month after this date, when Mr. Simon made an examination, and found that the fistula was not quite cured; but that there was a small oblique opening passing from before backwards towards the uterus; and she was desired, should the incontinence become troublesome, to again come into the Hospital in order to have the operation repeated.

CHRONIC LARYNGITIS.—SUDDEN ASPHYXIA—TRACHEOTOMY—RECOVERY.

(Under the care of Dr. BARKER.)

The following case is a very good example of a class which one meets with by no means unfrequently, more especially in Hospital practice. We allude to the occurrence of sudden and most alarming symptoms of impending suffocation in the course of chronic laryngitis. Generally the patients give an account of having had syphilis at some remote period. The attack of extreme dyspnœa has usually been preceded for a few days by somewhat increased symptoms of laryngeal obstruction. Then comes the sudden attack. Whether to call it spasm, or to suppose that acute œdema has set in, or to resort to the hypothesis of a displaced and impacted portion of mucus or false membrane, is a puzzle. In the case below it will be seen that the man was walking about the ward but little worse than usual, when suddenly he fell down asphyxiated. Our Hospital reports have contained the narratives of many similar cases during the last few years. However difficult the physical explanation of the attack may be, there is fortunately no doubt about the remedy to be had recourse to. They are the cases which make the best recoveries after tracheotomy. That they are very liable to end fatally if prompt recourse be not had to that measure we have had personal experience from the result of several cases in which, unfortunately, it was not resorted to.

The following narrative of the facts of the case is from the pen of Mr. T. Moreton, Clinical Assistant at the Hospital:—

C. H. S., aged 52, labourer, was admitted into Luke's Ward, May 3, 1859, under the care of Dr. Barker. He states that he has enjoyed good health in general: had syphilis thirty years ago, but certainly never since. About four months ago he caught a cold, and had a very severe cough at the time, which cough disappeared in about a fortnight, but left a hoarseness and tickling sensation in the larynx, and a little dyspnœa: this last symptom was considerably increased occasionally, so that he had paroxysms of extreme dyspnœa. These symptoms have increased of late, which have interfered a good deal with his health. At present he appears to suffer considerably, has a haggard aspect, but no congestion of the face or neck; a little tenderness over the larynx when pressure is made. No dysphagia. The inspirations are prolonged and attended with a wheezing sound, which prevents one from hearing any healthy breathing; but here and there some sonorous rhonchus may be heard. The fauces and soft palate are healthy; sub-maxillary glands are enlarged on both sides, but not extensively; tongue clean and moist; bowels rather confined; pulse 96, small and easily compressed.

Treatment.—Liq. vesicat uterque later laryngis; Pot. iodid gr. v. t. d.; hydr. iod. gr. j. t. d.; pulv. rhei. c. hydr. ℈ i. statim.

He continued with very little alteration in any of the above mentioned symptoms until the morning of June 15th, when he appeared to breathe with more difficulty than he had done for some time. He had passed a very uncomfortable night, having been obliged to be in the vertical position; the hoarse sound through larynx considerably increased; face and eyes congested; no delirium. He continued in this state till six o'clock the same evening, when, while walking across the ward, he fell down almost asphyxiated, face and lips dusky, and the greatest difficulty in breathing. It was deemed necessary to perform the operation of tracheotomy immediately, which was done by Mr. C. H. Drake, the House-Surgeon. There was a little venous hæmorrhage, which was easily stopped by pressure. As soon as the canula was placed in the trachea all congestion disappeared, and he appeared to be very considerably relieved. Wine was given in sufficient quantity; and he slept during the greater part of the night.

16th.—Breathes very easily through the tube. Pulse, 132; full, but easily compressed; respiration, 36; no lividity of face. Ordered,—Liq. ammon. acet. ʒiij., vin. ant. pot. tart. ♏x., sp. nit. æth. ʒss., 4tis horis, c. mist. camph.

17th.—There does not appear to be any disease of the lungs yet. Pulse, 124; respiration, 36; sleeps well.

18th.—Pulse 116; respiration, 32; thirsty,—lemonade and beef-tea.

20th.—Complains of pain in the back, and on examining the right lung posteriorly, there is found complete dulness extending half-way up the chest; a blowing sound is heard on respiration, and some crepitation at the lowest part. Respiration 36; pulse 112. Ordered,—Pil. hydr. gr. v., opii gr. ¼, t. d.; liq. ammon. acet. ʒss., sp. æth. nit. ʒj., tinct. hyoscy. ♏xx., 4tis horis, c. mist. camph. Emp. canth. lat. dext. Canula removed.

21st.—No change in the thoracic symptoms; expectoration is rather puriform. Ordered,—Wine ʒiij., two eggs.

22nd.—A little blood mixed with the expectoration.

24th.—The dulness is gradually disappearing, and the respiration is not so quickly performed.

From this date he continued to improve gradually; cough, etc., ceased, and he left the Hospital, July 15, in perfect health, with the exception of slight hoarseness, the artificial wound being completely closed.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

OVARIAN DROPSY—PARACENTESIS UNDER URGENT CIRCUMSTANCES—DEATH SIX MONTHS AFTERWARDS—AUTOPSY.

(Under the care of Dr. LUNN.)

The following case, for the full notes of which we are indebted to Mr. Evans, the House Surgeon to the Hull Infirmary, has some points of interest in reference to the recent revival of Ovariotomy. It illustrates, at any rate, what is but too often witnessed, the very transitory nature of the relief afforded by paracentesis.

Elizabeth B., a married woman aged 58, was admitted under the care of Dr. Lunn on January 28, 1859. She had previously been under care in June 1858, and had received some benefit from the employment of diuretics. She was the subject of ovarian dropsy on the left side, and the tumour had first been noticed six years ago. The circumference of the abdomen was nearly forty-eight inches, and the integuments were very tense. The lower limbs were œdematous, her dyspnœa was great, and she had partial incontinence of urine. Under these urgent circumstances paracentesis was adopted, for the first time, about a week after her admission. The fluctuation wave had been so distinctly felt passing from side to side, that before the operation, the tumour was thought to be unilocular.

The tapping, however, proved that it consisted of several cysts. About three gallons of fluid were removed, and a considerable mass still remained in the abdomen. When three days afterwards the abdomen was again measured, it was found to be only six inches less in circumference than before the tapping.

The paracentesis was well borne, and the woman regained her health; she left the Hospital at her own wish two months afterwards.

After remaining about two months at home, the woman was re-admitted in a state of extreme debility and emaciation,

on June 15, 1859. From her own account, it appeared that a week or two before, her abdomen had given way, and several pints of fluid had escaped. Four days after her readmission, death relieved her of her sufferings. Her condition throughout this period had been too low to permit of any operative interference.

The autopsy was performed twelve hours after death, and was conducted with especial relation to the question, as to whether or not the tumour might have been removed with a fair chance of safety during life. The peritoneum in front of the abdomen was found to be thickened, and was adherent extensively and firmly to the anterior surface of the tumour. The latter filled the whole abdominal cavity. On its surface was a quantity of recent lymph, and surrounding it was a considerable amount of ascitic fluid. The tumour was without difficulty turned out of the abdomen, its adhesions to parts behind being very slight. It was multilocular, and involved the left ovary. The abdominal viscera were pushed up under the ribs, and covered in by a coating of lymph. The tumour after removal weighed eighteen pounds.

With regard to the evidences of extensive recent peritoneal inflammation, it may be remarked that the woman had only occasionally complained of a little pain. It was probably to the depressing influence of this masked peritonitis that death was immediately due. Most ovariotomists agree, we believe, in considering anterior adhesions of but little consequence, and regard the case as favourable, so long as the tumour is not connected to any viscera, and does not adhere to parts behind.

THE COLONIAL

PRACTICE OF MEDICINE AND SURGERY.

SYDNEY HOSPITAL, NEW SOUTH WALES.

ACUTE PHLEGMONOUS INFLAMMATION. DESTRUCTION OF KNEE-JOINT.

(Communicated by Mr. ALFRED ROBERTS.)

R. U., aged 40 years, admitted into Sydney Hospital, September 5th, 1858. A sawyer by trade. Is an Englishman, and possesses a sound constitution. At Christmas last he accidentally discovered that his right knee was about half as large again as natural; it was free from pain. He applied to a chemist, and received a blister and liniment. No other treatment was adopted, and he continued at work, walking daily a mile and a half to and from his house over heavy hills. On Friday, August 31st, went to work as usual, feeling well. In a couple of hours he experienced cold shivers and excruciating pain in knee. He walked home with great difficulty, and found his knee much enlarged. A chemist only was again applied to, who did nothing. On following Monday night the leg and thigh suddenly swelled to double their natural size; the patient's mind wandered, and fever ranged high, still no treatment was adopted, and attendants say no change occurred until Wednesday evening, when he was brought to the Hospital. I then visited him, and found him in a lamentable state. His leg and thigh presented the severest example of *acute* (if I may say so) phlegmonous erysipelas I ever witnessed. The knee-joint, I feared, had gone, and there was intense constitutional disturbance. Under careful nursing, feeding, and care, his symptoms at first yielded; but in about ten days (on the 22nd) I found his *only* chance of life was to remove the limb, which I did, as he lay upon the water-bed, and without the administration of chloroform. The operation was very rapidly performed, and thanks to my colleagues scarcely a couple of ounces of blood were lost. His pulse improved during and after the operation, but he eventually sank.

My reason for stating the brief outline of this case as above, is, that I conceive it to have been one of acute inflammation of the knee-joint, excited by the violent exercise of a joint already in a subacute state of disease. The acute symptoms ran on unchecked by treatment, and in their turn engendered acute phlegmonous erysipelas, and this also ran its course through its first destructive stage, for upon his arrival at the Hospital, there was nothing to be done but support the system and give exit to the effused liquor sanguinis and pus. It is seldom that so fearful a disease as acute inflammation of the knee-joint is allowed to run its course unchecked in a strong and robust man, and, as such, it appeared to me worthy of record. On September 10 the articular surfaces of femur and tibia were distinctly felt to grate freely together, and three days after the ligaments had evidently given way. I cannot call to mind any patient whose constitution fought so strongly against such an amount of disease, neither do I imagine it could have done so in any London Hospital: the powers of nature in recovering from severe shocks and illness are very striking in this climate.

ANEURISM OF FEMORAL ARTERY—LIGATURE—AMPUTATION—RECOVERY.

(Communicated by Mr. ALFRED ROBERTS.)

R. B. aged 35 years, admitted into Sydney Hospital April 10, 1855. Is a native of South America; about five feet eight inches high, well proportioned and moderately robust. States that he is a musician, travelling with a circus, riding in the bush at times for days together; has drank freely for three years; is naturally passionate, but does not recollect injuring his leg at any time lately; has suffered slightly from hæmorrhoids. About three months since observed a small swelling behind, and rather to inner side, of left knee, to which under a variety of advice, different remedies were applied (consisting of warm fomentations, blisters, and liniments) without relief. The swelling increased rapidly, and he came to Sydney on horseback, a distance of about 150 miles. Present symptoms—Large and very tense swelling in region and direction of tendinous canal, embracing three-fifths of lower thigh. Careful examination could not detect pulsation; considerable heat; great pain, with constitutional febrile irritation. Ordered to remain quiet in bed with limb elevated. Haust. salin. sextis horis.

April 27.—Tension of tumour greatly increased; upper portion more rounded and prominent; no pulsation; much irritation, fever, and anxiety. He was placed upon the operating-table, and tumour explored with fine exploring trocar. Arterial blood flowed freely. The femoral artery was immediately ligatured low down in its course under the sartorius, and the patient put to bed.

30th.—Tumour very slightly reduced; neither more flaccid or solid; rather less painful; constitutional symptoms the same.

May 4.—A patch of sphacelus about the size of a fourpenny piece has made its appearance around the puncture of the tumour. The tissues here have been gradually getting thinner. Amputation was performed at middle of thigh, the flaps being made antero-external and postero-internal to bring the former incision into that made in forming them. As might be expected, several vessels required ligature. He made a good recovery.

Examination of the limb showed the artery abruptly opening into a large cavity, about an inch below its entrance into the tendinous canal. The portion of the cyst nearest to and adjoining the entrance of the artery is evidently continuous with it; the more distant portion is apparently composed of condensed cellular tissue. The cavity is three-fifths filled with a fibrinous mass, the remaining two-fifths with coagula in various stages of decomposition. The rounded form of inferior and upper portions is well marked, and at the entrance of the artery into the cavity a sharp edge of fibrinous mass projects three-sixteenths of an inch into the diameter of the vessel. Decomposed blood is effused into the cellular tissue for some inches around the sphacelic notch and into the intermuscular spaces of the upper part of leg.

The following remarks made at the time are extracted from my private note-book, and serve simply to give my thoughts upon this rather interesting case:—

This case appears to have been one of aneurism of femoral artery occurring in the somewhat unusual position of its tendinous sheath. Its peculiar form of an irregular oval is accounted for by this circumstance, but the rounded form of the superior part was peculiar. As it increased in size, it appears to have put aside the vastus internus, and it acquired its greatest prominence about three inches above and to inner side of inner edge of patella. It would seem from the history and dissection that up to the time of the man's coming to Sydney on horseback nature had been active in her endeavours to cure the disease, and the progress made warrants the conclusion, that, under favourable circumstances, she would in

this case have been successful. (Query. How far could this have been brought about by the firm pressure of the tendinous sheath?) The projection of the fibrinous mass into the calibre of the entrance of the vessel was well marked, and is worthy of thought. The operation was simple and straightforward; but many vessels required ligature, among them the femoral, the section being an inch below the former ligature. The silk from the extremity of femoral was the last to come away. The stump was an excellent one a year after the operation. I presume the aneurismal sac gave way during the journey to Sydney on horseback.

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Medical Times & Gazette.

SATURDAY, AUGUST 6.

THE MEDICAL COUNCIL.

The General Council of Medical Education and Registration inaugurated its second sitting on Wednesday, and proceeded to the dispatch of business. Constituted as it is of representatives from the various Medical and Surgical Institutions of the country, the Medical Council thus assembled may be looked upon as the Parliament of the Profession, and its proceedings must be regarded with great interest, as exercising an important influence on the welfare of Medical Practitioners, and secondarily on the public weal.

The duties of the Medical Council, as indicated by its appellation, and by the scope of the Medical Act, naturally arrange themselves under two divisions: 1st, the Registration of all legally-qualified Practitioners; and 2ndly, Medical Education.

The sitting of October last was chiefly occupied by preliminary matters, and in preparing the machinery for an efficient registration. An executive committee was appointed to carry out the provisions of the Act in this respect, and as the result we have the recent publication of the Medical Register. This much being achieved, the General Council has this year to turn its attention to the second division of its duties, the still more important question of Medical education and examination. That the latter is the more important question we think must be admitted, as upon the efficient edueation and intelligence of the Medical attendant necessarily depend the social position he holds as a unit of the general community in which he may be placed, and in proportion to the excellence of qualifications possessed by Medical men in their collective capacity will their services be valuable to the state. We are sensible that the educational question is difficult to approach. With such diverse opinions and interests, the Medical Council have a complex knot to untie, requiring careful consideration, and not a little forbearance in addition. The requirements of candidates by the different examining bodies have hitherto been so unequal, and the opinions held by authorities as to the extent of qualifications to be demanded of candidates are so various, that if each finds its champion in Council, much time will be wasted, and no useful regulations will result.

It is obvious, from the entire construction of the Act, that the purpose of the Legislature was to establish uniformity of privilege, combined with uniformity of qualification. The General Medical Council is empowered from time to time to demand the regulations in force from the various examining bodies; and the regulations of all have, we believe, been submitted at this meeting for the consideration of the Council. Besides this, any members of the Council, or any person deputed by the Council, may be present during the examinations, with a view to test their efficiency. While, therefore, the General Council has no power to interfere with the independence of any University or College, if its regulations are, in the opinion of the Council, inadequate to secure the requisite knowledge and skill for efficient Medical practice, the College or University may be reported to the Privy Council, and suspended until the demands of the Council are satisfied. This being the indirect way in which the power of the Medical Council is made to bear on the licensing bodies, we are induced to think that the Council must fix a minimum standard as a line of demarcation, below which no examining body must be allowed to sink its education and examination without endangering a suspension of its licensing powers. A competition downwards, hitherto much complained of, will thus be effectually stopped, and a competition upwards only be permitted. Thus while the danger will be removed of any Body passing incompetent men, an emulative spirit will be fostered among the examining bodies, and they will soon learn, that in proportion to the excellence of their reputation, so will applicants for their diplomas become more numerous, and the confidence of the public in their licentiates be the greater. The first point which we would suggest as necessary to engage the attention of the Council, is the satisfactory preliminary education of all candidates for the Medical Profession. The impression has firmly gained ground that a Medical attendant, to take his proper position in Society as an educated scientific man, must know something else besides the mere routine of Medical practice, and he must have a competent knowledge of general literature and science. It is a liberal education which can alone be expected to foster broad and extended views of Medicine as a science, and by exterminating narrow and imperfect considerations, prevent the passing into such deplorable heresies as those into which some of our brethren have unluckily fallen. Some of the examining bodies have already taken the initiative in this matter, but until very lately it has rather been the rule to include subjects which should have been part of a preliminary examination in the professional one, and the result has been great inconvenience to the student from the multiplicity of subjects requiring his attention, and generally an imperfect knowledge of all. Were all students submitted to a fair preliminary examination before being allowed to commence Medical studies, a great incubus would be removed from their shoulders in the last years of studentship, and they might reasonably be supposed to do more ample justice to both classes of subjects.

As to the best means of seeuring a good minimum standard of Professional qualifications, much discussion may be expected to arise. Some will doubtless hold that examinations afford no reliable criterion of the merits of candidates, and that it is only by a carefully-regulated course of Professional study from the very commencement that any guarantee is afforded of competency. Others, again, content to leave to the diseretion of candidates the way in which knowledge is to be obtained, will trust solely to the appearance they make at an examination. We believe that safety is to be found in a combination of both these opinions—careful education and stringent examination together. In Anatomy, Chemistry, and the like, a sifting examination would probably guage most accurately the acquirements of a candidate; but we question much if the same can be affirmed of Medicine,

Surgery, or Midwifery. A student well "ground up" might pass the best possible examination written and aural in these subjects, and yet be very much at a loss when at the bedside of a patient. This difficulty has been fully recognised by some examining bodies, and, in addition to prescribed Hospital practice, attempts have been made to examine in Medicine at the bedside of the patient; but this could not so readily be carried out for Surgery or Midwifery.

The Universities of London and of St. Andrews (to their honour be it spoken) have been among the first to institute for their degree a Medical examination at the bedside of the patient; but the London College of Physicians, true to its traditions, and unwilling to countenance so great an innovation, refused to sanction a proposal of a similar kind, brought forward by some of its Fellows. Medical examinations, however, to be at all useful, must not be instituted only at the termination of the course of study—this favours merely the interests of the "grinder"—but they should be frequently repeated throughout the curriculum, the student in this way being obliged to make use of his time, and not delay serious work until the last few weeks or months before the one and only ordeal. An examination conducted at the end of every Medical session would be a constant inducement to steady application, and would furnish a fairer test of competency than a single and concluding examination.

As to the manner in which information on Medical subjects is best inculcated to students, we must have teachers of experience to decide. Sir Astley Cooper openly expressed his conviction, that no benefit resulted to the student from attendance on lectures; and it has become somewhat the habit, among admirers of his, to echo the same opinion. If the Professor is at all equal to his subject, however, there can be no doubt that the lecture is a most useful means of communicating knowledge; and it is to be borne in mind that most courses of lectures are now very different to what they were in former days—being much more of the nature of demonstrations, and impressing the mind more strongly than any amount of reading on the same subject. That students are very much over-lectured on some subjects, and too little on others, is most probably true; and it may also be true that no good results from the certificate system. Diligent students will generally attend the lectures of him who has the faculty and will take the pains properly to teach them, whether certificates of regular attendance be required or not. But what benefit can result from the compulsory attendance on two or three courses of lectures on the same subject, and perhaps nearly in the same words, might, perhaps, even puzzle the ingenuity of the lecturer who reaps the benefit to explain.

Whatever opinions are held as to the propriety of compulsory attendance on lectures, all agree in recommending a diligent attendance on the Medical and Surgical practice in a public Hospital. Could this be ensured, in addition to periodical examinations, probably all the elements would be present for creating sound Practitioners; and any method of improving clinical instruction should be regarded as of the greatest moment.

We trust that the Medical Council will not be led aside by any old traditions or present prejudices; but, giving ample scope to any aspirations on the part of the examining bodies, it will take care that none give partial and inefficient examinations. We would especially remark that Midwifery should be embodied in the general examinations of both Medical and Surgical colleges, which would abrogate the necessity of a special licence in Midwifery. The latter is objectionable, not only because it increases the number of qualifications, and is derogatory to the position of the Obstetric Practitioner; but, also, because it furnishes a pretext for omitting the subject from the general examination, and may thus allow persons to practise who have never afforded any proof of proper qualification in this department.

THE WEEK.

The Council of the Royal College of Physicians of Edinburgh have thought it necessary to allay what they call "certain misconceptions and misrepresentations extensively prevalent, relative to the recent creation of Licentiates by the College," by the publication of an "Explanatory Minute." The document is lengthy; and we are bound to add rather of an apologetic than explanatory character. It appears clear from the statements made in this document, that not one of the objections taken by us in reference to the proceedings of the College in this matter, was taken without justification. This is highly satisfactory to ourselves. We shall again refer to this document, which has only just come into our hands; on the present occasion, we shall merely notice what the College has to say, "explanatory," concerning the question "Who is a Doctor?"

The Council say:—"That nothing can be more groundless than the charge that the College has issued its Licence to practise in a way calculated to lead to the assumption of the title of Doctor by persons having no claim to it." Now we have shown, and it has never been denied, that at least 95 per cent. of those gentlemen who have taken this licence are Englishmen; and that not possessing the title of *Doctor Medicinæ* from any University, they take this licence for the very purpose, and with the best intention, of calling themselves "Doctors;" that, in fact, such gentlemen having got the licence do, on the strength of its possession, actually at this moment call themselves Doctors. No one ever pretended that the Edinburgh College had claimed the power of conferring the title of Doctor. All that was objected to the College was this simple fact,—*That the College is at this moment, through its Licence, raising up in England a large body of Practitioners, who call themselves Doctors;* and that the College carefully avoids any expression of opinion contrary to the right of assuming such title.

This was all that has hitherto been objected. But now the College, in its apology, steps out a little further, and, if we are not vastly mistaken, does really and truly by inference justify its Licentiates in taking to themselves this title; and condemns itself of the accusation from which it pretends to purge itself. We quote the paragraph at length to prevent any mistake; and we venture to say that all the recently-made Licentiates of the College, who have taken this title of Doctor, will now consider themselves backed therein by their Alma Mater.

"It may be a subject for discussion, by what conventional name the Licentiate of a College of Physicians is hereafter to be known. The College has not endeavoured to prejudge this question. The Council cannot be surprised that the power of conferring the title of 'Doctor' should be claimed as an exclusive right by the Universities, any more than that the practice of the College of Physicians of London should have appeared to some of the Edinburgh Licentiates to justify them in assuming a title of courtesy, which undoubtedly is in fact employed with very little reserve. On the other hand, the designation of 'Physician' is still understood by many as one not applicable to the General Practitioner. It is quite certain, however, that some name must be found for non-graduated Licentiates of a College of Physicians, shorter, and more conveniently distinctive, than their legal designation; and if it is not formally arranged by the Colleges what that name is to be, the public and the profession will take the matter into their own hands, and will establish an usage overriding all formal objections that may be taken to the employment of one or other of these conventional titles."

This paragraph we recommend to the careful attention of every new Licentiate of the Edinburgh College. We fancy he will here find all he wants, broadly hinted, though carefully veiled under the shadow of an obscure though not unskilful verbosity.

We have to record another conviction under the Medical Act. Mr. Bradley, Chemist, appeared before the bench of magistrates at Brighton, on the 27th July, to answer a summons for that he did "wilfully and falsely pretend to be, or take, or use the title Physician, etc.;" and it was shown by the evidence that he had occupied his present shop ten or twelve months, that over the window was written "son of the late Dr. Bradley," the words "Dr. Bradley" being written in large characters, the others in small, so as scarcely to be seen by daylight. The Medical Register was produced to prove that he had not registered his name. After a short deliberation, the chairman said that he and his brother magistrates were of opinion that this was exactly one of the cases which the Act was intended to meet. They had no doubt that the name was put up to hold out to the public that a "Dr. Bradley" was there; but as they were of opinion that it was put up before the Act came into operation, and as this was the first case, they would mitigate the fine to 20s. The defendant might alter the "D" into "M." In another case where the defendant used the word "Dr.," with the addition "M.B.," meaning Medical Botanist, over his shop-window, the defendant undertook to remove the "Dr." and to discontinue the use of the objectionable initials, in consequence of which the case was not gone into.

The cholera is again here, and it has arrived by the old route, from Hamburg. One case proved fatal last week on board one of the Hamburg steamers on her passage; another was sent to the *Dreadnought* and died there, also from a Hamburg vessel; and a third died in a Hamburg vessel on the Thames. Dr. McWilliam, who is doing duty temporarily for Sir Wm. Pym, the Superintendent-General of Quarantine, has done all that he is empowered to do by having vessels from Hamburg boarded at Gravesend, and suspicious cases of disease removed to the *Dreadnought*, or elsewhere, and similar instructions have been sent to our eastern and north-eastern ports; but beyond this the Privy Council will not act. The mischief is probably done by this time, and we are not likely to escape an autumn epidemic of cholera; but we have a strong conviction that it would be well to keep all vessels arriving in England from Hamburg, or from any port infected with cholera, under observation for at least three days before admitting their passengers to land in this country. This could lead to no very great inconvenience or loss, and it would surely be better to err on the side of excessive caution than of culpable neglect.

Mr. Pullin, of Sidmouth, has made out a strong case against the Poor-law Guardians of his Union. It appears that he has been guilty of a very heinous offence—he has been "too lavish in ordering nourishing things for the poor"—and has been dismissed from his office. He complained to the Poor-law Board; but that great central authority simply denied that he had been dismissed. "His year of office had simply expired, and another Medical Officer was appointed in his place. It was no dismissal, but a lapse of the engagement." The answer to this is, that the engagement, though annual, was always renewed without notice. Mr. Pullin justly complains of the insulting subjection to the reports of a non-medical and subordinate officer as to his dietetic treatment of the sick poor; and we trust that a further exposure of the case may induce the Poor-law Board to reconsider their decision.

The British Medical Association last week held the twenty-seventh annual meeting in Liverpool, where the Members assembled once before, twenty years ago. The meeting has been of the most complete and satisfactory kind. Every thing that it was possible to do to render the visit of the Associates agreeable was done by the authorities of the town, and by the Local Committee of the Association. In all the arrangements made the most liberal measures were taken to ensure success. Nearly two hundred of the Associates were present, among whom were comprised many of the leading Members of the Association. The meetings were held at the Medical Institution, Mount Pleasant. A short account of the proceedings will be found in another column. The old story is retold. The Association is kept in perpetual difficulty by the expenditure on the *Journal*, and extra subscriptions are called for to discharge the debt; while the Association is unable to advance Medical Science by incurring any expense in scientific inquiries, or by the publication of such volumes of Transactions as might be looked for from so numerous and intelligent a body of workers.

On June 12, 1852, two Medical men, residing in Edinburgh, signed the following certificate:—"We, George Glover, Surgeon, and Thomas G. Weir, Esq. M.D., hereby solemnly declare on soul and conscience, that from our own personal observation, and from the report of creditable witnesses, we believe Angus Mackintosh, of Holm, to be in such a state of mental derangement as to require confinement in an asylum." Under this certificate, and by virtue of the usual Sheriff's warrant, Mr. Mackintosh was removed to a private asylum, where he was detained until the 21st of July following, when he made his escape, from which time he has been allowed to go at liberty, and has managed his own affairs, without interference. Mr. Mackintosh, feeling aggrieved by these proceedings, lately commenced an action in the Court of Session in Scotland, against Mr. Fraser, the law agent by whom the Sheriff's warrant was obtained, and against Mr. Glover and Dr. Weir to recover damages to the amount of £10,000 for the loss, injury, and damage sustained by him in his credit, character, and reputation, in consequence of his wrongful detention in the asylum. In this action two issues were directed, one referring to Mr. Fraser, the other to Mr. Glover and Dr. Weir. The latter was, "Whether, on or about June 12, 1852, George Glover and Thomas Graham Weir, did wrongfully and without due inquiry and examination, grant the above certificate, the pursuer, Angus Mackintosh, not being then insane, nor in such a state of mental derangement as to require confinement in a lunatic asylum to the loss, injury, and damage of the pursuer." The trial came on before the Lord President of the Court of Session and a jury, at Edinburgh, on July 25, and terminated on the 28th, by the following verdict:—"The jury is unanimously of opinion that the pursuer was insane on the 12th day of June, 1852, and that he was justifiably sent to and confined in the asylum. The jury, therefore, finds for the defenders on both issues." In charging the jury the Lord President remarked that there were certain points which must be established by the pursuer in order to entitle him to a verdict. First, they must be satisfied that at the time about which they were inquiring the pursuer was not insane; but, second, although he might not have been insane, it was incumbent on him to show that the defendants acted wrongfully. Taking first the issue referring to the Medical men, the question was, whether they granted that certificate, the pursuer not being insane, nor in such a state of mental derangement as to require confinement in a lunatic asylum, and whether they granted it wrongfully. If they were in the full belief, in the exercise of their skill and judgment, that the pursuer was in a state of insanity; if they proceeded with due deliberation, and made due inquiry, then there was no wrong done; but if they were not qualified practitioners, if they knew the pursuer not to be insane, or if they made no examination of him at all, but

granted the certificate at haphazard, that would be wrong. If they did not apply their minds to the question of whether he was insane or not, but at the solicitation of some person granted the certificate without having formed any opinion at all; and if the certificate led to the confinement of a sane man, then that was wrong. But if they, being qualified practitioners, applied their minds to the case, and proceeded with fair caution and acted in good faith, that was all that the law required, in order to their protection. The best of men might be mistaken, and upon subjects such as this there might exist differences of opinion; but the mere circumstance that other people might be found to express a different opinion was not enough to subject in damages those persons who, with a due knowledge of their profession, acted honestly, and applied their minds faithfully to the consideration of the case, and gave a certificate upon soul and conscience to the best of their judgment and skill. Medical men had professional as well as social duties to perform; and he would be a strange member of his profession, if, when his professional services were required for the immediate safety of any individual, whether in a case of insanity or any case of disease, he should withhold his assistance and advice. It was, therefore, necessary in such cases that the jury should proceed cautiously, and that persons exercising those functions for the interests of the community should not be deterred from the exercise of them by an unfair consideration of the circumstances under which they were exercised, and that society should not be deprived of the benefit of their advice when its exigencies required it, for the proper prosecution of the law or the safety of individuals. On the other hand, if they acted illegally, and without good faith, and if they disregarded the proper considerations which ought to guide professional men, they were not entitled to ask the protection of the law.

BRITISH MEDICAL ASSOCIATION.

The twenty-seventh annual meeting of this Association took place at Liverpool last week. The following is a short outline of the proceedings:—

Wednesday, July 27.—Meetings of Committee of Medical Legislation, Committee of Council, and of General Council, morning and afternoon; and in the evening the first general meeting of the Association, with the addresses of the retiring President and new President, the presentation of the report of Council, etc.

Thursday, July 28.—Public breakfast; meeting of members of New Council; second general meeting of members, with the address in Medicine, papers, and cases, and report of the Benevolent Fund; in the evening, *soirée* at the Royal Institution.

Friday, July 29.—Third general meeting of members; the address in physiology, with papers and cases; excursion by steamer in afternoon, and dinner in the evening.

The space at our disposal only enables us to give a short account of the principal proceedings of each day.

At the first general meeting, on Wednesday evening, Sir Charles Hastings apologised for the absence of Professor Alison, the retiring President, and Dr. Vose, the new President, read his address. He welcomed the members to Liverpool, gave a short sketch of the medical history and notabilities of the town, and alluded to the principal events of the past year interesting to the Profession—as the passing of the Medical Act, Jenner's statue, Hunter's re-interment, etc., and concluded an eloquent address by some remarks on the claims of the profession to public estimation.

Dr. Williams read the annual report, from which it appeared that, since the commencement of the year, 200 names had been added to the list of subscribers. There had been 60 resignations, and 30 deaths, making the total number of subscribers 2310. The receipts for the year 1856 had been £2435 17s. 1d.; the expenditure, £2729 7s. 2½d., leaving a balance due to the treasurer of £293 10s. 1½d. The report went on to say:—"Your council beg to call the attention of the members to the financial statement, and to remind them that, in the year 1856, there was a debt due by this body which amounted to nearly £2000. By the call of 10s. then made, and by the fact of the income having since that time exceeded our expenditure, that debt has been very considerably diminished; but this diminution is going on slowly, and inconvenience results from the treasurer not having funds in hand to meet the demands as they arise; and your council are inclined to think that if the present state of the finance shall continue, it will be a wise course to call upon the members at no distant period to adopt some means for the liquidation of the debt."

Sir John Forbes, who was received with loud cheers, moved that the report be adopted, and in doing so said, he thought they ought to pay the subscription of a guinea towards the objects of the Society itself, and an additional subscription of 10s., or whatever else might be deemed sufficient, towards the cost of the journal.

The report was unanimously adopted.

Sir Charles Hastings then consented to withdraw his resignation and continue President; he having been appointed President for life, three years ago, at Birmingham.

After votes of thanks to the auditors, to Dr. Alison, and to Dr. Williams, who was reappointed Secretary, the Medico-Ethical Committee was reappointed, with the addition of Dr. Styrap of Shrewsbury.

Dr. Henry read the report of the Legislative Committee, which referred to the efficient performance of vaccination, the restricting of the sale of poisons, the warrants issued for regulating the rank and pay of Medical officers in the army and navy, and other subjects.

Mr. Waters moved the adoption of the report, and the reappointment of the committee, with the addition of Richard Griffin, Esq., and Dr. Seaton, with an instruction to them to watch the working of the Medical Act, especially in regard to preliminary and professional education, poor-law Medical reform, public vaccination, and the sale of poisons.

Dr. Mackesy, of Waterford, proposed that the committee be also requested to consider the propriety of endeavouring to have the Medical Profession represented in the House of Commons.

The subject was added to the former resolution, which was then adopted.

Dr. Davies, of Bath, brought before the attention of the meeting the fact that the Edinburgh College of Physicians had granted their licence to a man who had been for years practising as a homœopathist in Bath, upon the recommendation of two men who were themselves homœopathists. He strongly condemned the laxity of the Edinburgh College in granting these licences without having made inquiries as to the character of the practice pursued by the applicant or the parties who recommended him. He proposed the following resolution:—"That in the opinion of this Association, the admission of homœopathists by the Edinburgh College of Physicians is highly reprehensible, and that the College was bound to make inquiries as to the character and standing of men not known to any of its members."

Dr. Noble of Manchester, seconded the resolution, and a very lengthened discussion took place upon it. It was finally carried by a large majority, five members only voting against it.

Dr. Noble then proposed:—"That in the opinion of this meeting, the conduct of the Edinburgh College of Physicians, in offering their licence for a money payment, to all applicants having any Medical or Surgical practice whatsoever, is reprehensible in the highest degree."

Dr. Wilkinson seconded the motion.

On the recommendation, however, of Sir Charles Hastings and Sir John Forbes the motion was withdrawn.

On Thursday the business was preceded by a public breakfast at the Adelphi Hotel, after which there was a meeting of the members of the new Council.

The second general meeting of the members was held in the large theatre. Dr. Williams reported that the Council recommended the liquidation of the debt by a voluntary subscription of 5s. per member for two years. Dr. Joseph Seaton urged that his plan was preferable, as it was monstrous that the Association should be taxed to the amount of £300 a-year to save each member 4s. 4d.; and he moved as an amendment, which was seconded by Dr. Hughes, of Mold, that the postage of the *Journal* should not be paid by the

Association for one year. In the course of a discussion, Sir John Forbes advocated a moderate and yet permanent measure, urging that the payment of the postage by the members would place a surplus at the disposal of the Association, and enable it to do something more for medicine than merely giving the members the *Journal*. Dr. Bartrum, Bath, said that the change proposed in the amendment was a constitutional one, which could not be made without notice, which had not been given for this meeting, and 5s. a-year was such a serious thing to many of their members that the addition of it to the subscriptions would be objected to by 25 per cent. of the total number. On the law being read it was ruled that, although it entitled each member to receive the *Journal* for a guinea, it did not say he should receive it "free of postage." Several members urged that the debt arose from arrears for subscriptions, and others that it should be liquidated by a voluntary subscription, to which one member offered £10, expressing confidence that the £300 would be raised so soon as the subscription list was opened. The amendment was lost, and the meeting then divided upon the motion for a "voluntary" subscription, which was carried by 54 against 35.

It was resolved that the next meeting should be held at Torquay, and that Dr. Radclyffe Hall should be the President elect.

Dr. Waters, of Chester, read an address on Fever, comprising a description of the various local manifestations of Typhus which had fallen under his notice in the course of many years' observation of the disease in this country and on the Continent. He argued that, as local phenomena in other diseases, such as gout, rheumatism, scorbutus, etc., were not held sufficient to constitute distinct maladies, so the local lesions in the affection known as dothinenteritis, or typhoid fever, did not justify its separation, as a completely distinct disease, from typhus.

Dr. Davis proposed a vote of thanks to Dr. Waters for the very able and interesting address he had given them, and a request that he would allow it to be published.

Mr. Griffiths, of Wrexham, seconded the motion, and it was adopted with acclamation.

After an adjournment for luncheon, and reassembling, Mr. Churchill read the twenty-fourth annual report of the Benevolent Fund Committee. The progress of the fund during the year had been satisfactory. The ordinary subscriptions had exceeded the amount received in the previous (a festival) year, while in the form of an extraordinary donation a legacy of £3000 had been left to the fund. The committee had afforded assistance to a larger number of cases than during any previous year, the sum of £1067 having been distributed to 92 applicants for temporary aid, while £255 was given to 16 annuitants. The success of the fund was not dependent upon constant measures to keep it before the public, but manifestly upon the good feeling and sympathy earned by the constant endeavours to accomplish as large an amount of benefit with as little expense, trouble, and publicity, as practicable. This principle the committee trust will make assistance more readily accessible to the unobtrusive poor who have not heart or means to make their sorrows known—a principle the success of which would render charity more worthy of its name. The legacy of £3000 was left by a Medical man—the late Mr. Hime; and the fund was brought under his notice and recommended to him by another Medical man—Mr. Walker, of Budleigh Salterton.

The balance sheet showed that there were balances of £72 and £155 in favour respectively of the donation and the annuity funds.

Mr. Churchill added that the good done was limited simply by the funds in hand, and if each member of the Association would but subscribe 5s., the income of the Benevolent Fund would be increased by £500.

Sir John Forbes said that this fund and the Epsom College were complements to and not opponents of each other.

Mr. Newnham said there were 15,000 Medical men, of whom 1005, in fifteen counties, were subscribers to the British Medical Association, 174 only of these being subscribers to the fund. In Lancashire there were 257 members and 30 subscribers to the Benevolent Fund; in Cheshire, 47 and 7; and in Yorkshire, 157 and 14.

The report was adopted, and the reading of papers was then proceeded with. Dr. Hibbert Taylor, of Liverpool, read one upon "A Peculiar Form of Sclerotitis."—Dr. Birch, of London, advocated oxygen as a therapeutic agent, describing its curative properties in many diseases, and mentioning, among many otherwise intractable cases, that of a lady in London suffering from heart disease, who had been kept alive for three years by periodical doses of the gas; and another of a Physician whose vision had been restored by it.—Mr. W. W. Morris, Gildersome, next spoke on the treatment of tonsilitis.—Dr. Nevins, of Liverpool, described the operation of the internal administration of medicines in the form of vapour, by such methods as the smoking of mercurial cigarettes, or the simple burning of touch-paper. He had applied this mode of treatment in cases of bronchitis. Dr. Evanson had also used this mode of treatment effectually, applying turmeric in cases of catarrh; and he produced some toothpick-shaped camphor quills or cigarettes, which were simply held in the mouth, which had been found good substitutes for respirators, and were declared by many members of Parliament to be an excellent antidote to the vapour of the Thames.—Dr. Mitchell, of Liverpool, read a paper on a case of neuroma.—Dr. Evanson volunteered a notice of a disease, cynanche sub-maxillaris, to which children were subject, and which had not been recognised as a distinct malady. It was the twin sister of mumps, but was the swelling of the sub-maxillary glands, more troublesome than serious. Saline aperients, followed by tonics internally, with emollient applications to the tumours, had been found the best mode of treatment; but an early incision was recommended when matter had distinctly formed.

Mr. Griffith, of Wrexham, made some remarks on the use of the saturated tincture of ergot in cases of hæmorrhage in obstetric practice, and commended it as an indispensable and invaluable companion to the Medical man engaged in such practice. He also spoke of the great value of turpentine in stopping hæmorrhage in cases where the powers of life were rapidly passing away.

Mr. Propert, of London; Mr. Parker, of Kirkdale; Dr. Evanson, and Mr. Morris spoke on the same subject. Mr. Parker said, as well as turpentine, the injection of cold water was attended with the best and happiest effects.

On Friday morning, about 100 members breakfasted with the Mayor, at the Town Hall. The Mayor was supported by Sir John Forbes and Sir C. Hastings. His Worship proposed "Prosperity to the British Medical Association and the health of Dr. Vose." The President acknowledged the toast, and proposed the health of the Mayor, stating the anxiety he had evinced to offer his hospitality to the members of the Association. The Mayor, in acknowledging the toast, expressed the great pleasure he felt in receiving the members, and assured them of the interest he took in the welfare of the society. He then proposed the health of his guests, and coupled with the toast the name of Sir C. Hastings, who in responding, expressed, on behalf of the Association and himself, most cordial thanks for the great kindness, courtesy, and elegant entertainment which his Worship had provided.

At eleven in the forenoon the last general meeting took place at the Medical Institution, Dr. Vose presiding.

A letter was read from Dr. Bell, of Goole, in reference to a resolution as to stamp duties on diplomas, which Sir Charles Hastings said had been rendered unnecessary, because an intimation had been received from the Home Office that the Government intended to remit the stamp duty on Medical licences.

The President next introduced Mr. A. T. H. Waters, to whom, he said, they were especially indebted for any success which had attended the local arrangements and the reception of the members in Liverpool.

Mr. A. T. H. Waters then delivered the address in physiology, which was a very able *resumé* of recent advances in that science, especially in the knowledge of the nervous system.

Dr. Radclyffe Hall moved a vote of thanks to Mr. Waters.

Dr. Markham, of London, seconded the motion, which was carried by acclamation.

The reading of cases was then resumed.

Dr. Skinner, of Liverpool, read a paper on the retroversion of the gravid uterus.

Dr. Camps submitted to the attention of the meeting a case of cerebral or subjective vision, from which a gentleman of 60 years suffered. He was haunted by an occular phantom in the shape of a woman dressed in grey, whom, although perfectly aware of the illusory nature of the appearance, he

saw with as much distinctness as an actual presence in his bedroom every night. Aperients, change of scene, and other treatment of a similar kind removed the hallucination, but the patient subsequenaly became affected in the brain. This instance Dr. Camps submitted as one not of an affection of the retina, but of a cerebral or subjective nature.

Dr. Routh proposed a vote of thanks to the readers of papers and cases, which was seconded by Mr. Coleman, and carried by acclamation.

Mr. Propert proposed that the cordial thanks of the meeting be given to the Council of the Liverpool Medical Association for the arrangements made for the reception of the members.

Mr. Morris seconded the motion, which was likewise carried by acclamation.

Dr. Evanson moved a vote of thanks to Dr. Vose for the very able manner in which he had presided at the meetings of the Association.

Mr. Newnham seconded the motion, which was carried unanimously amid loud applause.

This closed the session.

After partaking of luncheon, the members enjoyed a trip up and down the river in the *Jackal*. In the evening they dined together at the Adelphi Hotel, and the meeting closed.

ASYLUMS AND HOSPITALS FOR THE INSANE.

The annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane was held at the Liverpool Medical Institute on Tuesday. Sir Charles Hastings, D.C.L., presided, and expressed his belief that this association would furnish valuable knowledge in regard to insanity, and remove the diversity of opinion amongst Medical men on this subject. At present the lunacy laws were in a very imperfect state, and their present interpretation by the judges was altogether at variance with that of Medical men, who had devoted all their lives to the observation of cases of insanity. The present lunacy laws were very injurious to the insane, and they constantly impeded the operations of Medical men. A prejudice also existed against the confinement of the insane, and they were too ready to attribute sordid motives to those who advocated the adoption of this course. He had never known any injury to result from the present system, which enforced examination by two Medical men before confinement. The newspapers were every day informing the public of crimes and offences perpetrated by lunatics who ought to have been under control. With reference to Mr. Walpole's Lunacy Bill, the President commented strongly upon the fact that the evidence of those who had given their time, their talents, and, in some instances, their fortunes, to the care of the insane, had not been taken when the Bill was in committee. He also objected to several clauses of the Bill, but particularly to that which authorised secret reports. There were several facts connected with pathological psychology which demanded the serious investigation of the Association. The most important was intemperance, which was said to be the cause of 70 per cent. of the cases of insanity. His opinion, however, was that intemperance was not a cause, but a concomitant of insanity. Tobacco, which was now in almost universal use, was also a most important subject for investigation, with regard to its bearing upon the question of lunacy. It was in its action upon the system debilitating in the extreme; it caused an unnatural action of the heart, and great depression of spirits. These effects showed the necessity of considering and discussing the tobacco question in its bearings upon lunacy.—Dr. Bucknill, of Exeter, was appointed President for the ensuing year. Resolutions were passed to secure more reliable lunacy statistics, and a reform of the lunacy laws.

New Lights.—The Registrar of Maldon, in Essex, requests information in respect to registering deaths that arise from neglect of procuring Medical advice. A sect called "New Lights," one of whose tenets is to abjure all Medical skill, are constantly losing children in this district.

REVIEWS.

Lectures on Pathological Anatomy, delivered at Guy's Hospital during the Summer Sessions of 1857, 1858. By Samuel Wilks, M.D. Lond., F.R.C.P., Assistant Physician to Guy's Hospital, Lecturer on Pathology, etc., etc. 8vo., pp. 472.

Dr. Wilks has undertaken a task which we will venture to say that few men in this country are capable of performing as well as he. The reason of this is, that pathology, as a necessary portion of Medical study, has never received from our Medical Examining Boards the recognition which it deserves; and it is evident that, unless men are incited by some good and substantial reason to devote themselves to this branch of instruction, we cannot expect to meet in every School of Medicine with a pathologist so thoroughly acquainted with his subject as Dr. Wilks is known to be.

Dr. Wilks very truly remarks:—"It would be well if the several Licensing Boards insisted on the more systematic treatment of pathology by those in our Hospitals who are qualified to undertake the task. Such teachers would then occupy a position in England analogous to that which in the Continental Universities is filled by some of their most distinguished Professors."

Dr. Wilks has (as he informs us) for the last fifteen years made a daily study of the dissection of the dead; and has the splendid museum of Guy's Hospital as the scene of his operations. The amount of his opportunities may be gathered from the fact stated by him, "that he has carefully abstained from making any statement unverified by his own observation and experience."

It is of course impossible for us to enter into an analysis of the contents of the volume thus brought to light. We can only pretend to speak of it as a performance, and as a whole. Does it fulfil the objects for which it was purposed; and was it needed for the purposes of the Profession? To both these questions we answer emphatically, Yes. A book of this kind, done in this form and fashion, was most needed in our language. It is true that we have plenty of works on pathology; but a summary of facts—of facts as we know them at this day—we do not possess. We should compare the volume to Hasse's. What Hasse's was when it was published, this is now. And one especial excellence we should notice in connexion with it: the author is not a mere pathological anatomist; he is a Physician. He leaves the imprint of this fact on every page of his work. He does not merely describe the diseased process, but he argues of it as a man whose business it is to treat diseases. We need not, therefore, say that the last term to apply to this book would be that of compilation. We find at every page disputed points of pathology well discussed; both sides of the question fairly stated, and then a cautious expression of opinion on the part of the author. He is not a man who passionately takes up one side of a question, and can see no light except by the aid of his own taper.

But he does more than this: his large experience enables him to offer many new suggestions, and to point out some new facts in reference to pathology; and to clear up some of the disputed questions affecting it. We will give a few specimens of Dr. Wilks' way of doing these things. Speaking of hypertrophy of the heart, he says:—

"There are some who think that the fibres (muscular) actually grow in size, but of this there is some doubt, although there can be none as to their increase in number. I have constantly seen fibres sending out offshoots, or splitting in two; and, also, I have seen nucleated fibres which probably were the germs of new tissues."

Dr. Wilks also points out the fact, that in hypertrophy of the right side of the heart the walls of the right side are not only thicker but also tougher than natural. He does not, however, explain the reason why this "leathery consistence" of structure should exist on the right and not on the left side.

He points out another important fact, viz. that in rheumatic inflammations of the heart—*e. g.* in fatal pericarditis,—the fibrillæ of the adjoining muscular tissue will be found granular. It is by this alteration in the muscular structure that he explains the sudden deaths which sometimes occur in acute rheumatism.

A good specimen of Dr. Wilks' way of handling his

subject will be found under the head of "Inflammation of the Pericardium." This difficult subject is well treated. We notice that Dr. Wilks, like Kölliker and certain other observers, doubts the fact of bloodvessels extending into the endocardium, and the fact of the mitral valves having been actually injected. We recommend this point to the consideration of Dr. Richardson, who speaks of the hyperæmie condition of the valves induced in those parts.

We would gladly give some further examples of our Author's style, but we really feel a difficulty in selecting one in particular. We can only add, that we believe Dr. Wilks has really bestowed a very great boon on the student and the Profession by the publication of this volume. He tells us that the matter stands as it was delivered in his lectures, and hereon we must say one word. It is this,—that in a future edition Dr. Wilks should remove all appearances of the colloquial style from his pages. We take it that every writer ought to write carefully when he faces the public in print. Let us give two specimens of the kind of writing we object to. "I have already shown you how remarkably the hypertrophy of the right ventricle differs from the left" (p. 75). Again, at p. 74: "In some of these the orifiees are *increased*." Dr. Wilks evidently means *enlarged*. We need not point out the defect in the former sentence.

These blemishes are evidently the consequence of the lectures being published "in the exact form in which they were originally delivered," and will doubtless disappear in the next edition of this most useful and valuable work.

An Inquiry into the Curability of Consumption. By James Turnbull, M.D., Physician to the Liverpool Royal Infirmary. Pp. 195. Third Edition. London: 1859.

The fact that this book has reached a third edition is a sufficient evidence of the interest taken in the subject to which it relates. Dr. Turnbull informs us that the present publication, in addition to being revised and in many parts re-written, has been so much enlarged that it may almost be regarded as a new work. Those who have not read it may be informed that, without possessing any very striking claims to novelty, either as to the pathology or treatment of consumption, it contains much interesting matter in reference to this very serious malady, and that the views inculcated are generally sound and judicious.

A Memoir on the Treatment of the Epidemic Cholera, read before the Members of the French Academy of Sciences, with their Report thereon. By Joseph Ayre, M.D. Pp. 44. London: 1859.

This memoir was presented to the French Academy of Sciences, in answer to a circular issued in 1854 by that body, which announced that a French gentleman had bequeathed a large sum of money to be given as a prize to the discoverer of a remedy for Asiatic cholera in its stage of collapse. It was required that the remedy proposed should have saved an immense number of cases, and should be entitled to rank as of equal value with quinine in the treatment of intermittent fever. Dr. Ayre's remedy, as is well known, consists of calomel given in small doses and very frequently repeated, and this Physician believes that the drug in his hands, and in those of others, has really fulfilled the ends required. After the lapse of four years, the report of the Commissioners was given in, and was printed in 1858. It is stated that 153 memoirs were sent in; but, in the opinion of the reporters, only two of the authors appeared to understand the real object of the *concours*. One of these memoirs was by a Russian Physician, and the other was by Dr. Ayre. The reporters, however, while admitting the value of Dr. Ayre's observations, think that the cases are not sufficiently satisfactory to carry conviction into their minds, as to the preponderating efficacy of the calomel treatment over other kinds of medication. Dr. Ayre publishes the memoir, together with the testimony afforded by numerous Practitioners as to the value of his treatment, which he believes to be the best ever proposed. Much credit is due to Dr. Ayre for the labour he has bestowed upon the subject of cholera since the first introduction of the disease into this country, and although we share the scepticism of the French Commission, we willingly listen to the experience of a Physician writing in his seventy-eighth year, and after twenty-five years' acquaintance with a very destructive epidemic.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON UNUNITED FRACTURE.

By Dr. MARKOE.

In a clinical lecture, Dr. Markoe takes an interesting review of this subject. He observes that the public unjustly holds the failure of union after fracture to be presumptive evidence of the incapacity or inattention of the Surgeon in charge; but, after all that science, skill, and care can do, there will still remain a certain number of cases in which union fails wholly or in part—1 in 600 or 700 cases of fracture being probably near the proportion. The subject may be considered in relation to the pathological condition of the parts, the symptoms and effects, the causes of the failure of union, and the treatment that should be adopted.

Pathological Conditions of Ununited Fractures.—Excluding from our notice the cases of mere delayed union, for which time and patience are alone requisite, we may find one of the following conditions present: 1. *The entire absence of union.*—It is very rare to find no attempt at union whatever. Still, sometimes either the system is so borne down by some wasting and rapidly exhausting disease, or the local conditions are so incompatible with union, that the reparative nisus is in no degree excited, and the fragments indicate no appearance of commencing bony exudation. Such a condition is sometimes seen after severe and finally fatal injury, when the constitutional powers never completely rally from the depressing effects of the injury or its immediate consequences. 2. *Ligamentous union* is the term applied when the uniting medium remains soft and flexible instead of becoming ossified. This is by far the most common condition in which ununited fracture is found on inspection. It is usually due to constitutional causes, the reparative powers seeming sufficient to produce enough of the uniting medium, but not to effect its elaboration into bone. 3. *Union by fibrous bands.* This class of cases is closely allied with the last, the uniting medium, however, being distributed around the fractured ends in mere bands of well-organised fibrous tissue passing from one fragment to another, and binding them but loosely together. Or the bands may rather resemble areolar than firm fibrous tissue—a circumstance not infrequently observed in ununited fracture of the cervix of the femur. When the fibrous bands are considerable in number and strength, short, and entirely surrounding the ends of the fragments, they may form a tolerably firm bond of union; and, if we suppose the ends of the bone enlarged by ossific deposit, and their opposed surfaces mutually adapted to each other, we then approximate to—4. *The false articulation.* When the bony surfaces of this play upon each other they sometimes become covered with a layer of condensed fibrous tissue, representing articular cartilage, and which in some rare instances becomes covered by a complete synovial membrane. Partial formations of such synovial membranes may be seen in every museum.

Symptoms.—There is no difficulty in the diagnosis of these cases, but a careful study of the appearances presented in each case throws much light on the nature of the case, and probably on the causes which may have led to the failure of the union. 1. *Pain and inconvenience on motion* usually characterise only the early stages, before the soft parts have become accustomed to the displaced condition of the fragments and before the passing away of inflammatory action. At a later period there is absence of pain on motion. 2. *Deformity* is invariably present, being generally characterised by shortening. Sometimes it is not observable as long as the limb is at rest; but on the patient making the slightest motion, the action of the muscles brings out an angularity, or a prominence of one fragment, or a shortening, which then becomes a marked feature of the case. 3. *Mobility* is a constant and characteristic sign of the affection, varying from a mere yielding at the fractured point to the most helpless, dangling condition. It increases with the use of the part. 4. *Uselessness of the limb* is, as a general rule, a consequence of this mobility. This is especially the case with regard to the lower extremities, on account of the sustaining power they have to exert; and mechanical appliances which are of

such service in ununited fracture of the upper extremities, are with respect to them, of little avail. The author refers to the case of a sailor with fracture of the humerus, who could perform the most arduous duties, and such instances are not uncommon. One important consequence of this uselessness is the production of *atrophy*, the muscles wasting, and the bones becoming light and porous. This tendency suggests the important precept not to delay operative interference too long.

Causes of Failure.—These may be referred to *diminished*, *diverted*, and *obstructed* power, the two first being constitutional, and the latter local in their nature. 1. *Constitutional causes dependent upon diminished power.* (a.) *Old age* is sometimes a cause of non-union; but usually at any period short of the most advanced senility we may expect bony union. (b.) *Disease of a general and constitutional character* may in certain cases, as in scurvy, low fever, cholera, and other exhausting diseases, prevent or retard union. (c.) *Debility* when extreme, may act in the same way; and the author refers to a case in which starvation at sea prevented union during nine weeks, the fracture rapidly consolidating under the influence of nutriment. (d.) *Paralysis* prevents union in certain cases by impeding nutrition; and the author refers to a case in which fracture only consolidated as recovery from a paraplegia began to take place. 2. *Constitutional causes from diverted power.* (a.) *Pregnancy and lactation.* The author refers to a case of fractured arm which refusing to unite during pregnancy, consolidated very well after the birth of the child. (b.) *Other extensive injuries*, whether in the vicinity of the fracture, or at a distance from it, seem sometimes to divert the energies of repair from the fracture, so as to lead to a failure of union. This cause of non-union is not infrequently met with at the New York Hospital, where many cases of severe injuries are treated. 3. *Local causes acting by obstruction.* (a.) *Want of proper apposition.* This is always an unfortunate circumstance, both as regards the strength and the promptness of the union, and in some aggravated cases may entirely prevent it. But that by itself, even when existing in a very great degree, this is not always an impediment to union, is shown by daily experience. "And here I should call your attention to the fact, that none of the causes of non-union, either local or constitutional, must be expected, in all cases, to produce an unfortunate result. The truth is that these causes should be regarded as tending to the obstruction of firm bony union, and as interfering more or less with the completion of the various processes through which this union is elaborated, but not as capable, in any large proportion of cases of preventing it. Failure of union, therefore, even where these causes of failure exist in a very marked degree, is rare and exceptional. The reparative powers are so great and so intelligent in their action, that they are able to triumph over the larger proportion of the obstacles which may be placed in their way." (b.) Too much *motion of the limb during treatment*, when existing in conjunction with want of due apposition, is not an uncommon cause of non-union; but at the same time it is surprising to observe how great a degree of motion, during all the time of treatment is compatible with firm, and often undeformed union. (c.) *Tight bandaging* is mentioned by many writers as a cause, but it can only become so by the most reckless disregard of ordinary surgical precautions. (d.) *Excessive inflammation at the seat of fracture.* This may delay the commencement of repair, and there is danger of its going on to suppuration. Even where it does not reach so high a point as this, the postponement of the reparative action seems so to thwart nature's intentions, as sometimes to put her altogether aside from her original purpose of repair. (e.) *Rupture of the nutrient artery* is affirmed by M. Gueretin to be a cause of non-union; but his views are not confirmed by the investigations of Dr. Norris, of Philadelphia. (f.) *The interposition of tissues* between the broken fragments, is, in the author's experience, not an uncommon cause of non-union; but its influence is doubted by Norris. (g.) *Fragments of bone and foreign bodies* lying between the fractured ends, will often prevent or obstruct union by exciting and keeping up excessive suppuration. This is oftener a cause of delayed or imperfect union than of non-union, as nature seems to provide against the difficulty by throwing out a superabundance of reparative matter which encloses the broken ends, foreign body and all, in one strong casing, which finally becomes a firm bond of union, and particularly so, if after a time, the foreign body, as is often the case, is got rid of.

Treatment.—A large number of cases in which, after six or eight weeks, no union has occurred, are merely examples of delayed union, requiring only additional time for its accomplishment; and any case in which some local impediment cannot be clearly discovered should have such additional time granted it. But when this is not of avail, one of the following means may be had recourse to:—(1.) *Friction of the broken ends on each other.* This was one of the earliest and simplest procedures; and repeated until considerable action is excited, and then combined with moderately firm pressure by means of splints and the allowance of a longer time, will be of avail in certain cases in which the local impediments to union are not serious, the reparative powers merely wanting to be roused into action. (2.) *Blisters, or other Counter-irritants*, applied to the integuments in the immediate neighbourhood, sometimes may stimulate sluggish action. Of this means, however, the author has had no experience. (3.) *Electricity* has been extensively used in the New York Hospital, and occasionally with acupuncture. Some efficacy has in general been attributed to it in cases where union was long delayed; but it has not been employed with success in an old case. (4.) *Salivation.* Some successful cases have been reported by reliable observers; but Dr. Markoe can say nothing of the treatment from personal observation. These four methods embrace what may be termed the *Medical* treatment of ununited fracture, the intention being to excite reparative action by remedies not directly applied to the faulty part. The following embrace the more strictly *Surgical* methods of treatment, deriving their efficacy from changes effected in the condition of the ends of the bones:—(5.) *Drilling* the broken extremities so as to reproduce, to a certain degree, the conditions of a recent fracture, was introduced by Brainard, of Chicago. It may be repeated every eight or ten days, according to the effect produced, the parts being maintained in good apposition and at rest. "We have employed it in a number of cases in this Hospital, and in some of them with very satisfactory success. It has the great merit of being comparatively safe, and, in a certain class of cases, not the worst, it is a very valuable Surgical resource." (6.) *Seton.* This treatment originated with Dr. Physick, of Philadelphia, though probably first suggested by Winslow in 1787. Dr. Physick left the seton in for several months, or until union had become firm. Others have removed it before it had done more than excite common inflammation. Some have passed the seton near, instead of between, the bones; while wire has been the material employed in certain cases. "This plan of treatment has now been in use so long and so extensively as to be fully established as a valuable and, in appropriate cases, a successful operation; but it is a striking instance of national prejudice, that scarcely one of the great names of England, France, or Germany, is willing to accord to it anything more than an equivocal position, as a remedial resource, in ununited fracture." (7.) *Resection.* The bones thus freshened are either kept in place by splints and bandages, or they are fastened together by silver wire, which secures their more accurate contact. "This is a most powerful means of exciting action in obstinate cases, but it has the serious disadvantage of severity and danger. The injury is necessarily converted from a simple into a compound fracture; and this circumstance alone, particularly in the larger bones, is sufficient to account for the fact that the operation is not infrequently fatal. It is, therefore, only to be regarded as the last resource in Surgery, and not, even as such, to be lightly resorted to." (8.) *Amputation.* Although this cannot be regarded as a means of cure, it must be mentioned as one of the things which is sometimes required to be done. "It can only be properly regarded as a means of ridding the patient of what cannot be cured, and in no case more strongly felt to be the *opprobrium chirurgorum.*"

The author refers to, as valuable sources of information, Dr. Norris's paper in the *American Journal of Medical Science*, vol. xxix. (1842), and to the article "Fracture," in the *Cyclopædia of Practical Surgery.*—*New York Journal of Medicine*, May, pp. 371—385.

THE *soirée* at the College of Physicians on Wednesday passed off with unusual animation. Most of the members of the General Council were present.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, August 1, 1859.

The application of electricity to the treatment and cure of disease may now fairly be considered as an essential complement of a complete curriculum of Medical study. Discovered some two centuries ago, electricity continued for many years in the hands of natural philosophers and magicians; and it is only within the last century that it has found its way into the domain of practical medicine. Jalabert, a physician of Geneva, has the credit of having been the first to avail himself of it as a therapeutical agent, and his example was followed by Lindulph, a Swedish Physician, and also by the famous Haen. Their experiments, however, were so very imperfectly conducted, and the practical results following them so very unimportant, that this powerful agent was for a time abandoned. Its importance, however, became revived, and an impulse was given to its study, by Poma and Arnaud, of Nancy, who published in 1789, an able treatise on the subject, in which they relate numerous cases of important diseases, such as rheumatism, scrofula, paralysis, etc., in which its application was attended with a certain amount of success. Soon after the publication of this treatise the practical value of electricity became pretty generally known; but, as is often observed in the history of new discoveries, and more especially in reference to medicinal agents introduced for the first time, the inductive process of reasoning is frequently departed from, absurd and ridiculous theories are built up, and the discovery, in which there may be much inherent virtue, becomes an object of ridicule, and is often altogether discarded. This may be said to have been the case with electricity.

Contemporeneous with these writers, two famous individuals, Galvani and Volta, discovered a new source of electricity; but either from ignorance of its peculiar properties, or in consequence of the imperfection and inapplicability of their apparatus, they were unable to develope and demonstrate, in a practical point of view as regards physiology and therapeutics, the merits which future experimentalists found it to possess. A step in advance was made by Sarlandière, who, by his system of "electro-puncture," was enabled to pass the electric fluid into the deep-seated tissues; but this method is attended with so much pain, and is occasionally followed by accidents of such a troublesome kind, that it has been abandoned in Medical practice, and is now but occasionally employed in certain affections of a purely surgical character. Nevertheless, this method of Sarlandière, which was warmly advocated by Majendie, and other eminent physiologists of the day, was a decided improvement on the more ancient modes of procedure, and gave, as it were, new life to Medical electricity. A few years ago a new sort of electricity was discovered by Professor Faraday, to which he has given the name of "electricity by induction," and which has been found to possess properties peculiar to itself, serving to distinguish it from that derived from all other sources. The currents proceeding from this new source are known to produce, when introduced into the system, peculiar physiological phenomena, which have led to its employment in the treatment of a numerous class of diseases to the entire exclusion, except in one or two Surgical affections, of the static electricity. A celebrated French Physician, M. Duchenne, of Boulogne, has availed himself of the discovery of our distinguished countryman, and to him we are indebted for a full exposition of its value and its adaptation to the treatment of a great variety of diseases intractable in their character, and sometimes setting at defiance every other method of cure. By an ingeniously-devised apparatus, and by the adaptation to this apparatus of a variety of exciters, M. Duchenne has been enabled to direct the electric currents to each particular organ of the body, and to limit their power at pleasure. By this new method, to which he has given the name of "local electrisation," he can act either on the surface of the skin, or its deeper-seated layers; or he can act on the muscles and internal organs, without interfering with the super-jacent tissues. The great advantage of this system over the more ancient method, is at once recognisable, when we consider, that by the latter it was necessary, in order to act on the muscles or internal organs, to puncture and incise the skin, thus interfering with its integrity, exposing it in some instances to disorganisation while the entire nervous system was rendered liable to preternatural stimulation. In the Hospitals here, we observe, that besides the apparatus of M. Duchenne, another, the production of Légendre and Morin, is also employed in Faradisation. The principle on which both are constructed is the same, although a preference is given to the latter by Briquet, and other Physicians, owing, we believe, to its greater simplicity. In this apparatus the primary motor power is a galvanic current proceeding from a Bunsen pile, which by its influence electrifies small bars of soft iron, and so renders them magnetic. The iron having become a magnet, acts in its turn by influence on a very fine wire placed near it, and there determines the electric current called "current by induction."

Local electrisation, or Faradisation, M. Duchenne treats of under three great heads:—1. Electrisation of the skin; 2. That of the muscles; 3. That of internal organs, the organs of sense together with the organs of sensation. We shall as briefly as possible notice these three divisions in succession, and our remarks will be a simple condensation of the views of this celebrated Physician, as exposed in his treatise, published some three years ago, and entitled, "De l'Electrisation localisée et de son application à la Physiologie, à la Pathologie, et à la Thérapeutique." Regarding the subject as one of intense interest to the Profession, and considering it just possible that the above treatise may not be familiar to all your readers, we deem it advisable to lay before them such parts of it as may interest them most, and which may tend to stimulate them in the further prosecution of this important branch of Medical therapeutics. Different parts of the skin being endowed with different degrees of sensibility to the electric currents, it naturally follows that in Faradising different regions some modification in the method or manner of performing it becomes necessary. For this reason Duchenne divides the different methods of cutaneous Faradisation into three classes:—1. Faradisation by the electric hand. 2. By metallic exciters, that is to say, by the application to the pole of globular, oval, or conical pieces of metal. 3. Faradisation by means of metallic cords. The peculiar effects to which each of these methods gives rise are different in each case, and hence their application requires a special study.

Faradisation by the Electric Hand is accomplished in the following manner:—A wet sponge, enclosed in a cylinder, is attached to one of the poles of the machine; the sponge is then applied to a portion of the skin endowed with but a small degree of sensibility, as, for example, over the sacro-lumbar region; the second exciter connected with the apparatus is held by the operator, who, after having carefully dried the skin by means of some absolvent powder, passes his hand rapidly over those parts which he wishes to stimulate. This is the mildest form of cutaneous Faradisation, and, except when applied to certain parts of the body where the sensibility is exceeding.y great, its effects are barely perceptible.

Cutaneous Faradisation by solid Metallic Bodies is effected thus:—The skin is carefully dried, as recommended for the electric hand, unless in those cases where the epidermis is thick and hard, as happens sometimes in those persons whose calling exposes them to much contact with the air, or substances calculated to harden it; in these latter cases it is even necessary to moisten the surface, in order that the electric excitation may penetrate the entire derma. This done, the metallic exciters, whether oval, conical, or globular, are passed over the skin. The globular, and the oval, or olive-shaped, are intended to excite by their convex surface the skin of the limbs and the thorax, while the conical-shaped exciters are used in the Faradisation of the scalp. All these solid metallic exciters must be passed with more or less rapidity over the affected parts; cases do occur, however, where it is necessary to produce a very powerful revulsion in a limited space, and to accomplish this the point of the olive-shaped exciter must be left in full contact with such spot until the desired effect be produced. From the extreme pain to which the contact of the olive-pointed exciter with the skin gives rise, it has been designated the "clou electrique" (electric nail), the patients comparing the sensation to that which might be produced by a burning nail driven into the skin. This form of Faradisation can be applied especially in the neighbourhood of the vertebral column.

Faradisation by Metallic Cords.—The metallic cords are used in the form of small rods, or small brushes, which are fixed in cylinders, the latter of which are attached to the isolating handles by means of screws. Sometimes the Faradisation is accomplished by whipping the skin with the metallic brush, and sometimes the brush is allowed to remain in contact with the skin as long as the patient can bear it. The former method is that most frequently in use; the latter can be with difficulty supported by the patient, and is had recourse to only in deep-seated affections, such as white-swelling of the knee, or other important articulations. This is called the "electric moxa."

The limits of a single letter do not permit of our proceeding farther with this extensive and interesting subject. We shall therefore in a future communication resume it, and take occasion to notice the physiological effects of Faradisation in all its different forms and bearings, together with its therapeutical action in reference to some of the more important diseases in the treatment of which it has latterly been extensively employed.

GENERAL CORRESPONDENCE.

THE EDINBURGH COLLEGE OF PHYSICIANS.

LETTER FROM DR. HALDANE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The attention of the Council of the Royal College of Physicians of Edinburgh has been directed to a statement by Dr. Layeock, a Fellow of the College, in the *Medical Times and Gazette* of the 23rd inst., to the effect that "so few of the applicants (for the Licence of the College) were found ineligible by the Council of the College, that for all practical purposes the number of applicants for the Licence may be considered nearly equal to the number of recipients."

To this statement, which is founded upon the most palpable ignorance of the proceedings of the Council, I am instructed to give an unqualified official contradiction.

On the impropriety of such an unfounded assertion, under the circumstances, the Council cannot believe that there will be any difference of opinion.

I am, &c.

D. R. HALDANE, Hon. Sec.

Royal College of Physicians, Edinburgh,
July 30, 1859.

A FRESH ALARM FROM THE COLLEGES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I feel very grateful for the sympathy which you have expressed for me, for I hope it is an earnest of the justice I ask from the Medical Council. I am grateful, too, that your exertions have been so effectual in bringing the Royal College of Physicians of London to a more legal course. But you mistake the terms of my letter in drawing the conclusion that the College pursued the course of conduct I described, during only twelve or eighteen months. The first announcement of its determination to grant the title of Doctor, was made in 1838; in this present month of July, Dr. F. Hawkins, the late Registrar, was addressing Licentiates by that title, and although the College may have resolved to withdraw their long-standing declaration, it is not yet done. So that twenty-one years of prescriptive use of the title of Doctor by Licentiates have elapsed. I am very curious to see the terms of the public withdrawal, for it is very certain, that as a simple act of justice, it should express the intention of the College to repair the loss and injury of those who have suffered from its former unwarrantable proceedings. Perhaps a full pecuniary compensation would be the most tangible expression of sympathy and repentance; or it might be recovered in a court of law.

But, Sir, I am in a fresh alarm. It appears that the Colleges have resolved to have three classes of Physicians,—namely, Fellows, Members, and Licentiates,—and that the Licentiates are to be the General Practitioners. I have the highest esteem for the whole body of General Practitioners, but I complied with an Act of Parliament, and took the licence of the College for the express purpose (and with the express understanding with the College to that effect) that I should, and would, cease to be a General Practitioner. If, then, this new order of "members" be established, I shall be remitted to the general body, and all my cost and trouble of preparing for, and passing the College examination, be rendered useless. Where, I ask, is the justice of this? You may reply, that the College will admit Licentiates to be Members without examination; but let me ask whether they will do that without demanding a money-payment? I have the gravest doubts on that score, for on no occasion that I know of did a College confer titles of the kind wholesale, without a *quid pro quo* in hard cash.

But even were the College to grant the title of "Member" to existing "Licentiates" free of all expense, has it a legal right to do so? or would the title be legal? I have read the charter over and over, and I can find no mention of any "Members" of the College, except Fellows. A Fellow, therefore, (if I change my title) and a Fellow only, I must be. As a Physician by law, I hold myself to be legally the *socius* of the most accomplished of the present Fellows; and as a member of the Medical Profession, I hold myself to be the equal in Professional knowledge to the majority of them.

One word in conclusion: I tremble for the honour and dignity of the Profession when I see its Colleges, one after the other, seeking to replenish their treasuries by the sale of honorary titles that *can* be used by the purchasers in no other way then as shams and puffs. First, the London College of Surgeons made hundreds of "honorary" fellows at £10 or £20 a-head. Then the Edinburgh College of Surgeons caught up the profitable idea; but happily with less success. Next came the Edinburgh College of Physicians, with its licences at £10 a-head (exclusive of £15 stamp-duty), and the London College with its more costly licences (£41 17s. each), and preparatory to a distribution of honorary fellowships at £55 each, stamp included. Now it threatens to compete with membership and license at a lower figure with the Edinburgh College; while the Dublin College comes into the market too; but suspecting that the unblushing venality of its frail sister colleges will damage their reputation, demands *half* an examination! Just as a "Social Evil" in a spicy bonnet might say to two other "Social Evils" in showy Di.-Vernon hat and feathers, "O fie! baggage!"

Was the Profession ever so degraded? I am an oldish man, and a reading "salt," but I do not remember anything at all like it. On the contrary, I remember in my younger days, vigorous reformers bawling through their rough but honest throats, "One faculty!"—and we have come to this!

I am, &c.

AN "EXTRA-LICENTIATE" AND M.D. OF ERLANGEN.

July 23rd, 1859.

P.S. Let me put this question in another form: suppose the Royal Society admitted persons as the Colleges are admitting, how long would it remain "respectable?"

POISONING BY PAREGORIC.

[To the Editor of the Medical Times and Gazette.]

SIR,—If you think the following case of poisoning in a child five weeks old would interest any of your readers, I beg to request a place for it in your next number.

The child of Gunner M'Gowan, Royal Artillery, was brought to me by his mother at 4 p.m. on the 28th ult. and she informed me that he was five weeks old, that she had given him a teaspoonful of paregoric, at 7 that morning, for a cold, shortly after which he fell asleep and remained so till half-an-hour previous to her bringing him, when she became alarmed at his prolonged sleep and the difficulty of awaking him. When first seen he was in a comatose state, skin cold and clammy, face pale, lips livid, eyeballs turned upwards, and pupils contracted. Some power of swallowing remained.

Some warm wine was poured down his throat, he was put into a warm bath, with a stream of cold water on his head, which considerably improved his condition; in addition to which a little strong tea was given, and mustard applied to the stomach, whilst slapping the feet and buttocks was frequently resorted to and always with advantage.

Under this treatment, and constant watching during the night, recovery took place.

The case is interesting from exact quantity given and time of administration being known, for on measuring the teaspoon in the presence of the mother, I found it contained just a drachm, which was given in about a teaspoonful of water at 7 that morning, just nine hours previous to his being brought to me, and I have no doubt had no treatment been employed, death would have ensued in about twelve hours.

I am, &c.

Aldershot, July 12, 1859. PAREGORIC.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28, 1859.

F. C. SKEY, ESQ. President, in the Chair.

A Paper by SIDNEY RINGER, Esq. was read,

ON THE CONNEXION BETWEEN THE

HEAT OF THE BODY AND THE EXCRETED AMOUNTS OF UREA, CHLORIDE OF SODIUM, AND URINARY WATER, DURING A FIT OF AGUE.

The author commences his paper by a reference to the observations of Von Baerunsprung, Zimmermann, Michael Wunderlich, and others, on the temperature of the body during ague; and to the observations of Traube and Lockman, Redenbocker, Moos, and Hammond, on the excretion of urea, chloride of sodium, and water, during the fit. He then states that the object of the following paper was to trace out more particularly the connexion, if any, between the height of the thermometer and the excreted amount of these substances; and he then describes his method of investigation, and the precautions taken against sources of error. His observations were made on two untreated cases of ague (one of quotidian and one of tertian) in University College Hospital, under the care of Dr. Parkes; and they are recorded in a series of charts and tables, showing the following particulars:—1. The temperature of the body, as judged of by the thermometer, in the axilla (after the manner of Wunderlich), every quarter of an hour, for several hours before, during, and after the fit. 2. The hourly excretion of urea, before, during, and after the fit, in the first case; and the excretion according to stages, in the second case, as determined by the method of Liebig. 3. The hourly excretion of chloride of sodium and of urinary water during the same periods, in the first case; and the excretion by stages in the second. 4. The quantity of fluid drunk. The following are the results in the first case (quotidian):—The temperature of the body commenced to rise from forty-five to ninety minutes before any change was perceived by the patient, and continued to rise during the whole of the cold stage, and during part of the hot; it fell during the latter part of the hot and the whole of the sweating stage. The severity of the fit could be determined by the character of the rise, whether rapid or with oscillations, and by the variations of the temperature during the several stages; but the charts of temperature, and the comments given at length in the paper, must be consulted in order to exhibit this clearly.—The urea was found to increase during the fit, as stated by Traube. The increase commenced before the first feelings of cold, and before, indeed, the rise in the thermometer. The maximum increase of urea was at the end of the cold stage, or just at the commencement of the hot (*i. e.* before the temperature reached its highest point), and from this point the amount fell during the hot and sweating stages. There were variations in the amount of urea which closely corresponded to variations in temperature, but often preceded them a little. The amount of increase was considerable (from 200 to 500 per cent.), and was definite—that is, during five successive fits, the amount corresponding to each degree of temperature was the same, so that the temperature might be calculated from the amount of urea, or the reverse. A greater increase corresponded to a single degree at a high than at a low temperature. The excretion of urea was not influenced by the excretion of urinary water.—The chloride of sodium was also increased, and varied with the temperature, but in a much less close degree. The increase was very considerable, and was at its maximum at the same period with the urea. The excretion of chloride of sodium was evidently much more closely connected with the excretion of water than in the case of urea. The urinary water was also definitely increased—*i. e.*, a certain quantity for each degree; and this was evidently independent of the fluid drunk. The amount of water drunk in no way influenced the total amount of water excreted. Much more was drunk than was excreted. The author next relates the observations made on the same patient when quinine was given. A scruple being given before the fit, and just as the temperature commenced to rise, delayed the rise for an hour, but had no other effect on the temperature on that day, and none on the urea, chloride of sodium, and water. Another scruple being given at night, after the fit, completely cured the patient, as far as subjective symptoms were concerned. On the following day he had no shivering, no warmth, and no sweating, and the temperature remained the whole day quite normal; yet the urea and chloride of sodium increased at the time they would have done had he had a fit. On the next day, the temperature was still normal, but the urea and chloride of sodium still rose during what would have been the fever hours; but the rise on this day was much less than on the day before. The effect of quinine, then, was to dissociate those two phenomena—namely, the temperature on the one hand, and the excretion of urea and of chloride of sodium on the other. The same fact has been noted by Redenbocker. The quinine affected the temperature at once, but the urea and chloride of sodium more slowly. In the second case (of tertian ague) the temperature followed the same laws. The urea, chloride of sodium, and water were determined only during each stage. There was found to be an increase in all three constituents, the increase being greatest during the cold stage. The urea was more than double the amount in the cold stage than in the previous apyrectic hours. In this case charts are also given of the pulse, showing its close correspondence with the temperature. In addition to these cases of ague, the author subjoins one of hectic fever occurring in a phthisical patient of Dr. Walshe. The subjective phenomena were very similar to those of ague, as there was a well-marked cold, hot, and sweating stage. The temperature followed the same rules as in ague, and there was also an increase in the urea and chloride of sodium during the cold and hot stages. There was a difference in this respect, however, that the urea fell before the rise in the temperature commenced, and that its increase afterwards was even less than in ague. It also rose again just at the end of the sweating stage. So that, in spite of the diversity, of course the phenomena would appear to be very similar in ague and hectic fever. The author concludes his paper with a series of conclusions, recapitulating all the results to which his observations have led, and which have been given generally in the above abstract.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, June 6, 1859.

Dr. BABINGTON, President, in the Chair.

A paper, by H. CAMERON, Esq., was read by Dr. McWILLIAM, entitled,

PRACTICAL REMARKS ON "CHOLERA MORBUS,"

ITS ORIGIN, NATURE AND TREATMENT, WITH CASES.

The author, after adverting to the multiplicity of views held by the Profession with reference to the cause, nature, and treatment of cholera, advanced the opinion that this disease was caused by a poison existing in the atmosphere, and that it was not contagious, but that it required a certain condition of the system to bring it under the influence of the choleraic poison. He considered that the great source of error in reasoning upon the nature of cholera, was mistaking the effect for the cause of the disorder. Vomiting and purging are present, and are caused by cholera, it is true; but they are not cholera itself, any more than are the peculiar state of the blood, and the cramps, by which this disease is characterised.

Cholera is considered by Mr. Cameron a disease in which the nervous system, and it alone, is engaged, and upon which the cholera poison acts, so as to produce spasms, and the other symptoms of cholera. In support of this view, he says that "post-mortem" investigations have revealed no morbid appearances of the viscera; and that it is only by microscopical examination, that the phenomenon of the minute vessels of the intestines being open-mouthed, from having lost their contractile power, has been discovered—accounting for the absence of serum in the blood, and the peculiar rice-like appearance of the choleraic motions. If, adds Mr. Cameron, it be admitted that the nervous system is really the seat of the disease, we have advanced one great step in the inquiry, which leads to a rational method of treatment. The tremendous shock which the nervous system has sustained, is to be met and combated, its effects remedied, and vitality, which is at its lowest ebb, restored. Mr. Cameron considers that chloroform by inhalation is capable of accomplishing these ends. He also recommends the internal administration of chloroform, with camphor mixture and ammonia; but his chief reliance is on chloroform by inhalation.

A discussion followed the reading of this paper, in which Drs. Babington, Murchison, Greenhow, Camps, and McWilliam took part.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—July 28.

MEDICAL ACTS AMENDMENT BILL.

Mr. Whiteside having moved that the House resolve itself into committee on this Bill,

Sir E. Grogan moved the adjournment of the House.

On a division, the numbers were—

For the adjournment	63
Against it	91
Majority	—28

The Bill was then postponed.

On the 1st inst.

ADULTERATION OF FOOD AND DRINK.

The order for the second reading for this Bill was discharged on the motion of Mr. Scholefield.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 29th ult., viz.:—

Bringloe, John, Camberwell.
Campbell, John, Kinneff, Kincardineshire.
Delmar, Stuart, Canterbury.
O'Brien, Daniel, Calcutta.
Parsons, Frederick James, Bayswater.
Piercy, William Lewis, Dublin.
Shanley, Luke Patrick. Strokestown, county of Roscommon.
Thomson, Alexander Bremner, Rothes, Morayshire.

Also on the 1st inst.:—

Bryant, Charles, Sydney.
Bossy, Alfred Horsley, L.S.A. London.
Dixon, George, Helmsley, Yorkshire.
Eardley, John, L.S.A. Charles-street, Westbourne-terrace.
Earnshaw, John, Oldham.
Engleheart, Stephen Paul, Blackheath.
Fawthrop, John, Queen's Head, Halifax, Yorkshire.
Harris, William Henry, L.S.A. Baltic-house, Pimlico.
Kenny, Joseph, L.S.A. Stoke Newington.
Palmer, Henry, East Garsten, Berkshire.
Nicholson, John Lee, L.S.A. Hull.
Smith, John Richard, L.S.A. Cirencester.
Smythe, Henry, L.S.A. King's Lynn.
Swindell, John Joseph, L.S.A. Whetstone.
Turnbull, William, L.S.A. Euston-road.

The following members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 2nd inst. viz:—

Brock, William Kortright, Clifton.
Cullen, Peter, Calcutta.
Day, William White, Clifton.
Dowker, Frederick Woodcock, Layethorp.
Herbert, Benjamin Heywood, Edgbaston, near Birmingham.
Joyce, Thomas, Stamford-hill.
Menzies, James Irvine, Upper Stamford-street.
Oliver, Sommerville, L.R.C.S.E. Edinburgh.
Trend, Theophilus William, Bridgewater.
Wildbore, Daniel Henry George, Charlotte-street.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 28th July:—

Ashby, Joseph Francis, South Newington, Oxfordshire.
Daly, Michael, Ireland.
Dowker, Frederick Woodcock, Laysthorpe, Yorkshire.
Edwards, David Richard Perkins, Newport, Monmouth.
Harrison, Reginald, Stafford.
Herlehy, Daniel Power.
Roberts, Griffith William, Clynnog, Carnarvon.
Wales, John, Downham-market, Suffolk.
Williams, William Joseph, Uffculme, Devon.

The following gentlemen also on the same day passed their First Examination:—

Brinton, Linton Bennett, Waterloo-place, Limehouse.
Case, George Henry, Fareham, Hants.
Davey, Alexander George, Walmer, Kent.
Everett, Benjamin George, Warminster, Wilts.
Hall, Augustus Robinson, Topsham, Devon.
Hammond, Francis James, Sherborne, Dorset.
Hawkins, Thomas Henry, Reading, Berks.
Sutton, Henry Grant, Ilminster, Somerset.
Watkins, Walter, Castle-street, Brecon.
Wickham, William, Tetbury, Gloucestershire.

University and King's College, Aberdeen.—July 29th, 1859.—The following, after examination, had the Degree of M.D. conferred on them:—

Bartlet, Alexander Henry.
Bennett, Thomas Jarvis.
Carter, Henry Fruland.
Evans, Maurice Griffith.
Fuller, Thomas.
Gilbertson, Joseph Bray.
Guppy, Thomas Stokes.
Hay, Williams Banks.
Haynes, John Alfred.
Hills, William Charles.
Holl, Harvey Buchanan.
Hopton, George Octavius.
Jones, Alfred.
Miller, John William Moore.
Noble, Thomas.
O'Neill, William.
Pinchard, Benjamin.
Skeen, William.
Todd, George Smith.
Webb, John Whiteman.

Also, the following had the Degree of M.B. conferred on them, after Examination:—

Brotchie, Alexander Rainy
Moir, William.

List of Officers reported qualified for the office of Assistant-Surgeon in the Army of India, by the Board of Examiners, arranged in order of merit. July, 1859.

Edward Wallis, M.R.C.S.E.
Charles Cameron, M.R.C.S.E.
John Macleod Cameron, F.R.C.S. Edin.
John Richardson, M.B., F.R.C.S. Edin.
Albert Parker Holmes, M.D., F.R.C.S. Dublin.
M. J. S. Perreau, M.R.C.S.E.
Robert Gray, M.B., F.R.C.S. Edin.
J. Macnaghten Fleming, M.D., and Coll. Surg. Glasgow.
C. F. Oldham, M.R.C.S.E.
E. A. Fitzgerald, M.R.C.S.E.
Geo. Henderson, M.D. and R.C.S. Edin.
John Reid, M.R.C.S.E.
Peter Cullen, M.R.C.S.E.
James R. Johnson, R.C.S. Dublin.
Isaac Newton, M.R.C.S.E.
B. T. Suffrein, M.R.C.S.E.
C. H. Livingstone, F.R.C.S. Edin.
J. F. Barter, F.R.C.S. Edin.
John Fitzgerald, R.C.S. Dublin.
A. N. Hajel, R.C.S. Dublin.
Andrew Fergusson, M.D., F.R.C.S. Edin.
Hugh Griffith, F.R.C.S.E.
Spencer Meredith, M.R.C.S.E.

DEATHS.

Leach.—July 15, at Martock, Somerset, Robert Leach, Esq., M.R.C.S., aged 33.

Vallance.—July 27, at his residence, Brighton, after a long and painful illness, Benjamin Vallance, late Surgeon to the Sussex Hospital.

Willis.—July 29, suddenly, after a long and painful illness, Francis Willis, M.D., of Shillingthorpe-house, in the county of Lincoln, aged 67.

The sum of £7949 sterling has this year been voted by Parliament towards the expenses of Dr. Livingstone's Zambesi expedition.

Three hundred and fifty persons were admitted into Charenton during 1857 and 1858; and in 102 of these the cause of the madness was attributed to "drinking."

At the late sale of Lord Northwiek's pietures was sold, for eighty guineas, a picture by Hogarth of Dr. Lock, founder of the Lock Hospital, a plan of which he holds in his hand.

In the Report on the Militia, just issued, we find that several memorials of adjutants, *Surgeons*, quartermasters, and paymasters are thrown aside, with a hint that this memorialising is hardly eonsistent with discipline.

Wellington on Soldiers' Diet.—"I look upon it that all men require two pounds' weight of food a-day; the English not more than the French. Vegetable food is less eonvenient than animal food, the last walking with you."

A Bill has just been introdueed into Parliament to relieve certain of the Medical Corporations of the eountry from the imposition of the stamp-duties upon their diplomas; and also to regulate the proceedings of hawkers and pedlars!

The Prince of Wales has presented to Mr. J. R. Holman, Surgeon, R.N., serving in the *Osborne*, and specially appointed to attend upon his Royal Highness on his voyage home from Gibraltar, a valuable gold ring set with diamonds.

The Vagina and Actual Cautery.—Dr. Auselinier relates three cases of serious contraction of the vagina, which have fallen under his own observation, resulting from the employment of the actual cautery. In one ease the eanal was completely obliterated. The lessons taught by M. Jobert seem to have been well appreciated by his countrymen.

M. Raynal informs the Aeademy, that there exists among fowls a eutaneous affection, which is eaused by a peculiar animal, *Sareips mutans;* that this affection resembles the symptoms of itch, and is eommunicable to man, and to the horse and other domestic animals, and also from fowl to fowl.

According to M. Gubler, the urine of albuminous patients contains notably more albumen after digestion, than after fasting. The quality of the food also has a marked influenee over the produetion of albumen in the urine. This vegetable, whenever it is possible, should always predominate over animal diet, especially in cases of acute albuminuria.

The Jerking Respiration, aeeording to M. Bourgade who has lately investigated this physical sign, is not pathognomonie of eommencing tubereular disease of the lungs; but when the rational and general signs of the eommencing disease are present, and the jerking respiration is at the same time audible, we may conclude with certainty that phthisis exists in its eommencing stage.

"It is all very well," says M. Velpeau, "to point out charlatanism to the publie authorities, and to elaim the application of the law to charlatans. But when it happens, that persons in high places, on whom depend the application of the laws, are themselves the clients of the charlatans, what is the use of our reelamations? If the high administrating power has a peculiar taste for charlataney, what avails it that we should put ourselves to the useless trouble of attempting to suppress it?"

Increase of Population.—Aeeording to the quarterly return of the Registrar-General for April, May, and June, 1859, as the births amounted to 175,727, and the deaths to 105,778, the natural increase of the population of England and Wales was 69,949; or, on an average, 769 daily. The natural increase of population was unusually great; and in the United Kingdom probably exeeeded 1153 daily.

Royal Medical and Chirurgical Society.—The Library will be closed from Monday, August 15, until Saturday, September 10, both days inelusive. Books taken out by Fellows of the Soeiety previous to August 15, will be allowed to remain in their possession during the time the Library is elosed; any work particularly required by a Fellow during the same period, may also be had on the third day after special application by letter addressed "To the Honorary Librarian, 53, Berners-street."

Election of Physician to the London Hospital.—A speeial general meeting of the Governors of this Institution was held on Wednesday, for the purpose of electing a Physician of the Hospital. Dr. John Langdon Haydon Down, of the Asylum for Idiots at Earlswood, and Dr. Jabez Spence Ramskill offered themselves for the post; but prior to the election Dr. Down retired, and the choice of the Governors consequently fell upon Dr. Ramskill.

Cholera and Cholerine at Paris.—Considerable alarm has been felt at Paris, under the idea that the cholera has reappeared. It is true that during the great heats a great number of eases have occurred, and several patients have been rapidly carried off. Cholerine, too, prevails on a large seale. Still the disease has not manifested the charaeter of an epidemie; and there ean be little doubt that this sporadie eholera will disappear, as the unusually high temperature of the last few weeks has abated.

A few days ago there were interred in Tyldesley churchyard, the remains of a very useful, ingenious, but somewhat eeeentric person, named Richard Halliwell, who for half a century praetised dentistry, along with many other deseriptions of business. Among his peeuliarities, he willed in due testamentary form that the whole of the teeth extracted by him should be buried with him. In deference to his wishes his exeeutors saw that done, and in the grave in which he lies were deposited 30,000 (64 lbs. weight) human teeth of his own extraetion in the period mentioned.—*Leigh Chronicle.*

Poisoning by Phosphorus.—M. O. Réveil sums up his researches on this subjeet:—1. The inerease of cases of poisoning results from the facility with whieh the preparations of phosphorus ean be obtained. The simplest means of remedying the evil is to substitute the use of the red phosphorus, whieh is not poisonous, for that of ordinary phosphorus. 2. Phosphorus finely divided, as when dissolved in fats, is absorbable. And it is easy to prove the presence of it in organs which it may have entered by absorption. Magnesia aets well in eombating poisoning by phosphorus.

A New Species of Madness.—M. Boismont deseribes a new way some people have of exhibiting their mad fancies. He ealls it the "Striking Mania;" for the individual so affeeted have an insuperable inclination to hit right and left at everybody about them. M. Delasiauve has seen many similar eases. They are connected with epilepsy. M. Géry relates that one of the principal orators of the Chamber of Peers (in Franee) had this "striking mania." This Peer always suffered in his abdomen, and during a eonversation he always struek at those who approaehed him. His Physicians attributed this proceeding to intestinal irritation.

Apothecaries' Hall of Ireland.—At the annual meeting, held on the 1st of August, the following officers were elected for the ensuing year:—*Governor*—William Madden, jun., M.D. *Deputy-Governor*—Christopher Shaw, Esq., M.R.C.S.E. *Court of Examiners* (with the Governor and Deputy-Governor)—John Betty, M.D., Edward H. Bolland, M.D., Thomas Collins, M.R.C.S.E., Charles Holmes, M.D., Charles H. Leet, M.D., William Madden, M.D., John McMunn, M.D., William D. Moore, M.B., Robert Mulock, M.D., Henry P. Nolan, M.D., George B. Owens, M.D., Jerome O'Flaherty, Esq., M.R.C.S.E., John Shea, M.D. *Secretary*—Dr. Leet.

M. Van Holsbeck has a very simple method for arrest ing the secretion of milk. He says that it never fails, and that he has used it for more than three years. "I introduce into the end of a goose-quill a quantity of metallic mercury, closing the ends of it with sealing-wax. The woman suspends this little instrument in front of the sternum, and in less than twenty-four hours the secretion of milk ceases entirely; the breasts two days afterwards taking their natural size!"

The Débris of Warfare.—Milan has a very singular aspeet at this moment. The wounded who had been accumulated here, are in great part growing well, and those who had been attended to in the Hospitals of Bergamo, Brescia, and Como, and who are also recovering, have been sent here *en route* for Franee. Owing to these eireumstances we have now in this capital about eight or ten thousand wounded, to be met with in the streets, the cafés, the restaurants, everywhere in fact. These people are clad in various uniforms;

they are more or less injured; they are wrapped up in bandages; they are supported in some instances upon crutches; their faces are pale, but full of the animation of returning life, and of pleasure inspired by the attractions of a large city. They give, as you may imagine, a strange air to the place. We might suppose that a fantastic carnival was being celebrated, if at each step we did not hear the names of Marignan, Magenta, and Solferino. The presence of these wounded men would be almost an accusation, in this discontented city, if the inhabitants did not display towards them the utmost deference, so as to conceal their real feelings. The poor fellows hobble along, accordingly, utterly ignorant of the unfavourable impression created by the peace of Villafranca.

Pathological Society of Edinburgh.—The Pathological Society of Edinburgh held a meeting of Council in conjunction with the Society on Friday, the 22nd July, Dr. Horton in the chair. The report of the secretaries was read by Mr. Brown (assistant secretary), and approved of. The treasurer's accounts and vouchers were then laid before the meeting, from which reports we learn that the finance of the Society, as well as its other affairs, are in the most favourable state. Dr. J. A. B. Horton then delivered a short farewell address for the present session, and after a vote of thanks was returned to the office-bearers for the past session, the next meeting was fixed for the second Thursday in November.

Love and Madness.—Are these two epithets, as the vulgar saying goes, really synonymous? M. Devergie related to the Academy of Medicine the following case of what he called Transitory Madness:—A young man murdered his mother-in-law, a young woman. He is acquitted, and goes to Belgium. Never either before or after the proceeding, or during the trial, did the young gentleman exhibit signs of unreason. Two years afterwards he returned to France, and blew out his brains on the tomb of her whom, as he wrote, he had so much loved! M. Devergie calls this man mad. We should in this country, though probably not without difficulty, have hanged this youth, who evidently felt towards his mother-in-law as Don Carlos towards his.

Antidote to Strychnine.—Dr. Bewley, wishing to kill a mangy cur, and having read in Magendie's "Report on Strychnia," that the sixteenth of a grain will kill the largest dog, determined to make sure of this very little animal by giving it about half a grain. But either Magendie's statement was incorrect, or the drug was adulterated, for at the end of ten minutes the dog, though suffering frightfully, was not dead. Dr. Bewley resolved to put him out of his misery at once, and accordingly mixed half a drachm of prussic acid with a little milk, and put it under the dog's snout. He lapped the milk with avidity, and in less than a minute vomited, got upon his legs, ran away, and recovered.—*Literary Gazette.*

Saturnine Treatment of Phthisis Pulmonalis.—M. Beau has invented the use of carbonate of lead as a remedy in this disease. He gives it in pills of ten centigrammes; beginning with one and increasing them up to eight per diem. When the remedy produces its physiological or toxic effects, he stops its use. He has given it in five cases, and in four he states that the cough and expectoration were notably diminished. In one patient the toxic effects were produced in a month. Two principal reasons brought him thus to use the lead,—one theoretical, and one practical. The first is,—That anæmia is one of the consequences of saturnine poisoning, as well as of intermittent fever; and that these conditions are (or are said to be) incompatible with phthisis. The second is,—That workmen who handle lead rarely are affected with consumption.

The Late Queen of Portugal.—On July 11, Her Majesty accompanied the King to Vendas-Novas, in order to witness some experiments on rifled cannon. The heat was quite intolerable, and there was scarcely any shade on this sandy plain. Soon after her return to the palace she complained of indisposition, which was attributed to a slight *coup-de-soleil*, but it soon put on all the characters of a synanche. Every attention was lavished upon her by Dr. Gomez and Baron de Silva, but by the 16th the symptoms had become excessively alarming. Dr. Symas, who enjoys a great reputation in throat diseases, was called in, but without avail, and in the evening the case was declared to be hopeless. The celebrated surgeon, Barbeza, practised a very painful operation (tracheotomy?) on the throat in vain, and the unfortunate princess expired in the course of the evening.

It is asserted that Surgery is completely unknown among the Chinese. There is no such thing as an indigenous Surgeon to be found in the vast empire of China (excepting those who have been educated among foreigners.) There is not a Doctor capable of performing the smallest operation. There are so such things as Surgical instruments. The treatment of fractures and dislocations is completely unknown. Even a tooth is not taken out, unless it has become so detached that it may be removed by the fingers. Foreign Surgeons, who operate for cataract, remove tumours, cut for stone, amputate legs, etc., are compared to gods. Everything relating to midwifery is, and has been from time immemorial, in the hands of midwives; the ladies raise their hands in astonishment to Heaven at the bare idea of a man assisting at an accouchement.—*L'Union Médicale.*

The Food of Hysterics.—M. Sales-Girons says that he has lately seen in the Pyrenees, at Pierrefitte, a young woman, eighteen years old, very thin, who has not been able to stand for nine months. Three or four times she has been seized with syncope during an hour or two. Every evening at eight o'clock, she falls off into a profound sleep, without any convulsive movements. Her menses have ceased. For three months she has only eat one apple during the day, and during this time has passed no evacuation. All treatment has hitherto failed to alter her condition. M. Briene de Boismont hereon remarks, that defective alimentation is a thing common enough in young hysterical persons and lunaties. He knew a young female, who, during two months, took only two spoonfuls of soup a day. It is not at all uncommon for hysterical patients to have a motion only every two months!

The Action of Gases Injected into the Tissues of Living Animals has been investigated by M.M. Lecomte and Demarquay. They found that air, nitrogen, oxygen, carbonic acid, and hydrogen, do not occasion any injurious effect when introduced into the sub-cutaneous cellular tissue or into the peritoneum. That all these gases are absorbed after a longer or shorter period—carbonic acid in forty-five minutes, and nitrogen after several weeks. As regards rapidity of absorption these gases stand thus: carbonic acid, oxygen, hydrogen, air, nitrogen. That any gas thus injected invariably determines an exhalation of the gases contained in the blood and the tissues; in fact, absorption does not begin until the injected gas is mixed with the other exhaled gases. That generally the exhalation of the gases of the blood is greater during digestion than during fasting. That of the gases injected hydrogen determines the greatest amount of exhalation of gases from the blood. That the rapidity of the absorption of gases into the blood is not always in relation to their solubility in water.

University College, London.—The result of the examinations at the close of the Summer Term for the Medical and Chymical Classes of the College was announced on Wednesday, the Dean (Professor Williamson, F.R.S.) in the chair, as follows:—Practical Chymistry (Professor Williamson, F.R.S.).—Gold Medal, Edward Lloyd H. Fox; Certificates—2d, J. Talfourd Jones; 3rd (equal), Isidore B. Lyon and Thomas Wemyss Bogg; 4th, Frederick George; 5th, Thomas Griffiths. Materia Medica and Therapeutics (Professor Garrod, M.D.).—Gold Medal, John H. Hutchinson; 1st Silver Medal, William Watson; 2nd Silver Medal, J. Starkey Smith; Certificates—4th, Palemon Best; 5th (equal), Frederick T. Roberts, and Henry C. Bastian; 7th, Thomas Griffiths; 8th, Thomas Wemyss Bogg; 9th, William Henry Brotherton; 10th, John Penning Baker; 11th, Warner Atkinson; 12th, Arthur W. Nankivell; 13th, George B. Phillips. Medical Jurisprudence (Professor Carpenter, M.D.).—Gold Medal, Edmund Holland; Certificates—2d, William J. Hunt; 3rd, Alfred Woodforde; 4th, William Clifford King. Midwifery (Professor Murphy, M.D.).—Gold Medal, John Celestin Bernard; 1st Silver Medal, William P. Rawlins; 2nd Silver Medal, M. Oscar Hurlston. Certificates—4th, George B. Phillips; 5th, Richard M. Miller; 6th, John M. Waters; 7th, Edwin Furse; 8th, Henry Sutcliffe; 9th, F. William Gibson; 10th, Donald Fraser Yeates. Ophthalmic Medicine and Surgery (Professor Wharton Jones,

M.D.).—Silver Medal, Isidore B. Lyon; Certificate, Alfred Woodforde. Botany (Professor Lindley, Ph.D.).—Senior Class Gold Medal, Thomas Wemyss Bogg; Silver Medal, Thomas J. Denman; Certificates—3rd, George Wilson; 4th, John H. Hutchinson; 5th, Edward Thomas Tibbits; 6th, Frederick Thomas Roberts, Dr. Fellowes's Medico-Clinical Medals.—Winter Term; Gold Medal, Philip Sydney Jones.

Our Watering Places.—In his last "Quarterly Returns," the Registrar-General gives the following statement of the rate of mortality in the Districts containing some of the principal English Watering Places:—

DISTRICTS.	Population, 1851.	Annual Rate of Mortality to 1000 living in the	
		10 Years 1841-50.	3 Months ending June 30, 1859.
Tunbridge (including Tunbridge Wells) ..	28,545	20	17
Thanet (including Ramsgate and Margate)..	31,798	19	18
Dover	28,325	21	17
Hastings	21,215	18	14
Eastbourne	8,347	15	17
Brighton	65,569	21	19
Worthing (including Littlehampton and Arundel)	18,746	17	19
Isle of Wight (including Ryde, Newport, and Cowes)	50,324	17	16
Mutford (including Lowestoft)	20,163	17	16
Yarmouth	26,880	23	20
Weymouth (including Melcombe Regis) ..	22,037	19	18
Newton Abbott (including Dawlish, Torquay, and East and West Teignmouth) ..	52,306	19	17
Barnstaple (including Ilfracombe)	38,178	17	14
Bath	69,847	24	21
Clifton (including part of Bristol City and Bristol Workhouse)	77,950	23	20
Cheltenham	44,184	20	19
Upton-on-Severn (including Malvern) ..	18,070	18	19
Warwick (including Leamington)	41,934	20	17
Ashborne, Bakewell, and Chapel-en-le-Frith (including Buxton and Matlock)	62,308	20	23
Scarborough	24,615	21	19
Whitby	21,592	21	26
Kendal	36,572	20	19
Aberystwith	23,753	18	24
Bangor	30,810	21	24
Anglesey	43,243	17	13

State of the Public Health.—The Registrar-General says: About 105,778 persons died in the three months which ended on June 30th, for that number appears on the registers of the quarter; and the rate of mortality was 2·153 per cent. or less by ·061 than the average rate of the season. In the chief towns the mortality was at the rate of 2·238 per cent. less by ·140 than the average of 2·378 per cent. In the districts of the country and of the small towns the mortality was lower (2·061) than it was in the denser districts; but instead of improvement there is deterioration. Indeed the sanitary condition of the country districts around the large towns now demands strict attention. The mortality of all England, if the same as in the 63 healthy districts, would be at the rate of 17 in 1000, or exactly 84,207. These may for the present be held to be natural deaths; the excess of 21,571 over this number are undoubtedly unnatural deaths, and may be ascribed to the unfavourable sanitary conditions in which a large portion of the population still lives. The 105,778 deaths in the quarter, although less than the usual number, imply, according to the most reliable returns of sickness, that about a million and a quarter of a million of people of all ages were, on an average, infirm or constantly sick during the season. The quarter of a million sick would be healed by effective sanitary arrangements. Thus, much labour that is now lost would be productive, and lives of great value would be saved. The whole community would acquire fresh strength and vigour. Money which is expended on real sanitary measures, such as have been carried out in Ely and a few other places, is the most profitable of all national investments; for it is an augmentation of the power and of the productive life of the population.

Partial Insanity accommodated with Partial Punishment.—A young man, 19 years old, at College in France, runs a sword through the neck of a fellow-student sleeping in the same dormitory. Is he mad? He is taken to the prison at Aix, and thence transferred to Lunatic Asylums at Marseilles and Montpellier, in order that his mental state may undergo close investigation. He is found to have an "agreeable exterior," and to have been always irreproachable in his manners, in his studies, and general conduct. But sometimes he had strange ways; and shortly before the catastrophe aforesaid, he was found to be somewhat abstracted and reserved. His religious zeal was at one time weaker and then stronger; at one time he would become much attached to one of his fellow students, and then take a dislike to him—and such was the case with the youth he killed. After the murder he ran away; but the day after gave himself up, and declared himself guilty. He gave no explanation of his conduct. An invincible power paralysed his reflection. All he knew was, that in an incomprehensible fit of jealousy, he sacrificed his idol, that no other person might enjoy intimacy with his friend. At the Assizes, the President enjoined the jury not to embarrass themselves in a scientific labyrinth, but to judge the questions according to common sense, without paying attention to the declarations of the "Experts." The jury gave a verdict, in accordance with which the accused was condemned to fifteen months' imprisonment. The "Experts," MM. Aubanel and Cavalier, concluded that he was mad; that he had no moral freedom or responsibility. One believed that he was now recovered; the other, that his madness was only quiet for the moment. "The thing is simple enough," says M. Delasiauve, "if you will only distinguish the reasoning, syllogistic function, from the action of the sentiments and the ideas. A person may be under the influence of jealousy, etc., and may nourish an extravagant idea, without having all his moral manifestations, affections, and instincts deranged."

Inoculation of Secondary Syphilis.—[The following is a specimen of virtuous indignation expressed by the *Gazette Hebdomadaire*, and directed at M. Ricord. Some persons will think it senseless abuse. It at all events gives us an idea of the rancour felt by certain of his brethren towards M. Ricord.]—"What is glory, what is reputation, when it has error for its basis? What is a mere man in the face of science? What is the celebrity of this doctrine of his before an accomplished fact? The question here is one of false laws, which for more than thirty years have spread infection through the conjugal bed, and though the cradle; which have insulted virtuous women, fresh from the arms of husbands tainted with secondary symptoms, and then compelled to defend their honour against the accusations of his theory; which have sown discord in families: which have occasioned those numberless dead births, which frighten the accoucheur; which have poisoned the wretched mercenaries, who have fulfilled the duties of second mother; which have misled justice, and transformed the victim into the guilty. During twenty years, we say, despite of all the advertisements of daily observation, contrary to the authority of the most experienced Practitioners, contrary to multitudes of facts detailed in works, in theses, in pamphlets, in journals, led by systematic blindness, or by the impulse of a school, the author of this system has exposed science, humanity, morality, and the law itself, to these misfortunes, to these iniquities."

Prize Questions at the Académie des Sciences for 1861.—The following is the subject for the "Grand Prix," proposed on the report of M. Milne-Edwards, "*The comparative anatomy of the nervous system of fish.* Numerous and important works have been composed on the nervous system of the different classes of vertebrate animals; but great uncertainty still exists with regard to the determination of several parts of the encephalon in fish, and at the present time we have but a very imperfect knowledge of the modifications which this apparatus may present in the various ichthyological families. The Academy especially directs the attention of competitors to these two points:—1. It desires that by means of a comparative study of the nervous centres, the combination of which constitutes the encephalon, the analogies and differences existing between these parts in fish, and the superior vertebrata may be rigorously demonstrated. And 2. That this investigation may be so conducted as to throw a useful light upon the zoological relations of different fish to each other, thus furnishing new bases for a natural classification of these animals." The question for the "Bordin Prix," as reported on by M. Brongniart, is as follows:—"*Investigate the distribution of the vessels of the*

latex in the different organs of plants, and especially their relations to or their connexion with the lymphatic or spiral vessels, as also with the fibres of the liber." The study of the lactiferous vessels was proposed as a prize by the Academy so long ago as 1833, and the notary was adjudged to an important work by Dr. C. H. Schultz, which has served as a basis and point of departure for other works, which have been written on the subject. Nevertheless there still exists great uncertainty concerning the real functions of these vessels in the life of plants, and upon the part they take in the circulation of their fluids. Of late, observations of great interest have exhibited intimate relations, and even connexions between these vessels and those destined for the ascent of the sap. If these observations admit of generalising, great light might be thrown upon the circulation of vegetable juices. The Académie is desirous that the subject should be more extensively investigated, and that it should be ascertained—"1. Whether these communications between two orders of vessels considered hitherto as completely independent can be placed beyond all doubt? 2. Whether such relations be a mere exceptional fact, peculiar only to certain plants, or whether they are to be found in all plants possessed of these two kinds of vessels? 3. Whether the connexions of the two orders of vessels exist in all the organs of the plants, or only in certain of its parts? 4. Whether there exist connexions of the same description between the vessels of the latex, and other tissues of the plants; such, for example, as the fibres of the liber. These anatomical researches may be completed by some physiological experiments suited to demonstrate the part which these vessels and the juice which they contain, perform in the economy of the plant. It is very desirable that the text of the essays should be accompanied, not only by drawings, but by some microscopical preparations, enabling the exactitude of the observations to be tested." The mémoires to be sent in before 31st December, 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 30, 1859.

BIRTHS.

Births of Boys, 881; Girls, 922; Total, 1803.
Average of 10 corresponding weeks, 1849–58, 1485·0.

DEATHS.

New Subscriber.—No. The powers of the University and College will not be affected by the Bill.

G.S.H.—The period of gestation of the hippopotamus has been fixed at fourteen months exactly, according to the periods of coitus and birth in the recent delivery at Paris.

X. Y. Z.—1. Messrs. Ash, Broad-street, Golden-square, W. 2. The Chemical Society meets at Burlington House. All information as to membership can be obtained from the Secretary. 3. Not complete.

Mr. Parkin's suggestion as to the use of charcoal as a deodoriser of sewage before it falls into the Thames, is worth consideration; but it is hardly necessary to publish the copy of his letter to the Metropolitan Board.

LADIES' SANITARY ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to inform you that Dr. Southwood Smith and Dr. Farr have consented to become revising editors of the publications issued under the direction of the Ladies' Sanitary Association.

July 30. I am, &c. M. A. BAINES.

MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If Lord Robert Cecil, Mr. Whiteside, or some other friend of half-fledged Medical bantlings, would instead of their proposed amendments to the Medical Act, endeavour to carry something to the following effect, they would really deserve well of their country. "And be it further enacted, that whensoever any person being otherwise entitled to be registered under the Medical Act, shall obtain from any one of the licensing bodies enumerated in Schedule A, its licence, degree, or diploma, in exchange for a money payment without submitting to and satisfactorily undergoing a fitting examination, such qualification when inserted in the Register, shall have placed after it the word 'Bought' in brackets; and the possessor thereof shall be required when assuming, in printing, or writing, or signature, the title professed to be derived from such licence, degree, or diploma, to add the word 'Bought' after the words or letters which may be used to signify such licence, degree, or diploma.—Ex. John Smith, M.R.C.S.E., L.R.C.P., Edin. (Bought.)"

A simple provision of this sort would no doubt be hailed with gratitude by a number of gentlemen who have been recently put in the unfortunate position of appearing to sail under false colours; for it must be supposed to be very painful to them to know that they are running the risk of making the public believe that in reward for special attainments or protracted study, they have been specially honoured by having conceded to them a higher professional title or position, when they themselves are fully aware at the samet ime that such is not the case,—too often in fact rather the reverse. Every sensitive mind must feel that some mode of thus publicly clearing themselves is due to such gentlemen.

I am, &c. SUUM CUIQUE.

Scarborough, August 1, 1859.

P.S.—Foot-notes in the Register might inform the public the price paid for the various qualifications in question, and thus their relative sterling values would be seen at a glance.

COMMUNICATIONS have been received from:—

Dr. SIMPSON; Mr. J. R. MARTIN; Mr. PEMBERTON, Birmingham; Mr. REDFERN DAVIES; Dr. GORDON; Dr. DAVIES, Bath; Dr. ROOKE; Mr. [illegible]

NEPENTHE, OR ANODYNE TINCTURE

(OBTAINED EXCLUSIVELY FROM OPIUM),

PREPARED AT THE LABORATORY OF FERRIS, TOWNSEND, LAMOTTE, & BOORNE,

MANUFACTURING CHEMISTS AND WHOLESALE DRUGGISTS, BRISTOL.

This preparation has now been for many years extensively used by a large number of eminent members of the Medical Profession with the greatest success. It does not produce headache, stupor, giddiness, prostration of strength, constipation, or the usual unpleasant symptoms attending the use of other preparations of opium.

Nepenthe has frequently been found of essential service in cases of Cancer, where every other opiate has failed.

The following Testimonials received from Medical gentlemen in extensive practice will be regarded as satisfactory proof of its efficacy :—

MEDICAL TESTIMONIALS.

"8, Wellington-street, London-bridge, August 14, 1856.

"Having prescribed your 'Anodyne Tincture' in many cases, I would strongly recommend its more general adoption. It is especially useful in the wakefulness common after parturition, or other unusual exertion or excitement. It produces a refreshing sleep, and I do not remember any case in which it has caused the objectionable effects of the other opiate preparations. "SAML. GRIFFITH, M.D. London, M.R.C.P.

Consulting Physician-Accoucheur to the Farringdon Dispensary,
Physician-Accoucheur to St. Thomas's Hospital, &c."

"Ipswich, March, 1859.

"Gentlemen,—I have great satisfaction in bearing testimony to the value of your 'Nepenthe,' in relieving suffering from disease, and in procuring sleep where ordinary narcotics fail or disagree. For several months I have found it very effectual in relieving a great sufferer when all the ordinary anodynes had ceased to benefit, and although the dose has not been increased for months, the relief is as complete.

"'Nepenthe' is a very valuable addition to our means of relief, and the Profession and the public are greatly your debtors for it.

"I am, Gentlemen, yours obediently, "EDWD. BECK, M.D. Cantab.

Physician to the East Suffolk Ipswich Hospital."

"To Messrs. Ferris & Co. "Portland-place, Reading, Nov. 21, 1856.

"Gentlemen,—'Nepenthe' has, for some time, been a favourite narcotic with me, and I infinitely prefer it to any preparation of opium now extant. It has proved a remedy of great value in all cases of Neuralgia, Chronic Rheumatism, Hypochondriacism, and indeed all affections where the use of a sedative is indicated; and in Delirium Tremens it is certainly invaluable, performing its operation upon the system, without leaving those distressing feelings consequent upon the use of opiates in general.

"I remain, Gentlemen, your obedient Servant,

"WILL. WOOD BRADSHAWE, M.D. M.R.C.P. & F.R.C.S. Lond. &c. &c. &c."

Extract of a Letter from the late G. W. CAINES, Esq. M.R.C.S.

"Uffculme (Devon), Feb. 16, 1854.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XX.

Peri-uterine or Pelvic Hæmatoma, and Varix of the Pudendal Veins.

Gentlemen,—In my last two lectures I have been directing your attention to inflammation of, and inflammatory effusions into, the cellular tissue of the pelvis. To-day it is my object to describe the

HISTORY OF HÆMATOMA OF THE PELVIS;

another disease to which the cellular tissue of the pelvis is liable, and this affection, though still less known than pelvic cellulitis, because less frequent, is well worthy of your most careful study, for this reason, if for no other, that it is relatively more fatal than pelvic cellular inflammation. In the affection, too, which I am to speak of in the present lecture, there is an effusion into the tissue filling up the angles and spaces between the layers of the pelvic fascia; but here the effusion consists, not of serum or other inflammatory products, but of blood from a ruptured blood-vessel. This pelvic hæmatoma or pelvic hæmatocele is, as I have observed, far from being as common as pelvic cellulitis; but it is not by any means such a rare disease as you might be led to suppose from finding that there is almost no notice taken of its occurrence in the whole wide range of modern English obstetric literature; and I feel assured that if any of you in after years have occasion to see much of female diseases, you will not have been very long in practice ere you meet with one or more examples of this affection.

The first case of pelvic hæmatoma where I recognised the real nature of the disease, occurred, many years ago now, in the person of a patient whom I saw in consultation with my friend, Dr. Baird, of Linlithgow. The lady was exposed to cold by sitting on the grass when she was menstruating: she had a fit of shivering on going home which lasted some time, and was succeeded by sudden and severe pain in the region of the womb. Some days subsequently, on making a vaginal examination, a solid-like tumour was felt behind the uterus, stretching upwards towards the cavity of the abdomen. I thought it was a case of acute pelvic cellulitis, and it was treated as such for a time by means of antiphlogistics. Between two and three weeks having elapsed, and the tumour not having become diminished in size, I believed that it was time to puncture it, imagining that suppuration must have taken place, though perhaps so deeply seated as not to give rise to a distinct feeling of fluctuation. I therefore made an incision into the tumour through the roof of the vagina, but, instead of pus, there came out masses of old coagulated blood, partially broken down and disintegrated. There was, indeed, a slight admixture of purulent fluid, for inflammation had occurred secondarily around the infiltrated part; but the great bulk of the evacuated matter consisted of the *débris* of blood-clots; and after these had all been evacuated, the cavity speedily closed up, and the patient made a good recovery.

I did not then properly understand all the phenomena of the case, and thought it to be simply an aberrant form of pelvic cellulitis; but since I saw that case I have met with a considerable number of others, and I have now no doubt that it is an altogether independent form of disease. We had a fatal case of it in the Hospital five years ago; and as this case is a very instructive one, perhaps you will allow me to read you the history of it, which has been preserved in the Hospital records. I regret that this history is so imperfect, and especially in relation to the post-mortem appearances, as taken down by the clinical clerk.

"A. W., aged 42, married. Admitted April 9th, 1854. Has generally menstruated two days every month since the first commencement of the catamenia in adolescence. The discharge was never in large quantity, and was generally unattended with pain. Gave birth to a child four and a-half years ago, and for four years she has suffered from prolapsus uteri and profuse leucorrhœa. During the first two years she used to keep the uterus reduced by wearing a globular wooden pessary, but during the last two years she has used nothing at all, the womb usually being prolapsed most of the day, and she reduces it herself on going to bed. She never had real pain during menstruation until the last period, which was protracted four or five days longer than usual. The pain then felt was deeply-seated in the lower part of the abdomen, and was so severe as to confine her almost constantly to bed. On the day after the menstrual discharge ceased she felt cold, and in the evening shivered a little; but no feverish symptoms followed, and it was only the continuance of the acute pelvic pain that caused her to seek admission. Since the commencement of the pain the uterus has not appeared in its usual prolapsed form externally. The patient is pale and spiritless, has a cool moist skin, a slightly furred tongue, no great appetite, and no thirst. Pulse 80, soft. Complains of pain deep in the pelvis, but states that it is not nearly so severe as it had been for three days before; no pain in thighs or back.

"On vaginal examination, a globular swelling is met with in the posterior wall of the vagina, not very tender, nor pitting upon pressure. The cervix uteri is very small, and lies immediately behind the symphysis pubis. The os is small, and the lips are very small and œdematous. The uterus feels fixed by this tumour, which extends from the posterior part of it down to within an inch and a-half of the vaginal orifice. The finger can be easily pushed upwards on each side of it in the direction of the broad ligaments, so that by this means it can be readily ascertained that this swelling has no lateral attachments to the sides of the pelvis, but is merely situated between the rectum and the vagina. This latter point is confirmed by recto-vaginal examination made by the fore and middle fingers of the right hand, for by this means the lower segment of the tumour is embraced between the two fingers. There is no fulness in either iliac region. Urine of sp. gr. 1012, alkaline; contains triple phosphates, and much albumen. To have five-grain doses of bromide of potassium thrice a day.

"April 12.—To stop bromide. ℞ Infus. gentianæ ʒvij., tinct. gentian. ʒj., corrosiv. sublim. gr. ½. M. Sumat ʒj. ter in dies.

"15th.—Gums are red, tender, and a little spongy; breath fetid; slight salivation. Omit medicine. To have a gallic acid gargle.

"21st.—The œdematous state of the vaginal tumour has now gone, but the tumour has not decreased in size. Dr. Simpson introduced an exploring needle into the tumour, and on withdrawing the canula found it filled with a bloody-looking matter with minute clots of blood. On microscopical examination this fluid was found to consist of a dark brown fluid containing a very few blood discs in various stages of disintegration, and also about an equal number of hyaline or pyoid bodies, but no pus globules. To have five-grain doses of bromide of potassium.

"26th.—Yesternight she had a slight attack of tympanitis without tenderness, and of vomiting. Hot turpentine fomentations, a turpentine enema, and an opiate by the mouth relieved these symptoms, and the patient slept well. To-day the sickness and vomiting have returned with great severity, so that the little fluid aliment which the patient occasionally takes is almost immediately vomited. Tongue covered in the centre with a brown fur; margins clean and moderately moist. Skin warm and moist. There is no abdominal tenderness, and patient feels only a dull uneasiness in the region of the pelvis. Vagina is hot; no increase in size of tumour, but it is softer than before, and yields an indistinct feeling of fluctuation. Pulse 90. Twelve leeches to be applied over the abdomen; and a grain of opium to be taken every five hours.

"27th.—Vomiting almost incessantly. Had about three hours' sleep during the night. To have ice and brandy, with hydrocyanic acid mixture, and a blister to the abdomen. Vespere.—Unabated retching and vomiting; vomited matter contains a good deal of bile; pulse 96. Vagina is tender, and so hot that it is painful to retain the finger a few seconds. Fluctuation much more distinct in tumour. Apply eight leeches round the anus, and continue the treatment pursued in the morning.

"28th.—Retching less, but still severe. Skin keeps cool and moist; pulse 90; tongue not much furred. There was drawn

off from the vaginal tumour by means of a trocar and canula five and a half ounces of a dark-brown fluid, containing a very few minute clots of blood, and patches of lymph or pus. Its odour was very fetid. On microscopical examination it is found to contain pus globules in large quantity, puckered and irregular blood globules, granular matter, and small masses of aggregated particles, sometimes of a semi-crystalline form, and of a deep red colour (Hæmatin ?). Stop all medicine, and use ice and brandy.

"29th.—More fluid being still in the tumour, an incision about an inch in length was made into it at its lower part, on the right side of the vagina, and about two inches from its orifice. Four and a-half ounces similar to that drawn off yesterday came away at the time, and about two ounces more escaped during the day mixed with a few clots.

"30th.—Pulse 86. A good deal of fetid fluid comes away from the vagina. Still vomiting and retching every hour or so. Neither medicine nor food remain on the stomach above a few minutes.

"May 1.—Expression of face very much altered and pinched. Tongue dry and brown; vomited matters quite bilious; bowels opened to-day. To have injections of nutritive soups. Pulse 80.

"2nd.—Face more sunk and pinched than yesterday. Pulse 70. Vomiting and retching more urgent. Vaginal discharge diminished. Still using vaginal injections of tepid water, rectal injections of soups. Takes brandy by the mouth, but generally vomits it.

"3rd.—Pulse 40. Retching and vomiting still. Vaginal injections of tepid water came away almost colourless.

"4th.—Gradually sunk and died at 4 a.m.

"*Autopsy, made thirty hours after death.*—Great rigor mortis. The thoracic organs quite natural. The inferior extremity of the great omentum was found to be adherent to the upper and back part of the uterus. On passing the hand down into the pelvis, both the cæcum and rectum were found adherent to the viscera. The whole of the pelvic contents were removed together, when it was found that there was a soft tumour just in front of the right broad ligament. On making an incision into this, some dirty purulent matter escaped; but the rest of the cavity was filled with large, undecolorised, pretty firm clots of blood, and the opening at the bottom of the cavity, made during life, communicated with the upper part of the vagina. The liver was divided into a number of additional lobes by the presence of several deep fissures, and the kidneys were in a state of waxy degeneration."

It so happened that during the same week in which the death of this Hospital patient took place, I had a patient in private practice who died of the same disease. She was sent from a great distance to Edinburgh, in consequence of a pelvic tumour having suddenly appeared. Fatal inflammation was set up by the journey. On dissection, I found the reflection of the peritoneum between the uterus and rectum raised up, as shown in this diagram (see fig. 1), and a large mass of broken coagula of blood formed the tumour, having been extravasated behind the peritoneum, forming the posterior covering of the broad ligament, and, as it accumulated, having separated and pushed before it that portion of peritoneum and the utero-rectal fold of this membrane. In the present state of uterine pathology, we can recognise the malady with tolerable certainty, and we all see cases of it ever and anon occurring. Nay more, now that we have a clear conception of the nature of the disease, when we begin to consult the older authors, we find that some of them had tolerably distinct ideas as to its nature, and a positive knowledge of its occurrence. Ruysch more particularly has described some cases of it; and in the obstetrical books that are usually classed with the Hippocratic writings, there are distinct indications that the author had some acquaintance with this affection even at that early period.

FIG. 1.

FIG. 1.—Shows the situation of the hæmatoma (*d*) between the uterus (*b*) and the rectum (*c*). (*a*) The bladder.

NOMENCLATURE OF THE DISEASE.

The disease has received different names from the authors who have written anything regarding it. There are many notices of it in French literature, and by French authors it is generally spoken of as Retro-uterine Hæmatocele. Others call it Peri-metrine and Peri-uterine Hæmatocele, from the fact that it is not confined in position to the cellular tissue lying behind the uterus, although that is its chosen seat. It is spoken of, again, as Pelvic Thrombus by others, because the swelling is of the same nature as the surgical thrombus sometimes seen in the labia pudendi, as a result of injury to some of the vessels there. Here, we have been in the habit of speaking of it as Pelvic Hæmatoma, because that name expresses simply what the disease in reality is, viz., a blood-tumour or effusion in the cellular tissue of the pelvis; and that you may be able to understand its nature, and to recognise the disease when it comes before you in practice, let me proceed to tell you something of the manner in which it seems to be produced, or to tell you, in other words, what is known regarding

THE PATHOLOGICAL ANATOMY AND PATHOLOGY OF THE DISEASE.

It occurs, let me first of all remark, sometimes in puerperal women, but more frequently we meet with it in non-puerperal females, and altogether unconnected with the parturient process. It is seen in patients of all ages; but is more frequent about the age of thirty, according to my experience, than at any other period of life. The disease seems to be usually produced by the rupture of one of the veins or arteries that supply the ovary, and pass to it between the layers of the broad ligament. The blood escaping from the ruptured and sometimes varicose vessel, infiltrates into the cellular tissue of the broad ligament, and those neighbouring parts of the pelvic cellular tissue which communicate freely with it, forming there a swelling or tumour composed of this effused and incarcerated blood, as in a thrombus or blood-swelling of the sub-cutaneous cellular tissue from injury, or as in the so-called sanguineous apoplexy of the brain, lungs, and other organs. As the blood extravasated from the broken utero-ovarian vessel accumulates in the surrounding cellular tissue, it separates the serous layers of the broad ligament from each other, or raises and pushes before it, more particularly, one of these layers, to form, as it were, a covering to the blood-tumour. More especially is the posterior peritoneal layer often apparently separated and displaced in this way, as well as the fold of peritoneum stretching between the uterus and rectum. It is this affection which constitutes the true pelvic or retro-uterine hæmatocele. But, occasionally, there is a form of pelvic hæmatoma of a different origin, and with the effused blood in a different site. For according to the evidence of various French pathologists, as Nelaton, Laugier, and others, a retro-uterine hæmatocele may be formed by blood accumulating *within* the pelvic portion of the peritoneum, the blood collected in this locality having escaped from a ruptured ovarian vesicle during menstruation, from the fimbriated extremity or course of the Fallopian tube, or even from the cavity of the uterus—the blood regurgitating along the Fallopian tube into the peritoneal cavity. Certainly, sometimes, even when the site of the hæmorrhage is a rup-

tured vessel of the ovarian or uterine plexus enclosed within the broad ligament, the effused blood has burst through the opposing layer of peritoneum, and escaped directly into one of the peritoneal pouches behind or in front of the uterus, where its presence has acted as an irritant to the peritoneum, and led to its being encysted and enclosed in a separate cyster cavity, produced by the adhesion of opposed inflamed surfaces. These ruptures of the blood-vessels of the utero-ovarian plexus, and consequent extravasations of blood, most frequently occur during a menstrual period, when a certain degree of excitement and physiological congestion are set up in the ovary, for then the vessels being more distended with blood will be more likely to give way in their coats under the action of any unusual impetus. The blood which escapes from the injured vessel or vessels passes in between the layers of the broad ligament and separates them from each other, forming a tumour in many respects resembling the inflammatory tumour produced by the effusion of serum into the same locality, but only forming more rapidly and suddenly, without any premonitory symptoms. Or, one of the terminal branches of these ovarian vessels may give way, and the blood be thrown into the substance of the ovary itself. This rarely happens in the healthy ovary, but it has now been not unfrequently seen in cases where the organ has been altered and rendered friable as a result of disease; and then the extravasated blood, after breaking up the softened structures of the ovary, may make its way eventually into the cavity of the peritoneum. It would seem, I have said, in some cases as if the rupture occurred in a superficial vessel, and the extravasation took place directly into the peritoneal cavity. A very melancholy and distressing instance of this kind of injury occurred, many years ago, in a patient of Dr. Malcolm, of Perth. This patient, when otherwise apparently in perfect health, was suddenly seized one forenoon with pain in the abdomen, and faintness, which went on increasing during the day, in spite of the most skilful treatment. That same night the lady died, and at the post-mortem examination the abdominal cavity was found filled with coagulated blood which had escaped from a ruptured blood-vessel, lying in the broad ligament of the uterus. Most frequently, as I have stated, extravasations of blood into the cellular tissue of the pelvis result from rupture of one of the ovarian vessels as it courses along the broad ligament, and they usually occur in connexion with menstruation. But it is proper to add that pelvic hæmatomas may have other sources and seats, for other vessels besides the ovarian vessels are liable to rupture. Thus I saw some time ago, along with Dr. Young, a patient in whom one of the upper hæmorrhoidal vessels had given way, and led to the formation of a hæmatoma of large size in front of the rectum, where it could be distinctly felt between that canal and the cavity of the vagina. Tumours of this nature are not unfrequently met with also in the walls or at the sides of the vagina, but rarely of any great size. Indeed, there is almost no limit to the variety of situations in which a pelvic thrombus or hæmatoma may be found, for the veins may give way in any part of the pelvis, and the blood which escapes may fill sometimes one fascial loculament only of the pelvis, and at other times several at once.

You will find that various accounts have been given as to the size of the swelling, and various statements made as to the extent to which hæmorrhage may take place into the loculi of the pelvic fascia. Of course all this varies greatly in different cases and different patients. I have seen two or three instances where a pelvic hæmatoma was as large in size as a gravid uterus in the fourth or fifth month of pregnancy. In practice you will usually find them much smaller, and in most cases you will ascertain their presence by a vaginal rather than an abdominal examination. The most frequent form is where the extravasation occurs between the layers of the broad ligament, where it is confined and limited in size, and rounded and elongated in form; or it may extend from this, separating the layers and passing down among the cellular tissue behind the cervix uteri, or between the rectum and vagina. In this case the tumour, like that formed by the serous effusion of pelvic cellulitis, may be at first small in size and rounded in form, but rapidly, as the extravasation spreads, the tumour becomes enlarged in size, elongated or irregular in shape, and fitting itself to the contour of the cavities into which the blood is thrown.

(To be continued.)

ORIGINAL COMMUNICATIONS.

DISINFECTION OF THE THAMES AND OF THE SEWAGE OF LONDON.

By DR. ALBERT J. BERNAYS,
Lecturer on Chemistry at St. Mary's Hospital.

The present state of the Thames has become so dangerous to the whole community, that it has at last drawn the attention of the authorities to the consideration of some plan by which probable evil results may be prevented. Hence experiments have been made with various disinfectants at the request of the Metropolitan Board of Works by Professor Dr. Miller, of King's College. What the results are at which he has arrived, I have no exact means of ascertaining; but having for three years made special experiments with different disinfectants upon London sewage and Thames water, and having last year especially drawn the attention of a portion of the scientific public through the medium of your valuable paper, to the effects produced, I shall make no apology for repeating my experience upon Thames sewage in the present year.

It may be well to state that the experience which I gained last year was so entirely in favour of the disinfectant of Messrs. Smith and MacDougall, of Manchester, that I was induced early in the present year to repeat them. I again found that sewage of the worst description, emitting the most deleterious gases, could be rendered perfectly sweet and harmless, emitting only the odour of the impure coal-kreosote (carbolic acid), which forms the important feature of the invention of Dr. R. Angus Smith and Mr. Alexander MacDougall. Whenever a sufficient quantity of the disinfecting powder was employed, I found that sewage precipitated in May was perfectly free from sewage odours in July; and sewage-deposit, which is the worst part of sewage, when similarly dealt with, remains to this day equally beneficially affected. Comparing these results with those I published last year, and especially comparing the disinfected specimens with one which I have had these three years (last June) in my possession, and finding the results perfectly in concordance, it cannot be wondered at, that, with a knowledge of these facts so greatly in their favour, Messrs. Smith and MacDougall should desire me to make notes of my experiments, which might be made under the direction of the Board of Works. Accordingly I have done so to the best of my ability, and with a sincere desire to ascertain the truth. I subjoin such results I have arrived at:—

According, I believe, to Dr. Miller's suggestion, Mr. Mac Dougall employed a portion only of his patent, viz. that which embraces the use of carbolic acid (kreosote) and lime. Although I am of opinion that these include the most valuable portion of the discovery, yet I cannot but think, that the whole patent, which involves the additional employment of sulphites of lime and magnesia, is better suited to effect the object, viz. prevention of the decompositien of animal and vegetable matter. However this may be, the results of the experiment on a large scale carried on in Tavistock-street, Tottenham-court-road sewer, are sufficiently satisfactory to warrant the same application to the Thames.

The quantity of carbolic acid employed in the above sewer averaged 685 lbs. per day, together with 70 lbs. of lime and 12,000 gallons of water. On the hottest days a larger amount appears necessary, as may be judged by the experiments about to be recorded. At least it is certain, that when another hundredweight or so was employed in excess of the above 685 lbs. the sewage bore the highest temperature to which it could be exposed under the highest conceivable solar influences, without evolution either of sulphuretted hydrogen or any other foul emanation.

The clear amber-coloured solution of carbolate of lime was churned into the sewer. The experiments were commenced by me on July 13, the specimens being the precise counterparts of those furnished to Professor Miller.

The results were as follows:—

Sample B. July 13.—Taken from Tottenham court-road, above the opening where the disinfection commenced. The sewage was very dark in colour, nearly black. The smell

attached chiefly to the deposit, which, when mixed with the water, diffused an indescribable loathsomeness. It was not so much of sulphuretted hydrogen, although lead-paper was browned in the course of an hour, proving the evolution of at least one gas dangerous to health. The water, after free exposure in suitable vessels to the heat of the sun for an hour, attained a temperature of 105°, and lost its odour; but, when shaken with the deposit, the odour was most offensive, and the presence of sulphuretted hydrogen still more decisive. The deposit contained abundance of sulphides, which, on examination on eight successive days, gave characteristic evidence of the separation of sulphuretted hydrogen.

Sample A.—July 13th. Taken from near St. Giles's Church, is disinfected at Tavistock-street.—The sewage was yellowish in colour, and the deposit yellowish grey. The smell was only that of gas-tar, very slight indeed. Even after four days' exposure to the hottest sun, no putrid gases were evolved. With the exception of the 15th of July, when there was a slight smell as of sewage, but no sulphuretted hydrogen, there was not any indication of the liquid with its deposit being of sewer origin. But it should not be omitted that sulphides were present in small quantities in the deposit.

Sample D.—Taken from Tottenham-court-road, July 13th, above the opening.—This corresponds with sample B, and the remarks are very similar, with the exception that the specimen was of a far more offensive character, and far more dangerous to health. On several days (16th, 20th, and 21st) lead paper was instantly blackened on exposure to the gases evolved; the chief offensiveness residing in the deposit.

Sample C.—Taken from St. Giles's Church sewer, July 13th, evening. Disinfected in Tavistock-street.—Not quite so yellow as A, contained more deposit, and the latter more sulphides. No odour except of tar, and none evolved even after four days' exposure to the hottest sun. Not a trace of hydrosulphuric acid discoverable on any day between the 13th and 21st inclusive.

Sample F.—Taken from Tottenham-court-road, above the opening, July 14th.—Similar to B and D, but became still more offensive and injurious than D. Thus on the 21st, lead-paper was completely and instantaneously blackened on immersion in the air over the liquid in the bottle.

Sample E.—Taken from St. Giles's Church sewer, July 14th, disinfected in Tavistock-street.—This sample cleared with difficulty, and when delivered evolved neither sulphuretted hydrogen nor other offensive odour; but, in time, it afforded evidence of incomplete disinfection. Sulphides were distinctly present in the deposit, as in samples A and C, and exposure to hot sunshine for six hours on four occasions evolved traces of sulphuretted hydrogen. On the 15th there was a slightly offensive odour; on the 20th the smell was more decisively unpleasant; on the 21st there was neither smell nor free sulphuretted hydrogen.

It must, however, be observed that the severe trials to which this and other samples were exposed were quite exceptional, and impossible *en masse* either in the sewers or in the bed of the river. Thus, a portion of this very sewage marked E, which never attained to a higher temperature than 82°, had neither unpleasant smell nor evolved sulphuretted hydrogen.

Sample H.—Taken from Tottenham-court-road, above the opening, July 15.—Very similar to B, but rather more offensive, owing to more free sulphuretted hydrogen, and a larger presence of sulphides in the deposit. Exposed to a hot sun for four days, evolved sufficient sulphuretted hydrogen so as to turn lead-paper dark brown, and a further odour of a most offensive nature. By way of comparing results, it may be remarked, that this sample kept in a cool place for sixteen hours, where it attained to a temperature of 70°, evolved on standing but little smell, and communicated only a faint tinge of brown to the edges of lead-paper; but on shaking (and certainly motion may be considered the normal state) the smell became abominable, and lead-paper was immediately turned dark-brown.

Sample G.—Taken from St. Giles's Church sewer on July 15. Disinfected in Tavistock-street. Examined on the 16th.—It was of yellowish colour, with pale reddish-grey precipitate. No disagreeable smell, and no free sulphuretted hydrogen; but sulphides notably present in the deposit. Exposed to a hot sun for four days in close vessels, slight odour, and trace of sulphuretted hydrogen; but, placed under exactly similar circumstances as sample H—on the night of the 20th and morning of the 21st—for sixteen hours, neither smell nor trace of sulphuretted hydrogen evolved.

Sample I.—July 15. Taken from sewer at Charing-cross. Disinfected in Tavistock-street.—Light yellow colour, with slate-coloured deposit. No disagreeable smell, and no free sulphuretted hydrogen; but distinct presence of sulphides in the deposit. After four days' exposure in close vessels to the hot sun, a slightly disagreeable odour perceptible, arising in part from a trace of sulphuretted hydrogen, which tinges the edges of lead-paper. Even in a cool place the smell, though slight, is unaltered, and this is owing, in part at least, to a trace of sulphuretted hydrogen. The evidence is conclusive as to absence of a sufficiency of the disinfectant, equally conclusive as to the very favourable difference between this sample and the one not disinfected.

Sample K.—Taken from St. Giles's Church sewer, July 16. Disinfected in Tavistock-street.—Of light yellow colour, and tarry smell; it contains no free sulphuretted hydrogen. Mere trace of sulphides in the deposit. Exposed to the hottest sun for four days, it underwent no change. On 21st July still perfectly sweet.

Sample L.—Taken from Charing-cross sewer, July 16. Disinfected in Tavistock-street.—Slight odour besides that of tar. Has the appearance of insufficient disinfecting liquor. This is proved by the fact, that when exposed to a hot sun it evolves traces of sulphuretted hydrogen. On the 21st July there is still a trace of free sulphuretted hydrogen and of other smell.

It would seem, then, to be quite within the reach of possibility to prevent altogether the evolution of nauseous gases from London sewage; and although we have still much to learn with reference to the character of gases which are not recognisable by the sense of smell, we have positive proof, from these and previous experiments, of the effectual action of Messrs. Smith and MacDougall's disinfectant upon several of the known gases.

It is with no desire to interfere with the official reports, but, as I have said, because of my long and intimate acquaintance with the subject, that I venture to address this letter to you. I know that the plan is a complete solution of the question which has so long agitated the public mind, and it appears to be the only one of the three hundred plans which have hitherto been able to stand inquiry. The treatment of the sewers along their whole line is a part of the plan of disinfection due to Dr. Smith, and it is so large and comprehensive that no time should be lost in beginning it. Add to this the regular watering of the streets with very dilute solutions of the disinfectant, a plan which I originally suggested, and the gases arising from their extended surfaces will be kept within proper bounds.

Equally easy will it be, by a proper expenditure of money, to prevent the Thames from continuing a most dangerous nuisance. But it can never be affected by ever so many weeks' expenditure of 1500*l.* in lime and chloride of lime at the mouths of sewers. We must adopt some such agency as is ready to hand, in the innumerable steamers which are keeping in perpetual circulation the sediment in the Thames. These we must employ in their ordinary journeys to diffuse the disinfectant, and I will venture to say the purification can be accomplished within a week. When all this shall have been done, the foul air which now threatens disease in London will be removed, and none will be generated to fill its place.

St. Mary's Hospital.

ON SOME OF THE

DIFFICULTIES ATTENDING UPON THE TREATMENT OF STRICTURE OF THE URETHRA.

By HENRY SMITH, F.R.C.S.

In the *Medical Times and Gazette* for August 21 of last year, I detailed at length a case of obstinate stricture of the urethra, which was remedied by dilatation, and careful general treatment, after the patient had been condemned to undergo the operation of external division of the canal by a Surgeon of large experience, under the idea that there was not any other method of relief. At that time I made some

observations referring chiefly to a feature of difficulty which the case detailed particularly illustrated, namely, the almost insuperable rebelliousness to dilatation, which is every now and then met with in certain instances of this affection. I was enabled to show that a case of the most obstinate and unpromising nature might, by careful treatment, be made to yield, without recourse being had to the knife, although both the patient and his Surgeon were convinced that it was the only remedy. This incapacity of certain kinds of stricture to admit of progressive and satisfactory dilatation, is a feature well known to all those who have seen much of the disease in question; but there is one feature in particular to which I shall refer to in these observations, and which I do not find much allusion to in the ordinary works on stricture, and this is the absence of improvement in the power of passing the urine, although dilatation has been carried on in a satisfactory manner. This is a difficulty which is exceedingly annoying and distressing, because, in the first place, the patient naturally expects that relief will be given so soon as an instrument of at least a moderate size can be introduced into the urethra, and the Surgeon knows that he has to deal with a feature in the complaint which may depend upon circumstances over which he has little control, and which will render the treatment of the case more troublesome. Mere density or tightness in a stricture acting as a bar to progressive dilatation, is a condition much less likely to hinder a satisfactory termination than the one alluded to; for in the one case, although the dilatation may advance but slowly, the improvement in the stream of urine is generally commensurate with the mechanical progress, and satisfactory both to patient and attendant, while in the other it will happen that the exercise of the utmost skill and endurance is but faintly rewarded.

Next to extreme irritability of the urethra, this one feature of absence of improvement in the stream, has been a source of greater difficulty and annoyance than anything else. Among a considerable number of very severe cases of stricture which have lately been under my care, my attention has therefore been much directed towards ascertaining its cause, and removing the symptom, if it may be so termed. In some cases it has not been difficult to account for it, as where one or more fistulous sinuses exist; when such is the case the bladder may be healthy and the urethra be fairly dilated, yet the patent condition of the artificial openings, which take so long to close, allows the greater portion of the urine to percolate through them, little comes through the urethra, and that little in any volume. In instances of this kind the patients may be assured that the stream of urine will increase as the sinuses close up, slowly as that event is too often known to take place.

There are, however, other cases of severe stricture, uncomplicated with fistulous openings in the perinæum, where the Surgeon has been able to carry on dilatation in a satisfactory manner, and to such an extent that a good-sized catheter may pass, and yet there is either no improvement at all in the stream, or, if any, it is so slight as to be almost inappreciable. This obtains also not only in instances of stricture in persons of advanced age and of debilitated power, but it is occasionally met with in patients either in the very prime of life, or in those not much above adult age. It is in some of these latter cases that it is extremely difficult to understand the meaning of this symptom. It is considered by some men of large experience that it is the bladder alone which is in fault; that it has become weakened and dilated by the persistence of the obstruction in front; and that, even when this latter has been removed, the viscus does not recover its tone sufficiently to expel its contents in an effectual manner. That this is the true solution of the question in some instances there cannot be much doubt; but I am induced, by careful observation, to believe that in a considerable number of these cases the loss of power in the bladder is more apparent than real, and that the impediment to the volume and flow of the urine is in the urethra itself, notwithstanding that dilatation has been carried on to a measure with which the passing of urine in a small stream, or in drops even, seems almost incompatible. I have noticed that this very distressing feature has existed both in instances where the stricture has been exceedingly difficult to penetrate, the canal not being especially irritable, and in those cases where there has not been very much difficulty in overcoming the obstruction; but the urethra has been extremely sensitive. I have, moreover, noticed, especially in the latter cases, that more than a single stricture has existed; that there has been one near the meatus, or one or two inches from it; and as a rule, with but rare exceptions, the anterior stricture or strictures have been found to be most irritable and unyielding.

In such instances as these it is extremely difficult to overcome the irritable condition of the urethra, and to dilate the canal; and then, after this has been accomplished to such an extent that a No. 8 or 9 catheter is introduced, there is the mortifying result of little or no increase in the stream of urine, or even of a diminution in size. Now, I believe that in such instances, especially where the patients are young or the stricture has not lasted long, the fault is not in the bladder, but that that organ expels the urine with its wonted power, and that the fluid coming in contact with the irritable portion of the canal—although it has been dilated to the extent mentioned—causes it to contract forcibly, and thus produce the fine stream observed. Careful examination of the urine in these cases shows absence of any disease of the bladder; and moreover, it will be seen that, small as the stream is, it is expelled with considerable force and continuously; which circumstance will not be produced, I apprehend, by the mere action of the urethral muscular fibres, whether voluntary or involuntary. In a very well marked case of simple loss of power in the bladder lately under my care, in the person of a very fine young officer, all the symptoms of stricture were present; but there was hardly any impulse at all given to the urine as it was being evacuated, and the patient was compelled to strain violently. There was not the least obstruction in the urethra itself, and by well emptying the bladder artificially, and by attention to the general health, this viscus gradually regained its tone, as evidenced by the increasing size and force of the stream.

In the treatment of the cases I have been considering, much patience is required, both on the part of the Surgeon and the sufferer; for, as I have before stated, the latter is too apt to be greatly disappointed at the little improvement which is perceptible, and in his distress is too liable to be misled into undergoing some heroic treatment which may either destroy his life, or give relief merely for a brief period. It is only by the continuous dilatation of the diseased canal to as great an extent as it will admit of, that the result so much desired will be obtained. If the patient is not advanced in years, or has not had stricture for a long time, he may be assured that a persistence in the treatment will be attended with satisfactory results; sometimes the desired relief will happen suddenly, at other times, and most frequently, the increase in the power of urinating will be only gradual, but will not be marked until an instrument of considerable size has been introduced. When, however, the features of the case indicate that the want of stream is due to a loss of power in the bladder, a long time elapses before the organ recovers itself, although the urethra has been well dilated by the Surgeon, and is kept patent by the sufferer himself. It is especially important in these cases to attend to the general health; for it will not unfrequently be found that this has suffered much, and that the loss of power in the bladder is but a symptom as it were of constitutional debility, rather than the mere result of an obstructed urethra.

The case I now briefly detail will illustrate some of the foregoing observations:—

A gentleman, aged 23, consulted me February 14, 1858, for stricture. On examination I found that the urethra was remarkably irritable, and that there was a stricture at the bulb, through which I could only pass a No. 1 wax bougie. The strictured portion of the canal was most remarkably sensitive, and readily bled. I ascertained also that there was a stricture two inches from the meatus. The health of this patient was good; but the bladder was very irritable, and he was only able to pass his water with severe smarting, and in a fine stream. Urine acid but clear.

On inquiring into the patient's history, I found that he had had stricture for five years, and that soon after its appearance he had submitted to a great deal of catheterism with benefit; about one year and a-half since, finding his symptoms returning, he unfortunately consulted a notorious person, who passed instruments from time to time during the whole of the period: he made use also of caustic, and upon the patient complaining that he had great irritability of the urethra, and nocturnal emissions, this worthy practitioner told him to have sexual intercourse regularly three times a-week. This injunction was readily obeyed for three months, at the

end of which time the patient's eyes began to be opened, and he resolved to take other advice. In order to show how this poor young fellow had been trifled with, I may mention that he brought to me a Britannia metal sound, equal to a No. 6, which he had been told to pass for himself.

It was evident that in this case the symptoms were due as much to the extreme irritablity of the urethra, which had been induced by the wretched treatment he had undergone, as to the mere mechanical obstruction; and therefore it was necessary to relieve this, and at the same time endeavour to dilate the stricture in the most gentle manner. I therefore commenced the treatment by giving large doses of acetate of potash and tincture of hyoscyamus, and employed the wax bougie as a dilator.

Without entering into minute detail, I may mention that at the end of four weeks I was enabled to pass a No. 4 silver catheter, but the irritability of the bladder and urethra was excessive. In another fortnight I was able to pass only a catheter one size larger, but the irritability was distressing, and there was no improvement in the stream. I was careful to be very gentle in my manipulations, nevertheless this want of improvement was disheartening to the patient, although the dilatation was progressing, and he placed himself under the care of another Surgeon, and I saw nothing more of him until the beginning of June, when he again consulted me. He informed me that several catheterisms had been performed upon him, at first with success, but on the last occasions the Surgeon had not been able to introduce the instrument.

I was able to pass a No. 3 silver catheter, and by the end of the month had got so far as No. 8, but the distressing irritability continued, and there was not any improvement in the stream of urine—it was passed forcibly, but in a small thin volume—by August 1 we were still only at No. 8, for inflammation of both testicles had followed the use of instruments, and I was obliged to desist for a time—the stream of urine was only equal to a No. 2 catheter.

On the 18th I managed, with difficulty, to introduce a No. 9, but the sensibility at the seat of stricture was extreme, and the contraction near the orifice impeded the instrument.

21st.—Stream better since the introduction of No. 9, and it continued improving. I subsequently divided the anterior stricture, and was enabled to pass as large an instrument as a No. 12. Found after I had passed this once or twice the stream became larger than it had ever been in his life, the irritability of the urethra disappeared, and he left me in the middle of October quite well and able to pass a No. 10 catheter for himself.

This gentleman called upon me March 21; he informed me that he had no trouble with his stricture at all, and I saw him introduce a No. 10 catheter into his bladder with ease; he adopts this necessary precaution once a week.

This case, although sadly mismanaged at first, illustrates the position I wish to maintain in this paper, that there may be no improvement in the power of passing the urine, although the stricture may have been well dilated, and yet that the desired relief, though tardy, will be brought about by continuous dilatation and employed to its fullest extent. It appears to me also that this case opposes the view of those who maintain that in all such instances the diminished stream, with a patent urethra depends upon a loss of power in the bladder. Had this been so, the relief which at once appeared after a No. 9 catheter had been passed, and especially after I had divided the slight stricture at the orifice, would not have occurred so suddenly. I attribute the absence of improvement in the power of micturition for so many months, to the extreme irritability and contractibility of the canal which was only overcome by the most persevering use of dilating instruments. It might be objected by some that the continual employment of instruments in the irritable canal will only lead to keep up the very excitement we intend to allay. If instruments are passed roughly, or if the attempts to increase their size are made too rapidly, I believe that the painful condition of the parts and the constitutional sympathy will be increased; but it is far different when gentle and very gradual dilatation is adopted,—the morbid sensibility of the urethra is allayed, and in course of time entirely destroyed. A practical acquaintance with this fact is of value, not only in the treatment of stricture, but is to be made the most of in the treatment of stone by lithotrity; for an irritable urethra here is more a bar to success than where a stricture is concerned; but it is well known that the canal may be rendered comparatively insensitive by the cautious introduction of a sound several times prior to an operation being performed.

This is just one of those cases where the patient might have been easily led into the belief that perineal section was the only remedy. In fact he had been informed on one occasion since his first consulting me, and when the difficulties alluded to were at their height, that cutting would have to be resorted to. I doubt not that many of those unfortunate persons who have submitted to this operation, have been in much the same state as this patient was in for the first few months of treatment, being induced to do so by the belief that the increase in the stream of urine would only be arrived at by laying open the canal.

Sometimes it happens that in a severe case of stricture the earlier attempts to dilate are attended with an improvement in the stream which is satisfactory to the patient. Then this improvement ceases, and does not show itself again for a long period, although the dilatation may be steady and progressive. When such a circumstance occurs there can be no doubt that the bladder is not in fault; but that it depends upon the irritability of the urethra, or an insufficient dilatation of the stricture. Without going into details, I may mention a case of a patient, aged 45, who was under my care from December to April; the stricture was of fifteen years' standing and situated in front of the bulb. Treatment at the hands of various Surgeons of experience had been pursued, one of whom had performed internal incision on two occasions, The urethra, moreover, had unfortunately been wounded on one occasion through the stilet of a gum-elastic catheter escaping from the instrument. I commenced the treatment of this difficult case by dilating with silver catheters. The size and power of the stream of urine increased in proportion with the instruments, until I had got up to No. 4 and 5; but subsequently to this there was a good deal of irritation, and when a No. 8 or 9 had been introduced, the stream of urine was not larger than when a small instrument had been passed. Dilatation was, however, patiently persisted in, and after No. 10 had been introduced the size of the stream again increased and continued doing so until I had arrived at No. 13, when I dismissed him, able to pass his water in a good stream.

This case is interesting, as illustrating not only the particular point I have been dwelling upon, but it shows also how utterly useless is the practice of internal incision, in remedying a stricture for any length of time.

The practice of external division of stricture, which a misapprehension of some of the symptoms and an insufficient reliance upon the power of dilatation and other agents, was the means of bringing into use a few years since, has now been proved beyond all doubt to be so dangerous to life, and so inefficient to produce the complete remedy once so vaunted, that it may hardly seem necessary to consider this subject here; however, notwithstanding that the operation has received the *coup de grâce*, still it may be well, for the sake of those who seek information, to mention any facts appertaining to it.

It will be seen by referring to this Journal of November 20, 1858, that I detailed the particulars of a case of stricture which had recently been under my care, and where the operation of external division had been performed by Mr. Syme himself only some seven or eight months before. This gentleman, under 30 years of age, was in a wretched condition, with a most irritable stricture, a fistulous opening in the perinæum, and broken-down health. Now I will contrast this case, which had been operated upon, with the present condition of the case to which I referred to in the opening words of this paper, and where the patient of about the same age, and suffering so severely as to have retention every day of his life and to be compelled to carry a bougie with him wherever he went, was to have been cut. Immense difficulties were overcome, and this gentleman left me last August with his urethra well dilated, and able to pass a large catheter himself. Wishing to know his present condition I got a letter from him, dated May 7th; he says:—"My general health is perfect. I regularly pass once a week a No. 9 instrument, which I am able to do without causing any bleeding. I can retain my urine as long as any one, and am never troubled by getting up at night. I never suffer from retention of urine."

I may mention that this gentleman is not in a particularly favourable condition for the subjugation of a stricture, he

being in the Horse Artillery, and thus compelled to take much equestrian exercise.

About a fortnight since I had in my house, on the same morning, two unfortunate gentlemen, in the prime of life, who had undergone the perineal section; one, five years since, at the hands of a London Surgeon of large experience; the other, three years previously, had been cut by Mr. Syme himself in Edinburgh. They were both in a wretched condition, the one had his perinæum riddled with three fistulous openings; but as Mr. Syme himself was not the operator here, the proceeding was of course unskilfully and improperly done, and I will say no more about it. The other case, however, was treated by Mr. Syme himself, and the operation was of necessity done according to the rules laid down by that Surgeon. Yet, where is the complete remedy? The unfortunate gentleman assured me that before he left Mr. Syme's care after the operation, he felt the stricture returning, and that notwithstanding he persisted in passing the instrument every fortnight, as he was told to do, the canal contracted, so that he was unable at the expiration of ten months to pass anything at all. Since then he has been roaming about from one Surgeon to another, in the hope of getting his stricture dilated. When he first consulted me some six weeks since, I could only with the greatest perseverance succeed in introducing a small No. 4 catheter, although a distinguished Surgeon in Dublin had introduced a No. 8 only a fortnight previous. There was no fistulous opening left here, as in the other; but there is the irritability and contractility of the urethra as before, although Mr. Syme performed the operation himself, and according to the information given to me by the patient, assured him it would be a certain cure. I have before enunciated the opinion that not only does this operation not prevent the return of the stricture, but that the re-contraction becomes more severe than before. As I had not the opportunity of seeing this gentleman before he was cut, I cannot positively state whether this holds good here or not; but that the induration still remained, or had reformed at the site of the old disease, was quite evident by running the finger along the perinæum. Cutting cannot possibly get rid of this; and so long as this remains, the stricture will persist.

Caroline-street, Bedford-square.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SAMARITAN HOSPITAL.

THREE CASES OF OVARIAN DISEASE. OVARIOTOMY— IODINE INJECTION—SIMPLE TAPPING.

(Under the care of Mr. SPENCER WELLS.)

Since the three cases of ovariotomy reported at pages 11, 31, and 59 of the present volume, Mr. Wells has had six cases of ovarian disease under his care in the Samaritan Hospital. In four of these cases tapping only has been had recourse to, merely as a palliative measure to relieve the patients from the pain and impeded respiration caused by the presence of a large quantity of fluid. Three of these women have left the Hospital, temporarily relieved. They will probably return and form the subject of future reports. The other three cases have terminated, one in death, the other two in recovery; and it is interesting to observe that the fatal case was that in which the merely palliative measure of tapping was adopted, while in the two which have terminated successfully, a radical cure was sought for, in one by ovariotomy, in the other by the injection of iodine. We append a short abstract of each of these cases, condensed from the very full notes taken daily in the Hospital book by Mr. Phillips, House-Surgeon.

Case 1.—Compound Ovarian Cyst—Tapping—Death from Suppurative Inflammation of the Cyst.

A. D., a cook, aged 43, admitted July 23, 1859.

History.—Mother died of cancer of the uterus, but she has seven brothers and three sisters all healthy. Catamenia regular up to age of 30, but have only appeared six or seven times since, the last time being five or six years ago. First noticed enlargement of abdomen three years ago, but she did her work as a cook until last September. She was admitted into St. George's Hospital on the 1st of December under Mr. Hawkins, who in April removed two gallons of coffee-coloured fluid. She left; and was readmitted on June 14th. On the 27th Mr. Hawkins tapped her the second time, and removed twenty pounds of a lighter coloured fluid. She complained of great pain and aching afterwards, and nothing more was done until her admission to the Samaritan Hospital.

State on Admission.—A tall, strongly-built woman, of dark sallow complexion, with an eruption of acne on the face and forehead. The abdomen is occupied by a large multilocular ovarian cyst. The circumference at umbilicus is four feet; measurement from ensiform cartilage to symphisis pubis, two feet. Bowels generally confined. Urine small in quantity, containing no albumen. Pulse feeble; action of heart and lungs much impeded by the distention of the abdomen.

Progress of the Case.—Looking to the condition of the tumour alone, the case appeared to be a very favourable one for ovariotomy; but taking into consideration the feebleness of the pulse, the want of appetite, and the cutaneous eruption, Mr. Wells decided to tap only, and then, if the general health should improve, to consider the question of ovariotomy. Accordingly on the 26th of July he removed eighteen pounds ten ounces of coffee-coloured fluid from a large cyst, which, when empty, appeared to be surrounded by others. These, however, were not opened. The dyspnœa was greatly relieved. The puncture made by the trocar was closed, but during the night she felt "something give way inside," and fluid began to ooze from the opening.

July 27.—Thinking that a second cyst had given way into that which was tapped, Mr. Wells introduced an elastic catheter through the trocar puncture, and removed about three pints of fluid. The catheter was left in for about four hours, but was withdrawn, as it caused slight uneasiness.

28th.—She remained pretty well all day, oozing still continuing from the orifice; but at 10 p.m. she had a sudden severe rigor, followed by a hot stage and sweating.

29th.—Feverish; rapid small pulse; scarcely any pain or tenderness in abdomen; nausea and occasional vomiting; a few pellets of pus and lymph appear in the fluid which oozes away.

During the next three days she remained much in the same state, becoming more nervous and lower, and occasionally delirious; vomiting being very troublesome, and diarrhœa reducing her still more. She took brandy or sherry with soda-water, champagne, etc., but gradually sank and died on the 3rd of August, eight days after the tapping.

The body was examined six hours after death. The tumour was connected to the parietes by adhesions, which were easily broken down. A portion of omentum was separated, and then the tumour was turned out. The peduncle was formed by the right broad ligament; the left ovary was healthy. There was a small fibrous nodule at the fundus of the uterus. No sign of peritonitis. The lining membrane of the two largest cysts, which communicated with each other, was acutely inflamed, deeply injected, and covered in patches by a layer of pus and lymph. The lungs were healthy. A little clear serum in the pericardium; firm fibrinous clots in the cardiac cavities and large vessels.

Remarks.—The result of tapping an ovarian cyst is by no means so free from danger as some persons suppose. Many cases have been recorded in our Hospital reports in which death has followed this simple operation; in some by exhaustion or collapse; in others by cyst inflammation. Dr. West summarises 130 cases collected by Southam, Lee, and Kiwisch. Of these 22 terminated fatally within a few hours or in less than ten days after tapping. Of 31 cases of his own one died thirty-six hours after a second tapping, and two died of inflammation of the cyst within a few days after its first performance. In the case just narrated every precaution was taken against cyst inflammation. The fluid was evacuated slowly, and by the piston trocar and tube canula always used by Mr. Wells, so that ingress of air was prevented. When the second cyst opened into the first and the puncture reopened, it became a question whether this should be closed or all the fluid evacuated. The latter plan was adopted, as it was then too late to prevent ingress of air, and there was danger both of retention of decomposing fluid within the cyst, and of its escape into the peritoneal cavity if the integumental opening were closed. Cyst inflammation in a woman depressed by long-standing ovarian disease must, under any circumstances, prove a very formidable affection.

Case 2.—Unilocular Ovarian Cyst.—Tapping—Refilling of Cyst—Iodine Injection—Successful Result.

M. S., aged 50, married, first admitted January 24, 1859. Two years ago she began to increase in size, and during the last four months the increase has been very rapid. On admission she had all the signs of a large, non-adherent unilocular ovarian cyst. On the 28th of January Mr. Wells tapped the cyst, and removed eighteen pounds of a thick fluid, sp. gr. 1006. Dr. Hewitt's exploring sound was used, and no inner cysts could be felt. It was decided, therefore, to see what the result of the simple tapping would be, followed up by pressure. No ill effects followed the tapping. The patient was supplied with an abdominal belt, and left the Hospital early in February. She attended occasionally as an out-patient, the cyst refilling gradually, and was readmitted July 7th. As she was in a very fair state of health, and there was still every appearance of the cyst being unilocular, Mr. Wells decided, after consultation, to empty it, and inject iodine. Accordingly, on July 13, he removed thirty pounds twelve ounces of clear fluid through an elastic catheter, passed along the canula of a large trocar to the bottom of the cyst. A solution of two scruples of iodine, and one drachm of iodide of potassium, in an ounce of rectified spirit and an ounce of water was poured through the catheter to the bottom of the cyst, when this had been emptied as completely as possible. The catheter was then withdrawn and the canula afterwards, thus diminishing the chance of any drops of the iodine solution passing into the peritoneal cavity. A little pain followed the injection, but it was relieved by a hot poultice and a grain of opium.

The next day she was evidently under the influence of iodine. It was passing off in the breath and urine, and she complained of its disagreeable taste. The pain in the abdomen continued, but it was very slight; the iodine appearing to act as a narcotic. The pulse was 140.

On the following day the pulse was down to 126. Pain only felt on pressure; otherwise the same.

Third day. As she complained of flatus, which was distending the intestines, a turpentine enema was used and followed by much relief.

On the fourth day the note is "Weak and low, but no pain." Four ounces of wine ordered. On the fifth day some appetite returned, and the next day she got up. Beer was given in addition to wine on the seventh day, and a little brandy and soda-water occasionally, as she felt at times faint and weak. During all this time the cyst could be felt below the umbilicus, freely moveable from side to side, about the size of a closed fist, but fluctuation could not be detected. On the 1st of August the note was, "Still weak, but rapidly gaining strength. Eats, drinks, and sleeps well. Pulse 92." She left the Hospital on the following day, nineteen days after injection, with no sign of any re-accumulation of fluid; but, on the contrary, with every prospect of the cyst being obliterated and contracting.

Remarks.—It is obviously premature to record this case as more than one of *probable* success; but the progress has been so similar to one recorded at page 548 of our last volume, where the success has been quite complete, that the prospect is encouraging. The woman just alluded to was in the Hospital a few days ago, and appeared to be in perfect health, while no remains even of the cyst could be detected. In that case only thirteen pints of fluid were evacuated. In this case the cyst was much larger, and Mr. Wells injected double the quantity of iodine he used in the first case. In both cases, it was of the same caustic strength, and was all left in the cyst.

Case 3.—Compound Ovarian Cyst.—Ovariotomy—Convalescence.

J. A., aged 47; married; admitted June 22, 1859.

History.—Married two years and a-half ago, having been employed as a housemaid thirty-three years previous to marriage. Generally had good health. Catamenia regular up to the age of 43, when they ceased, and only appeared once since, two years ago. Nine months after marriage noticed some enlargement low down in the abdomen, and to the right side. She thought herself pregnant, and did not go under treatment for nine months longer. At that time she was treated for constipation; but swelling and pain increased until January last, when she applied to Mr. H. Smith at the Westminster Dispensary, who detected ovarian disease, and tapped. She filled again, and was tapped nine weeks after the first tapping. The third and fourth time the cyst filled at intervals of only three weeks; the fluid in each case being dark coffee-coloured.

State on Admission. — A middle-sized, hectic-looking woman, suffering from great pain both in abdomen and back, dyspepsia, and impeded respiration. A large ovarian cyst occupies the whole abdomen, and hard globular masses can be felt in the walls of the cyst on both sides.

Progress of the Case.—As she was very weak and restless, suffering from great pain, and a tendency to vomit, Mr. Wells decided, after consultation, to give some present relief by tapping, and then to endeavour to bring the general health up to a point at which ovariotomy might be performed with a better prospect of success. Accordingly on the 26th of June he removed eleven pounds of very thick fluid, which contained a great deal of decomposed blood, and coagulated fibrin. (This was afterwards explained by the fact that there had been a good deal of bleeding after the previous tapping.) She suffered from flatulent distention of the intestines for some days, and there was some bleeding from the uterus. This was found to depend on a small polypus growing from one side of the canal of the cervix. Mr. Wells removed the polypus by torsion. During the next month she was put upon a liberal diet, with wine and beer, and improved so much in general health, that it was decided, after careful consultation, to accede to the patient's wish to have ovariotomy performed.

July 25.—Chloroform was administered by Mr. Armstrong Todd, who used his new inhaler. Mr. Wells made an incision from five inches above the umbilicus, carrying it downwards in the median line to two inches above the symphisis pubis. One small artery was tied near the umbilicus. The peritoneum was divided along the whole extent of this wound as soon as the bleeding had ceased. Extensive adhesions to the parietes on both sides were then broken down by the hand, and the cyst emptied by a large trocar. Adhesions to omentum and small intestine were then carefully separated, but before the cyst could be withdrawn, it was necessary to separate adhesions on the left side, by which the broad ligament, sigmoid flexure of colon, and Fallopian tube, were united with the cyst walls. The right ovary was that diseased, and the peduncle was formed of the right broad and round ligaments and Fallopian tube; but the left Fallopian tube was much thickened and elongated, and firmly adherent to the back and lower part of the cyst, where the colon was also firmly attached. All these adhesions were broken down, the pedicle secured by a clamp, and the cyst cut away. There was then very free bleeding from several points where the cyst had been attached, and ten vessels had to be tied. Three of them were on different parts of the left Fallopian tube, and as this appeared to be so large and thick, and the left ovary (probably atrophied) could not be found, the tube was tied to the clamp, and fixed outside the lower part of the wound beside the peduncle. The wound was then united by harelip-pins and superficial sutures, as in the cases previously reported. The ligatures were brought out about the centre of the wound.

The tumour was found to consist of one very large cyst, with a number of smaller cysts and masses of semi-solid, pseudo-colloid substance, in its walls.

It is unnecessary to follow the daily record of the case after operation, as it is merely one of almost uneventful recovery. Warm linseed-poultices were kept on the abdomen. An occasional enema of twenty drops of laudanum in two ounces of water was given when there was a little pain. The pulse varied from 90 to 112 during the first week. There was no vomiting till the third day. The harelip-pins were removed on the third day, and the superficial sutures on the eighth. The wound united by first intention. The clamp was removed, and the bowels opened by warm-water enema on the fifth day. During the second week the only annoyance was from accumulation of flatus in the intestines, which was removed by the use of warm-water enemata. She had taken very little nourishment at first, but she soon began to take beef-tea, soda-water, and brandy, wine, and then the mistura vini gallici. On August 5, two grains of quinine were given three times a-day, and on the 8th the dose was increased to three grains, as it seemed to have a good effect in diminishing the flatulent distension of stomach and intestines.

August 10.—Four of the ligatures have not yet separated

and there is some purulent discharge beside the tube; but she eats, drinks, and sleeps well; the bowels and kidnies act well. She sits up in bed, and may be considered as convalescent.

Remarks.—The chief peculiarity in the progress of this case after operation was the absence of vomiting. In all Mr. Wells's previous cases vomiting has been the most distressing symptom. The recommendation to give ice, or ice and opium, for some hours before operation, was tried in seven cases, but proved utterly useless. Ether was given instead of chloroform in one case also without any good effect. In his earlier cases, Mr. Wells gave opium every four or six hours, or equivalent doses of morphia by suppository, keeping the bowels confined for eight or ten days after operation. But thinking that this kept up sickness, and that the constipation led to flatulent distention, he discontinued this practice, only giving opium by enema in small quantities occasionally, when it was called for by pain, having the bowels opened about the fourth day by enema. The results of this treatment, combined with the constant use of hot poultices to the abdomen, have been most satisfactory. The patients have been in a far more natural state than before, suffering less from depression, nausea, pain, or flatulence, while the pulse has not been so rapid. Still the vomiting has been troublesome, and Mr. Wells determined to discontinue the use of ice before operation. It was not given in this case, but it would be unfair to attribute the absence of vomiting to this omission, as Mr. Todd finds that he is enabled by the use of his inhaler to keep patients narcotised by so small a quantity of chloroform that vomiting is rare. Further observation, however, is needed to settle this important practical question.

This case makes eight in which Mr. Wells has performed ovariotomy. Six of the eight have proved successful.

HOSPITAL NOTES.

SUBCUTANEOUS RUPTURE OF THE LONG SAPHENA.

An interesting case has recently been under Mr. Bryant's care in Guy's Hospital, in which the long saphena vein gave way spontaneously without ulceration or rupture of the overlying integument. The patient was a woman, aged 36, who had borne a family, and was the subject of large varices in the legs. She came to the Hospital with the statement that on the previous evening, while sitting at the table, she suddenly felt something give way, and found a large and increasing swelling. On admission the swelling, which occupied the inner part of the left thigh, just above the knee, was as large as might be supposed to contain one or two pints of fluid blood. The nature of the accident was evident. The woman was kept quiet in bed, and the blood was in a short time absorbed.

SECONDARY SUBCUTANEOUS HÆMORRHAGE AFTER A BRUISE.

In the above we have an instance of subcutaneous rupture of a vein; in the following, which came under observation at the same time, the vessel implicated was in all probability an artery. A muscular young man received a severe kick on the outer side of the thigh, for which he attended at Guy's Hospital. Ten days afterwards suddenly a large swelling formed. He was now admitted under Mr. Birkett's care. The swelling was as large as a child's head, and evidently contained fluid, which was bound down beneath the fascia. Mr. Birkett made a small exploratory puncture, but obtained only a small quantity of pure blood. The opening was at once closed, and by degrees the fluid was subsequently absorbed.

TESTIMONIAL.—EAST LONDON MEDICAL AND SCIENTIFIC BOOK SOCIETY.—A silver salver, the value of £20, has just been presented to Andrew Holman, Esq. of John-street, Minories, by the members of the above Society, bearing the following inscription:—"Presented by the members of the East London Medical and Scientific Book Society, to their Honorary Treasurer and Secretary, Andrew Holman, Esq. as a mark of personal esteem, and as an acknowledgment of his valuable services during many years, June 8, 1859."

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE LIVERPOOL HOSPITALS.

DURING a few days' visit to Liverpool recently we had the pleasure of going through the wards of several of its excellent Hospitals. The following notes of the more important cases brought under our notice may be acceptable to our readers.

THE LIVERPOOL ROYAL INFIRMARY.

(Cases under the care of Mr. LONG, Mr. STUBBS, and Mr. BICKERSTETH.)

We were indebted to Messrs. Walker and Allen, the Resident Medical Officers of this Institution, for most of the details respecting the cases about to be mentioned.

RECOVERY AFTER FRACTURE OF THE PELVIS.

In one of Mr. Stubbs' wards was a man whose case is worthy of notice, as an instance of recovery after fracture of the ilium. He had been run over by a loaded cart carrying two tons, which passed over his hips. When admitted (April 1st), immediately after the accident, there was undue mobility in the pelvic bones, and crepitus could be produced. An irregularity in the rim of the left ilium showed that the seat of fracture was in that bone, and not more than a few inches from the sacro iliac synchondrosis. The patient was a short built man, of 29. During the first week of his sojourn in the Hospital he required the use of the catheter regularly, and some difficulty was occasionally encountered in getting the instrument into the bladder, owing to its appearing to impinge against an irregular projection in the pelvis. During his confinement to bed the man had an acute attack of perierarditis which threatened at one time to end fatally. When we saw him (July 28th, three months after the accident) he was about in the ward and able to walk well, though somewhat lame and complaining of a sense of weakness in the injured hip.

The body of the ilium is, we believe, one of the least usual positions in which fractures of the pelvis ever occur. Although such injuries are of course very serious, more especially in that they usually involve also those of important viscera, yet when confined to bone, recoveries after them not infrèquently occur. We have repeatedly witnessed such in the London Hospitals, and have recorded several.

COLLES' FRACTURE OF THE RADIUS OCCURRING IN BOTH WRISTS.

It curiously happened that there were two cases in the Hospital exemplifying the occurrence of fracture of the lower end of the radius on both sides from the same accident. The subject of one was a man of about 50, that of the other an elderly woman. In both the usual history was given of a fall forwards, in which the hands had been thrust forwards to save the body and face. The man's arms had just been released from splints, and presented certainly much less of deformity than is usually seen after this troublesome form of fracture. We learnt that it was the practice at this Hospital to put up these fractures with the hand straight, not bent inwards, as is usually done, and as most authorities direct.

NON-UNION OF THE TIBIA AND FIBULA AFTER COMPOUND FRACTURE.

It is certainly very rare for compound fractures to end in non-union. Whether it be that fractures of the compound class are, as regards simple ones, comparatively rare, or that there is something in the nature of the injury which, should recovery ensue, renders union almost certain, we do not know; but it is certainly a fact, that although ununited fractures are far from infrequent, we almost never receive with them the history that the original injury was compound. A case now under the care of Mr. Bickersteth forms an exception to this remark, and almost the only one which has ever come under our notice. The subject of it is a bricklayer, aged 28, apparently in good health. Two years and a-half ago he received a compound

fracture of the right leg, about six inches below the knee, together with other severe injuries. He was treated in another Hospital, and made such favourable progress that at the end of nine weeks he was able to go out, which he did, with his limb still in splints, and against the advice of his surgical attendants. In all probability it was to thus prematurely leaving the Hospital that he owes his present condition. The wound in the skin healed over, but the bones did not unite, and he now has a false articulation of the most troublesome kind. For this he is now under Mr. Bickersteth's treatment.

EXCISION OF CANCER OF THE LIP—RECURRENCE OF THE DISEASE AT THE OTHER SIDE OF THE MOUTH.

We noticed some months ago a case in which cancer of the lip recurring after an operation did not attack the cicatrix left by the wound of the excision, but another part of the lip. Such cases are interesting, as proving a stronger constitutional predisposition, than many writers are willing to admit that this variety of epithelial carcinoma possesses. Another example of the occurrence,—and only the second, which as far as our memory serves us has ever come under our notice,—was presented by a patient now under Mr. Bickersteth's care.

The man, a sailor, is 55 years old, and ten years ago had a cancerous ulcer excised from his lower lip by Mr. Delagarde, of Exeter. The V shaped incision was employed, and a healthy cicatrix resulted, which still exists about an inch from the right labial commissure. The man now has a large open cancerous sore involving the left angle of the mouth and portions of the upper as well as the lower lip. He states that this recurred cancer has been gradually spreading during the past year. For nine years following the operation he was quite well. As far as he recollects the original sore had existed nearly two years before Mr. Delagarde cut it out. It may be suggested that the irritation of the pipe transferred since the operation to another part of the mouth has been the cause of the altered location of the disease; but here, as far as the man's account can be relied on, the evidence breaks down. He avers that he has smoked very little indeed since the operation, and not at all for the last five years. It appears that there is a family predisposition to malignant disease, for his mother, he states, died at the age of 65, of "what the Doctors called a crab-cancer," which had destroyed the greater part of her face. The man's health is still fair, though it has failed considerably since the recurrence of the disease, and Mr. Bickersteth intends to perform shortly a second excision, which from the size which the ulcer has been permitted to extend to, will of necessity be extensive, and require some transplantation of integument to fill up the gap.

RECOVERY FROM THREATENED PYÆMIA.

Another case, which was of some interest to us, was that of a man, in whom, as Mr. Walker, the House-Surgeon, informed us, recovery had followed after all the usual symptoms of pyæmia. A man, aged 27, was admitted with crushed toes and metatarsus. The wound became unhealthy, and about a week after admission the man had severe rigors, a stitch in one side, a rapid feeble pulse, pains in the joints, and that peculiar sunken aspect generally pathognomonic of a pyæmic state. For some days he was exceedingly ill, but no abscesses in joints or cellular tissue formed. By degrees the alarming symptoms subsided, and he is now convalescent. The remedies used were stimulants, quinine, opium, and chlorate of potash.

FEMORAL ANEURISM TREATED BY PRESSURE—SUBSEQUENT LIGATURE.

J. A. aged 28, a fireman, from the Cheshire Iron Works, was admitted on June 10th, under Mr. Bickersteth's care, for a large aneurism in the inner side of the left thigh. It was at the time, as Mr. Jackson informed us, about the size of a large fist. The man gave an account of having been struck on the part by the handle of one of his tools, but the accident had occurred at least eighteen months before he perceived the swelling. The latter had indeed only been noticed for about a month before he obtained admission into the Hospital. Mr. Bickersteth determined to give the pressure plan a trial, and a few days after the man's admission tourniquets were accordingly adjusted so as to command the femoral artery. Due arrangements were made for the alternate use of the two instruments. On the third day, despite all precautions, a small slough had formed under the pad of one of them. At this time the tumour was much diminished in size and considerably solidified, indeed, for a few hours, it had been hoped that the pulsation had quite stopped. The appearance of the slough, however, necessitated the entire disuse of the tourniquets, and subsequently, although the man was kept strictly quiet, the aneurismal sac much enlarged. It should be added that he had, during the period of trial of compression, complained remarkably little of pain, and that even during the formation of the slough he had not suffered much. About three weeks after the disuse of the tourniquets, there suddenly appeared one morning symptoms of impending gangrene of the foot. The tumour had also greatly enlarged. A consultation was held, at which strong opinions were expressed that immediate amputation ought to be performed. Mr. Bickersteth, however, decided to try, in the first place, the effects of a ligature on the femoral. This was done. At the time of our visit, ten days after the application of the ligature, there appeared every probability that a favourable result would be obtained. The foot had regained its temperature and had lost its œdema, and the aneurism was much diminished in size.

THE COMPRESSION TREATMENT OF ANEURISM.

The Surgeons to the Liverpool Royal Infirmary do not speak very enthusiastically as to the general results which they have obtained from the compression treatment of aneurism. In no case have they been able to effect a complete cure by its means, although it has been resorted to repeatedly. Mr. Long in going round the wards made some instructive remarks upon this subject. He stated, among other points, that, in his experience, true popliteal aneurism was the exception rather than the rule. More usually the aneurism was a little above the popliteal space, and affected the artery just after it had escaped from Hunter's canal; sometimes, and not infrequently, it was above that canal (a). He believed that all anæmic patients were unsuitable for the trial of the pressure plan, to the success of which it was desirable that the blood should be well nourished and of good quality. To explain the want of success in Liverpool, as compared with Dublin, he was obliged, he said, to suppose that the Liverpool Surgeons had been unfortunate in their cases; and also believed that their having contented themselves with instrumental instead of manual compression had also had some influence. As far as instruments could go he was sure some of their cases had had every advantage. A late House Surgeon, Mr. Morris, formerly of St. Bartholomew's, had devoted the utmost attention night and day to the details of the management of some of their cases, which nevertheless had not succeeded.

Being in Dublin a few days later, we of course made the details and the results of this method of treating aneurisms the subject of special inquiry. Our Dublin *confrères* have not only the credit of having brought it into use, but of having succeeded in a much larger proportion of cases than have the most successful of their imitators. We could not learn on careful inquiry that attention is given in any special manner to other points than those which have been had in constant observance in our English Hospitals. Of the two plans by interrupted and uninterrupted compression, the former we were told had been usually adopted, and was considered much the safer. The use of as little fluid as practicable was considered best, but no extreme prohibitions in this matter were commonly made. The Dublin Surgeons take that sort of pride in the compression cure of aneurism which always attaches to originators, and we have no doubt that this feeling induces an extra amount of attention to details in each case. In this method everything depends upon details and upon their patient and persevering development. No case of aneurism was under treatment in any of the Dublin Hospitals at the time of our visit, so that we had no opportunity for a personal inspection of the details of management in these matters.

CASE OF RECURRENT FIBROID TUMOUR FOUR TIMES REMOVED.

An interesting example of the class of fibroid tumours,

(a) The ordinary doctrine as to the infrequency of aneurisms in this position was undoubtedly expressed by Mr. Alfred Roberts in his comments on a case in our Hospital Reports last week, where he spoke of an example of it as interesting on account of rarity.

which exhibit an inveterate tendency to reproduce themselves after excision, while they neither cause enlargement of the glands, internal deposits, or induce cancerous cachexia, was afforded by a young woman under Mr. Bickersteth's care. She was aged 27, pale and anæmic, but showed no approximation to the "yellow leaf complexion," so often seen in the subjects of true cancer. As far as she knew, none of her blood relatives had ever suffered from cancer. The tumour had developed itself on the inner aspect of the right arm, nearly over the course of the vessels, and the original growth first appeared about five years ago. It had been excised four times, and on the last occasion, now six weeks ago, Mr. Bickersteth had removed a mass as large as two fists, which had been growing twenty months. Between the first and the second removals a year intervened, between the second and third only nine months, and between the third and the last two years. No argument could, however, be based on the length of the last interval, as to diminishing tendency to recurrence, as she had on this occasion allowed it to remain much longer without seeking surgical interference. It had, in fact, returned within four months of the previous operation. The young woman stated that she always improved in health after the removal of each successive tumour, and failed again during their periods of growth. In this circumstance we believe that the recurrent fibroids resemble cancers. Although not inducing any peculiar form of cachexia they appear to draw very largely on the nutritive powers, and greatly reduce the patient's strength for the time being.

TREATMENT OF SYPHILIS AT THE LOCK HOSPITAL.

The Liverpool Royal Infirmary, like the Edinburgh Infirmary, has no out-patients' department, nor does it admit venereal cases into its wards. Near to it, however, and connected with it in management is a Lock Hospital and Dispensary, which admits a large number of in-patients, besides having many who attend to be prescribed for.

The circumstance which most interested us in visiting this Institution, was to learn from Mr. McCheane, that the moist fumigation plan, as recommended by Mr. Langston Parker, had for some time been in full use. It is indeed the ordinary mode of treatment, and is adopted in all cases requiring the use of mercurials, although not to the exclusion of iodides, and mercurials exhibited simultaneously by the mouth. It would seem as if this plan were destined to become the invariable method of treating syphilis, and such, we feel assured, it well deserves to do. It has not yet obtained that recognition in our Metropolitan Hospitals which it merits.

THE LIVERPOOL NORTHERN HOSPITAL.

REVIVAL OF THE USE OF THE TREPHINE.

(Cases under the care of Mr. ELLIS JONES and Mr. CHALMERS.)

One of the points to which much attention has recently been directed is the class of cases in which the operation of trephining ought to be performed. The general feeling some few years ago was strongly opposed to that free use of this instrument, which prevailed among the older Surgeons. Now a reaction has again taken place, and it is again much more used than it was ten years ago. Foremost among the Surgeons who have urged the propriety of more frequent employment of it, is Mr. Ellis Jones, of the Liverpool Northern Hospital. He holds that symptoms ought not to be waited for, but that when the skull is fractured, and bone depressed, it is the Surgeon's duty at once to operate. That this revived rule of the older Surgeons is acknowledged also by some of the best of those at present holding appointments in the London Hospitals, several cases recorded in these reports during the last few years abundantly prove.

An illustration of the good results of this treatment was in the Hospital at the time of our visit. A lad of about 12 years of age was admitted, having sustained a compound fracture of the left parietal bone from a blow from the end of a broken chain. Portions of bone had been driven in, and cerebral substance in small quantities was scattered about the wound. Mr. Ellis Jones employed the trephine and elevator at once, although the lad was but very partially affected, as regards impaired consciousness. The subsequent progress was exceedingly good, and at present the wound is just healed. The boy was admitted in March. Under the cicatrix the pulsations of the brain may easily be felt. The lad is up and about the ward, and the only remaining affections of the nervous system are a variable temper and a slightly drawn state of one side of the face.

EXCISION OF THE ELBOW-JOINT TWO WEEKS AFTER SEVERE COMPOUND FRACTURE.

The subject of this case is a woman, aged 46, under the care of Mr. Chalmers, who was admitted with a severe compound fracture of the radius and ulna a little below the elbow-joint. The skin and soft parts in front of the joint had been extensively lacerated, and the brachial artery had been torn through though without hæmorrhage. Amputation was advised, but the woman refused her consent, and Mr. Chalmers accordingly made an attempt to save the limb. The joint subsequently suppurated, and as the woman's health was giving way, an excision of the ends of the bones implicated was performed two weeks after the accident. A single long incision in the inner side of the ulna was adopted. The case has progressed very well indeed since the operation, and at present the patient has motion at the elbow, and a very useful arm is promised.

OTHER CASES, ETC.

Mr. M. B. Wall, the able House-Surgeon to this Hospital, to whose courtesy we were indebted for the particulars of the above cases, also directed our attention to several others of more or less interest. One of these was that of a man, in whom a large thoracic aneurism was presenting externally on the left side of the sternum; and a second that of a poor fellow, an Italian, who had been admitted the night before, having attempted suicide by shooting himself into the right ear, and in whom as yet no material cerebral symptoms had supervened.

Mr. Wall also mentioned to us a case in which paracentesis had been twice attempted without obtaining fluid. The disease was believed to be ovarian dropsy, and the patient, a young woman, had died a few days before our visit. At the autopsy the tumour was found to consist of soft cerebriform cancer, in which many cysts had been developed. It filled the abdomen, and had yielded a sense of fluctuation, which it was impossible to distinguish from that of a large cyst.

Excision of the knee-joint had, we were informed, not been performed at this Hospital. At the Royal Infirmary Mr. Bickersteth told us that he had tried it in five instances, and that he had been much disappointed in his results.

Nine Drinking Fountains, for the following sites, are to be provided by the Free Drinking Fountains Association, two by the Illuminated Indicator Company, and five by private individuals:—King's-cross, the Broadway at Camden-town, Brighton-street and Cromer-street, the Red Cap at Camden-town, Southampton Arms, Hampstead-road; Euston-road near the London and North-Western Railway Terminus; Tottenham-court-road, by Whitfield's Chapel; at the Brill, Somer's-town, near the York and Albany, Regent's-park; the Camden-road, Goldington-crescent; the Free Hospital, Gray's Inn-road; the Hampstead-road, near Genge-street; the Commissioners' Rooms, Kentish-town, and in Cumberland-market. All this is greatly creditable to the good feeling and good sense of the local authorities of St. Pancras.

Illustrious Medical Men.—You belong to a profession which has given to classical literature the names of Julius Scaliger and of Thomas Linacre, the protégé of Lorenzo de Medici, the friend of Erasmus, and one of the foremost spirits of his age at the revival of learning. To ethical philosophy and to political science it has given the name of John Locke; to natural history, Hans Sloane, Linnæus, and Blumenbach; to poetry, Akenside and Goldsmith; to comparative anatomy, physiology, and zoology, Hunter and Owen; to chemistry, Black, the discoverer of fixed air and of the doctrine of latent heat; to the fine arts, John and Charles Bell; to natural philosophy and antiquities, Thomas Young, the discoverer of the key to the lost literature of Egypt, the greatest discoverer, after Newton, in the field of optics; to sacred knowledge it has given Haller and Abercrombie, the candid interpreters of those imperishable truths which serve as a beacon-light to man's weary wanderings while on earth, and sustain him with a hope of unceasing rest when his wanderings shall end.—*Dr. Vose.*

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Medical Times & Gazette.

SATURDAY, AUGUST 13.

THE MEDICAL REGISTER.

A serious mistake has been discovered in the Medical Act, which, perhaps, to Medical men may appear quite inexplicable, but by lawyers can easily be understood. The object of that Act, as our readers know, was to enable any person requiring Medical aid to distinguish qualified from unqualified Practitioners; and this the measure proposed to effect by a system of registration. Provision was therefore made for the appointment of registrars, whose duty was to keep their respective registers correct, in accordance with the provisions of the Act and the orders of the General Council. Practitioners possessed of the requisite qualification were declared entitled to be registered; and the Registrar was required to print and publish a correct Register of the names in alphabetical order of all persons appearing on the General Register, as existing on the first day of July in every year; and the Act further declared that such Register (the one printed alphabetically) should be called the "Medical Register," and that a copy thereof for the time being, purporting to be so printed and published, should be evidence in all courts that the persons therein specified were registered according to the provisions of the Act, and that the absence of the name of any person from such copy became evidence, until the contrary should appear, that such person was not registered. Provision was also contained, making a Certificate of Registration, in cases where the name did not appear in the printed Register, evidence. The existing General Register, from whence the names were taken to frame the alphabetical Register, was not declared by the Act itself to be evidence, and, therefore, none but lawyers accustomed to technicalities could divine that it was the duty of the registrars to keep two registers at one and the same time. These duplicate registers, it now turns out, have not been kept. This oversight, if oversight it be, came out in a case we shall at once introduce to our readers. Mr. Henry Scott, of 17, Adam-street, Adelphi, appeared at Bow-street police-office, a few days since, to answer a charge "of representing himself to be a properly qualified Medical Practitioner under the Medical Act, whereas he was not registered under the provisions of that Act." It became requisite, therefore, to show that Mr. Scott was not a duly-qualified Surgeon, and for that purpose a printed copy of the Medical Register was put in, upon which it was objected that the original Register ought to be produced; but this objection the magistrate (Mr. Jardine) overruled, being of opinion that the provisions of the 27th Section of the Medical Act authorised him to receive the printed copy as evidence. It was then shown that the defendant's name was not in the printed copy, and that at his place of business, on the right side of the door-post, there were two bells with metal plates, on one of which was inscribed "Surgeon's," and on the other "House," and that on the door was a plate with the name, "Mr. Scott," and on the inner-door the name, "Dr. Scott." A witness then proved calling on the defendant on July 27, to consult him, when he said that he was a Surgeon, and that his fee was one guinea, which was paid, and a bottle of medicine given. On this, it was submitted for the defendant, that there was no case established against him to answer, as the evidence of the witness related to what took place on July 27; while the Register was made up to July 1 only. To this it was replied, that if the defendant had registered after that date, the *onus* of proving affirmatively that his name was upon the Register was cast upon him, and not upon the complainant; but the magistrate decided against that construction, and declared that such an interpretation of the Act would be absurd. At this stage of the case the proceedings were adjourned until Friday in last week. During the interval the opinion of Mr. Creasy was taken, who thought the evidence sufficient to convict; but the magistrate considered the question not a matter of law but of common sense,—that Mr. Scott was charged with an offence, alleged to have been committed on the 27th July, the essence of that charge being that his name was not upon the Register, and that to attempt to make out such charge by showing that his name was not on the Register on the 2nd July was insufficient; that, in a criminal proceeding like the present, the *onus probandi* could not be thrown upon the defendant, and that it was for the complainant to prove his case. It was then shown by the clerk to the Medical Council, that he had examined the Register, and found since the 1st July there had been no application for registration by the defendant. On cross-examination, however, this witness stated that, since the 1st July up to the present time, there was no Register kept; that the dockets, or applications for registration, were filed and certificates of registration given, and that at the end of the year the Register would be again published. It was thereupon contended for the complainant, that if the defendant had, in fact, obtained a certificate of registration, it was very easy for him to produce it; but Mr. Jardine declared he could not call upon Mr. Scott to say one word in reply, until the complainant had proved his case against him, and he then asked, "How can a man be registered and receive a certificate that his name was on the Register, when there was no Register in existence? Men of business, (said the magistrate subsequently,) who keep a register, keep a document like that printed book produced, but in manuscript, and the very day after printing it they would again have something in manuscript, where the entries were made from day to day as they occurred. If the Medical Council have not done that they have not acted regularly." It was then stated that the dockets were kept and filed. These were offered to be produced, but they were also rejected; and upon its being remarked that the Act would thus become a dead letter, the worthy magistrate said:—"The Act was quite right; it was an excellent Act; and well calculated to meet the very great evil that unqualified persons were enabled to practise as Medical men. The Act had not, however, been carried out properly by the Medical Council. It was a new law, and the Council were not lawyers; while so long as they do not keep a Register, the Act would be inoperative; not from any defect in itself, but from its not being properly carried into effect. He had no right to assume anything against Mr. Scott, who was entitled to the same fair play as any other person brought before him, and he should therefore dismiss the summons;" which was done accordingly, as there was, in fact, no evidence that Mr. Scott was not a duly-registered Practitioner. This decision has led the Council to the very obvious course of making up the existing General Register by keeping an interleaved Register, from which the certificates of registration can be granted. These will certainly establish affirmatively that the name of

any given individual is upon the Register; but it seems to be a case of omission in the Act where it is desired to prove negatively that any specific name at a particular time, between the making up of one alphabetical Register and another, is not upon the existing General Register, that document is not declared by the Act to be of itself evidence. It is only the printed alphabetical Register; and it is hence to this Register that the declaration in the Act that the absence of the name of any person from such copy shall be sufficient proof until the contrary be made to appear, that such person is not registered, applies. The defect is therefore in the Medical Act itself, not with the General Council or their officers. There ought to have been an express declaration in the late Act, that the existing General Register shall be evidence. Had a Register properly kept even been produced at Bow-street, the legal objection might still have been taken, that such Register was not evidence; that the Act only made the Medical Register and the Certificate evidence; and that although there was a provision for proving affirmatively that a man's name was upon the Register, in the interval between the making up of one Register and another, still no law existed for proving the negative of that proposition. The blame ought not, therefore, to be cast upon the Medical Council or their officials, but on Parliament, for placing upon the statute-book so defective a piece of legislation as the Act in question has proved to be already. One Amendment Act has since been passed to remedy its defects, while another is now in progress; and it is hoped that the next measure introduced to Parliament will be a Bill to repeal its objectionable provisions, and also to enact others more capable of being carried into effect by men unaccustomed to legal technicalities. The Medical Council are not lawyers; but even if they had been we very much doubt whether any one could have foreseen the present difficulty, which must be attributed to the defects of the late Act, and not to any want of zeal or honesty of purpose in the members of the Medical Council, or in those officially appointed to carry out their instructions; although there certainly has been a want of business-like arrangement in the Registration.

An account will be found in another page of the course the Council have taken in consequence of this measure, and of the interview between the Council and a Committee of the Registration Association.

THE WEEK.

Meetings of the Medical Council have been held daily at the College of Surgeons since Wednesday week. Copies of the Minutes up to Monday will be found in another column. Our readers will see that a great deal of important business has been already gone through. They will doubtless be better satisfied with the full report we have given than with any summary of our own.

The Medical Acts Amendment Bill has gone up from the Commons to the Lords. As printed—"Brought from the Commons, 9th August"—it admits the registration of Licentiates in Surgery of any University in Ireland; but the clause admitting Midwifery Licentiates was expunged in the Commons. The date January 1, 1861, is substituted for July 1, 1859, in Sections 32, 35, 36, and 37, of the Act, thus extending the period of grace to non-registered persons for eighteen months.

Almost every journal of this Kingdom contains every week the history of a case of death from poisoning which might have been prevented had due care been exercised in the sale of the article which caused the death by the druggist. Within the last few days we read of the suicide of a gentleman by the aid of nicotine; and we cannot but ask, How and where did he obtain the article? Then, again, a druggist supplies an ignorant girl with cyanide of potassium, for the purpose of removing stains; the girl leaves the solution carelessly exposed, so that a portion of it is swallowed by another person, and death results. How many more deaths does the Legislature require before it will take the druggist question in hand?

Dr. Michell, Member for Bodmin, is about to resign his seat. He has very wisely determined that he will not be torn to pieces, mentally and financially, by the horrors of a Bribery Committee, with which he is threatened. He prefers retiring from his senatorial honours. We were glad to see that his manly reply to Mr. Roebuck's waspish attack was extremely well received by the House.

An enormous waste of bread seems to have been going on in Marylebone Workhouse during past years. An energetic master has suddenly reduced the consumption of bread by some thousand pounds weight a week. When he first commenced operations the consumption was reduced 2200 lbs. in the first week, 2600 lbs. in the second, and 2790 lbs. in the third week. It seems that large quantities of bread went into the wash-tub. It is to be hoped that other workhouses will look after their wash-tubs.

"An Extra-Licentiate of the College of Physicians of London," complained in our last week's Journal, that his position in reference to the College had undergone a most disastrous change. He stated that the College had decreed the making of a *Third Class* class of Licentiates, who were to be allowed to practise pharmacy. We are happy to be able to inform him that the College has not decreed anything of the kind. The College desires to resume the position which it might have occupied in 1815 in relation to the General Practitioner, feeling that it has a high duty to perform. It has consequently made an appeal to the General Council, stating its views to the Council, and requesting the Council to aid it in the endeavour to establish a Joint-Board with the College of Surgeons of England, for the purpose of licensing Practitioners of Medicine and Surgery. We need hardly say that we trust the movement may be successful, for it is one which we have repeatedly advocated; it will rescue, if carred out properly, the General Practitioner from the hands of the Apothecaries' Company, and will place him in a position at once most honourable and natural. A Board constituted of Members of the College of Physicians, and of the College of Surgeons, representing the two branches of our Profession, would necessarily engender a perfect General Practitioner. It would do more towards rescuing the Profession from all contact with trade than any measure which has been heretofore invented for the purpose.

The Judges of our land have, for some strange reason, an inveterate love of irregular Practitioners. Perhaps it is the exclusiveness of the practice of the Law which gives them admiration of such licence in another profession. Mr. Justice Willes has, we find, lately at Shrewsbury, exhibited another example of this kind of legal inclination. A Bone-setter, on bail, comes before him on a charge of manslaughter, and, we need hardly add, was acquitted; the crowd in Court testifying their approbation by the clapping of unwashen hands. We are bound to say that the case (one of compound fracture of the leg) was not shown to have been badly treated—in fact,

if we are to take the Judge's version of the tale as correct, we may conclude that the man did not die from any ill-treatment or neglect on the part of the Bone-setter, but that he died just as patients suffering from compound fractures die in the hands of the most skilful. But the error of the Judge's opinion is wrapped up in the following remarks:—"People in sending for a regular Practitioner had the satisfaction of knowing that he must have gone through a certain course of training; but it did not necessarily follow that because a person had received certain licences and certificates he was the most proper person to cure a fractured limb." We call this neither more nor less than a positive encouragement of quackery. It may be perfectly true that an unlicensed man may be a first-rate Surgeon; but is equally true, that 999 out of every 1000 unlicensed men are very bad Surgeons. Let his Lordship in the place of his words, "*cure a fractured limb*," put "*make a man's will*," and apply the whole sentence to a "Man of Law," and he would readily enough see the fallacy and gross absurdity of his dictum. And surely the absurdity is not greater than in the case he himself suggests. We can only express surprise, that the dust on the legal spectacles of men of such acute intellect should always be so thick when Medicine is concerned before them.

An important memorial has just been presented to the Medical Council by the Council of the Obstetrical Society of London, calling attention to the "generally defective condition of Medical education and examination in the Obstetric department of the Profession." The Medical Council is about to take into consideration the regulations for examination of the different examining bodies. There can be no doubt as to the fact that these regulations require a thorough revision, especially in regard to the regulations to which the memorial refers. A tabular statement is given, from which we select the most prominent facts, and by which the case urged by the memorialists is most fully made out. The Royal College of Physicians requires no certificates of attendance on lectures on midwifery. The production of certificates on this subject at the University of London is optional; and at the Royal College of Surgeons and Apothecaries' Hall certificates of attendance on a "three months'" course of lectures on midwifery only are necessary. On the other hand, long and repeated courses of lectures on Medicine and Surgery are enjoined by the examining bodies—some more, some less. With regard to the clinical study of Midwifery, again, the deficiences in the present regulations are most obvious and inexplicable. The University of London considers that a candidate for its degree who has attended "six" cases of labour has done all in this way which can be reasonably demanded. The College of Physicians says nothing at all on this subject. The College of Surgeons is equally indifferent in the case of the candidates for the ordinary diploma. The special examination in Midwifery instituted by the College of Surgeons does not meet the difficulty; for Midwifery may be practised by members of the College who have never passed that examination. The Society of Apothecaries enjoins an attendance on twenty cases of labour; and, so far, the regulations of this body stand in strong and laudable contrast with those of the other Metropolitan Examining Boards. With respect to practical instruction in Clinical Midwifery, it does not appear to be considered necessary by any of the Metropolitan Examining Bodies. The Council of the Obstetrical Society reasonably believe that "the interests of the Profession and the welfare of the public demand that the standard of education and examination for those who are engaged in the practice of Midwifery, should be as high in this department as that which obtains in Medicine and Surgery." They "express their deliberate conviction that it is quite impossible to teach the principles of Midwifery in a single three months' course of lectures." They suggest that the opportunities offered by the various Lying-in Hospitals, the maternity departments of general Hospitals, and other institutions, be more extensively taken advantage of, in affording practical instruction in Midwifery, that the requirements of examining bodies, as regards "Clinical Midwifery," be put more on a par with those relating to Clinical Medicine and Surgery; and last, not least, that in Examinations for Degrees, Diplomas, and Licences, all candidates should, as in the Continental Schools, be tested in Midwifery to the same extent as in Medicine and Surgery. The memorial is signed, on behalf of the Council of the Obstetrical Society, by Sir Charles Locock, the Honorary President, Dr. Rigby, President, and the Honorary Secretaries. The Medical Council will, we trust, give the subject to which it refers its best consideration. The Profession at large is greatly indebted to the Council of the Obstetrical Society for the opportune and able manner in which the subject has been brought forward, and we trust that the Committee to which the Memorial has been referred by the General Medical Council, will support the very reasonable suggestions contained in the Memorial, and so place obstetric education at last on its proper footing.

If the unfortunate dispute which has arisen between the builder and his man should be prolonged for any considerable period, the Hospitals and Dispensaries of our metropolis will infallibly to a greater or less extent, feel its influence. The half-starved wives and pale-faced children of the unpaid mechanic will be seeking for support and nourishment in the shape of steel-wine and cod-liver oil. We cannot, therefore, help feeling a deep interest in this deplorable event. We think that the workman has, *primâ facie*, a show of reason in his proceedings. Nine hours of unceasing bodily labour of a fatiguing nature appear to be as much as the human frame ought to be called upon to endure. This side of the question has not been touched upon by any of the masters. Our contemporary, the *Times*, also in arguing it, has totally evaded the consideration of this very material point. The *Times* seems to look upon the mechanic as a thing out of which a given number of hours' labour, representing so much money, may be screwed, at the will and pleasure of the master. Arguments of this kind will not bear the light in these modern days of humanity; everyone feels that there is something defective in calculations which take no account of a man except as a mere piece of mechanism. We should like to hear this question argued fairly. If it can be shown that the human frame cannot, without marked detriment to life, be made to endure more than a given amount of labour, and that more than nine hours' labour materially shortens human existence—then we say that the mechanic has a great show of reason in this matter. We also ought to remember what has been stated by the labourer, that in addition to these hours of actual work, he is, as a rule, compelled to walk an hour's journey to the place of his labour. These are all matters which deserve fair consideration.

The following, taken from the *Observer*, shows how great men's doings live after them; and is not a bad specimen of the Barnum spirit of the Great Head of the Hygeists:—"[Advertisement.]—'The blood is the life.'—Sir,—We perceive by the *Medical Times and Gazette* of July 23, page 88, the review of a work entitled 'A Treatise on Vital Causes,' by James Newton Heale, M.D., whose leading idea seems to be that the blood is a living fluid! Might we ask how and when this idea was first obtained? for to us it appears to be what James Morison, the hygeist, published upwards of thirty years ago.—We are, Sir, yours, &c., the Members of the British College of Health, Euston-road, London, for the Society of Hygeists, August 1, 1859."

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, AUGUST 3RD, 1859.

Royal College of Surgeons of England.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at two o'clock, p.m.

Present—

Sir James Clark, Bart.	Mr. Syme.
Dr. Thomas Watson.	Dr. A. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir Charles Hastings.
Dr. Acland.	Mr. Lawrence.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Dr. James Watson.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting of the General Council were read and confirmed.

1. The following Report of the Committee, appointed November 26, to consider the fees for attendances on the General and Branch Councils, was presented. Dr. Stokes, the Chairman of the Committee, stated that Dr. Corrigan dissented from it.

(REPORT.)

"That the rate of payment for attendance on the General Council be the same for all members of the Council.

"That the fees for attendance on the General Council during the first year from the passing of the Medical Act be five guineas per day to each member attending.

"That members of the General Council residing at more than two hundred miles from London, shall receive five guineas per day for the day of their coming, and for the day of their return.

"That the travelling expenses be on the scale formerly approved of by the General Council, and that a guinea a-day be allowed to non-resident members for hotel expenses.

"That the fees for attendance at the meetings of the Executive Committee and Branch Councils be two guineas to each member attending, his travelling expenses being also paid."

Scale of Travelling Expenses.

	£	s.	d.
Scotland	9	9	0
Ireland	8	8	0
Newcastle	6	6	0
Leeds	4	4	0
Worcester	4	4	0
Cambridge	2	2	0
Oxford	2	2	0

Moved by Dr. STOKES, seconded by Dr. ACLAND—That the report be adopted.—Agreed to.

Moved by Dr. ANDREW WOOD, seconded by Dr. WATSON—That the scale of payment for attendance on General Councils, Branch Councils, and Executive Committees, and travelling expenses agreed to by the General Council, be transmitted without delay by the President to the Lords of the Treasury for their approval, in accordance with Section 12 of the Medical Act.—Agreed to.

2. A statement was read from the University of Dublin, relative to the Medical Acts Amendment Bill.

Moved by Dr. ANDREW WOOD, seconded by Mr. Syme—That, in respect that this Council are not in possession of information sufficient to enable them to come to a satisfactory conclusion regarding the papers submitted to them as to the Medical Acts Amendment Bill, the consideration of the question be postponed till Friday next. To be the first business on that day.—Agreed to.

3. A letter was read from the Home Office, enclosing a copy of a letter from a Registered Practitioner, complaining of the high price of the Register, and calling attention to the fact that the Medical Council do not intend to be a prosecuting body.

Moved by Dr. CHRISTISON, seconded by Dr. ALEXANDER WOOD—That in reference to that part of the letter transmitted by the Home Secretary which complains that this Council "does not intend to be a prosecuting body" for prevention of illegal practice, the Council appoint Dr. Christison, Dr. Alexander Wood, Dr. Corrigan, and Dr. Storrar a Committee, to prepare an answer.—Agreed to.

Moved by Dr. AQUILLA SMITH, seconded by Mr. GREEN—That a Committee be appointed, to report on the cost of the publication of the Register, and the price at which it should be sold.—Agreed to.

The Committee to consist of Dr. Aquilla Smith, Mr. Nassey, and Mr. Green.

4. Moved by Dr. AQUILLA SMITH, seconded by Dr. WATSON—That the General Council shall meet each day at two o'clock p.m. and shall not sit after six p.m.—Agreed to.

3. Moved by Dr. ACLAND, seconded by Dr. WATSON—That a programme of the subject which it is the intention of Members of the Medical Council to bring forward be forthwith prepared by the Registrar, be printed, and distributed to the Members of the Council to-day, and that such a Programme be issued by the Registrar from day to day, as may be required; and that a Committee be appointed, to aid the Registrar, consisting of

Dr. Alexander Wood.	Dr. Embleton.
Dr. Andrew Wood.	Dr. Storrar.
Dr. Aquilla Smith.	

Agreed to.

6. Moved by Dr. CHRISTISON, seconded by Dr. STORRAR—That for the purpose of guiding the Council in coming to a determination, in conformity with Sect. 20 of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their Fellowships, Licences, and Degrees have been communicated to the Council, a Committee be appointed, to prepare a report, laying down a minimum of examinations, and subjects of Examinations, without which no qualification will be held, by the Council (Sect. 20), such as to secure the possession by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their Profession; and that it be an instruction to the Committee to report on the expediency, or the reverse, of this Council recommending what, in their opinion, would constitute a sufficient course of general and professional education.—Agreed to.

Amendment moved by Dr. CORRIGAN, and seconded by Dr. JAMES WATSON—That a Committee, consisting of
be appointed, to examine the returns of education and examination furnished to the General Medical Council, under Clause XVIII. of the Medical Act, and resolution of General Council of November 27, 1858, by the several Universities and Colleges, and to report to the General Council such amendments as may seem to them to be required for the improvement of general and professional education.—The amendment was negatived, and the original motion carried.

7. Moved by Dr. ANDREW WOOD; seconded by Dr. STOKES—That a Committee be appointed, to examine the returns by the different bodies included in Schedule (A), to report in regard to each of these as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their Profession; and to report to the Council. As also in regard to the most effective machinery for superintending the examinations, so as to secure that they shall conform to a standard of examinations in general and professional education considered sufficient by the Council.—Agreed to.

It was resolved that the Committee on education, to be appointed in pursuance of the two preceding motions, consist of—

Sir Benjamin C. Brodie, Bt.	Dr. Stokes.
Dr. Acland.	Dr. Williams.
Dr. Christison.	Mr. Teale.
Dr. Andrew Wood.	Dr. Storrar.
Mr. Green.	Sir James Clark.

Dr. Storrar to be Chairman.

8. It was resolved that the Finance Committee should consist of—

Dr. Andrew Wood.	Mr. Nussey.
Mr. Green.	Dr. Bond.
Dr. James Watson.	Dr. Embleton.

Dr. Storrar.

MINUTES OF MEETING, AUGUST 4TH, 1859.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at two o'clock, p.m.

The same Members were present as on the previous day.

The Minutes of the last meeting were read and confirmed.

The PRESIDENT informed the Council that he had received a letter from Dr. Lawrie, apologising for his absence, on account of severe illness.

1. Moved by Dr. ALEXANDER WOOD, seconded by Mr. Green—That any Medical Practitioner who is entitled to be entered on the Register, by virtue of his connexion with any of the bodies comprehended in Schedule (A), who holds besides a foreign diploma, granted before October 1, 1858, shall be entitled to have these foreign dipomas entered on the Register.

Amendment moved by Dr. STORRAR, seconded by Mr. SYME—That degrees which have been conferred without examination at the seat of a University be not registered.—The amendment was negatived.

2. Dr. ALEXANDER WOOD and Mr. GREEN were allowed to withdraw their original motion and to substitute the following—That all cases of gentlemen applying to register foreign diplomas granted before October 1, 1858, and whose names are entitled to appear on the Register, by virtue of qualifications obtained by examination, be referred to a Committee to examine and to report thereon.

Amendment moved by Dr. CHRISTISON, seconded by Dr. WILLIAMS—That all claims of applicants who possess a foreign degree, not acquired by examination at the University seat, be referred to a Committee for its report and opinion as to the individual claims—Negatived.

The motion, as altered, by consent of the Council (2), was then put, and also negatived.

3. Moved by Dr. THOMAS WATSON, seconded by Dr. ACLAND—That it does not appear to the General Council that a foreign degree, conferred without examination at the seat of the University or College granting the degree, furnishes "sufficient reason for admitting (any person) to be registered."—Agreed to.

4. Letters were read from the India Office, suggesting that the Surgeons and Assistant-Surgeons of Her Majesty's Indian military forces, now serving in India, should not be required to register their names under the Medical Act, and that the General Council should, by special orders, as provided for under the 46th Section of the Act, dispense with the provisions of the 36th Section in the cases of those Medical officers; but that future candidates for admission by competition to the Indian Medical Service, should be required to register their names under the Act.

Moved by Dr. CORRIGAN, seconded by Dr. STOKES—That Lord Stanley's request be acceded to, the exemption, however, not to extend to cases of Medical Officers returning from India to reside in the United Kingdom.

Amendment moved by Mr. SYME, seconded by Dr. ANDREW WOOD—That the Council in their present state of information, cannot see any reason for dispensing with the Registration of Officers in the Indian army.—Agreed to.

5. Dr. ALEXANDER WOOD, as Chairman, presented the following Report from the Committee appointed respecting the complaint that the Council "does not intend to be a prosecuting body."

(REPORT.)

In regard to the complaint made in the letter to the Right Honourable the Secretary of State, relative to the prosecution of irregular practitioners, the committee is aware that exaggerated ideas have been currently entertained in the Medical Profession of the powers and duties of the Council in that respect, and think it right to take advantage of the present opportunity to state what the powers and duties of the Council really are:—

"1. The Council is called on to exclude all irregular practitioners from the Register, and it has exercised the greatest possible care in discharging that part of its duty.

"2. The Council is called on to expunge from the Register the name of any unqualified person who may obtain admission by false pretences. This power has been already exercised.

"3. The Council has the power to expunge from the Register the name of any practitioner who may be found guilty, in England or Ireland, of a felony or misdemeanour; or, in Scotland, of a crime or offence. One offence of this nature has occurred, but the name of the convicted person having been expunged from the Register for another cause, the Council need not proceed in the matter.

"4. The Council has the power to expunge from the Register the name of any Practitioner whose name may have been struck off from the list of the members of any of the bodies which grant Medical qualifications."

It is no part, however, of the functions of the Council, according to the Act, to institute prosecutions at large for offences against the Act. The committee has also to add, that the funds at the disposal of the Council are quite inadequate for that purpose.

The enforcement of the prohibitory clause of the Act (Sect. 40) is attended with peculiar facilities in Scotland and in Ireland, in each of which divisions of the Kingdom there is a public prosecutor, whose duty it is to relieve all other persons of the responsibility of prosecuting for public offences. In England, this duty unfortunately falls in general on private individuals, or associations, and in this respect offences against the Medical Act are not differently circumstanced from offences at large. The Council will supply any information in its power to those who may become concerned in such prosecutions.—The Report was adopted.

6. Memorials having been read from the Lying-in Hospital in Dublin, and the Coombe Lying-in Hospital, requesting that their certificates should be received as qualifications for registration, it was moved by Dr. STORRAR, and seconded by Mr. LAWRENCE—That in reference to the Memorials of the Governors of the Lying-in Hospital in Dublin, and of the Coombe Lying-in Hospital in Dublin, it is not in the power of the Council to comply with them.—Agreed to.

7. A letter having been read from the Registrar of the King and Queen's College of Physicians, in Ireland, respecting the intended recognition, by the Director-General of the Army Medical Department, of the certificate of the Apothecaries' Hall of Ireland, as a licence to practise Medicine, the consideration of this subject was postponed, all the documents relative to it not having been received.

8. Moved by Dr. ALEXANDER WOOD, seconded by Dr. JAMES WATSON—That a Committee be appointed to consider special claims for Registration.—Agreed to.

The Committee to consist of—

Dr. Alex. Wood, Chairman.	Dr. Watson (Glasgow).
Sir Charles Hastings.	Dr. Embleton.
Dr. Bond.	Dr. Aquilla Smith.
Mr. Syme.	

Confirmed, B. C. BRODIE.

MINUTES OF MEETING, AUGUST 5, 1859.

Sir BENJAMIN C. BRODIE, Bart. President, took the chair at two o'clock, p.m.

The same Members were present as on the previous day.

The Minutes of the last meeting were read and confirmed.

1. Dr. SMITH presented the following report from the committee, on the "Register":—

"The committee appointed to report on the cost of the publication of the 'Register,' and the price at which it should be sold, have examined the account, which has only just been received from the printer, and find that the amount of it is much lower than the Executive Committee were led to expect, from the estimates which had been laid before them; and that the cost of publication, therefore, will be considerably less than the committee believed it would be when the price at which it should be sold was fixed at 7s. 6d. per copy.

"The committee recommend that the 'Register' should be sold at 4s. per copy; and, as they learn from the Registrar, that about 900 copies have already been sold at 7s. 6d. per copy, they further recommend that to every person who has paid the sum of 7s. 6d., a copy of the next edition of the 'Register' should be furnished gratis."

Moved by Dr. STORRAR, seconded by Dr. ANDREW WOOD—That the report of the committee on the "Register" be adopted.—Agreed to.

2. Moved by Dr. APJOHN, seconded by Dr. STOKES—That after having maturely considered the case of the Licentiates in Surgery of the University of Dublin, the Council are of

opinion that the curriculum of study, both general and Professional, which they must undergo before obtaining such qualification, is satisfactory. The Council further find that, by what is alleged to be an accidental omission in Schedule (A), of the Act of 1858, such Licentiates cannot legally be placed on the "Register." But, under all the circumstances, they leave it to the wisdom of Parliament to decide whether any, and what relief should be provided for them.

Amendment moved by Mr. Syme, seconded by Mr. Lawrence—The Council having heard the statements of Dr. Apjohn, Dr. Williams, and Dr. Stokes, on their respective sides of the question, relative to the Surgical Licence of Trinity College, Dublin, and the opposition of the Royal College of Surgeons of Ireland, deem it inexpedient to express any opinion on the subjects in dispute. But the Council cannot refrain from expressing their hope that such differences may be speedily arranged.—Votes taken, and Amendment agreed to.

Dr. Stokes was requested to take the chair, which the President had been obliged to vacate.

3. Dr. Alexander Wood presented the First Report of the Committee on Special Applications for Registration.

"The committee, in giving their report, have to state that their labours have been much lightened by the resolution come to by the Council yesterday, to refuse to register all Medical Degrees obtained without due examination at the seat of the University by which the Degrees are granted. In reporting on all the cases which up to this time they have been enabled to take into consideration, the committee will first bring forward those which are virtually settled by the resolution referred to."

I. Degrees conferred without Examination.

J. Whitehead, Boulogne-sur-Mer; — Warren; W. J. Pasley Kidd, Glasgow; H. C. Taylor, Glasgow; John Cocker, Bank Hey, near Blackpool; John King, Stroud, Gloucestershire; W. M. Warcup, East Dereham, Norfolk; George Fearon, Edgbaston; R. L. Lobo, 35, Sussex-street, W.C.; Charles Cockerton, Islington; W. C. Bonthrone, Crail, Fifeshire; W. A. F. Browne, Dumfries; John Cochrane, Edinburgh; George B. Clark, Cupar Angus; Alexander Currie, Bowmore, Islay; James Edward, Forfar; Thomas Harle, Glasgow; Robert Jefferies, Dalkeith; W. D. McRitchie, Edinburgh; Archibald Mein, Edinburgh; A. M. Adams, Edinburgh; T. M. Alexander, Glasgow; W. A. Roberts, Edinburgh; H. C. Taylor, Glasgow; S. Shortridge, Greenock; J. Watson, Tranent; W. Young, Laurencekirk; A. F. Thomson, Esdaile.

With respect to these gentlemen, the committee have, of course, no alternative but to recommend that their claims be not acceded to.

II. Persons applying to be Registered without any Qualification.

J. C. Chawner, Hanley, Staffordshire; Joseph Webster, Golcar, near Huddersfield; George Dansey, Stoke, Devonport; Francis Bingham, Everton, near Liverpool. The committee recommend that in all these cases the application be refused.

III. Licences conferred in Holland.

1. P. D. Loeterbagh, Lerwick, Scotland. Qualified by examination before the Dordrecht Committee of Medical Education and Superintendence, as City Apothecary, Country Surgeon, and Naval Surgeon.

The Scottish Branch Council have inquired into these qualifications, and approve of them; and the committee, therefore, recommend the Council to allow registration.

2. Solomon Kisch, 85, Duke-street, Liverpool, in similar circumstances. Also recommended for registration.

IV. Licences other than those under Schedule (A), conferred after Examination.

1. J. M. Cookesley, Boulogne-sur-Mer. Licence from University of Paris. 2. Frederick Hesse, 4, Carpenter's-buildings, London, E.C. Examined by a Committee of the British Government in Hanover. A Medical Officer in the Hanoverian Legion. Both recommended for registration.

V. Cases of Persons claiming to have received Diplomas from Universities which have not yet answered the Registrar's Circular.—John Mackenzie, Gourock, M.D. of the Academy of Medicine of St. Petersburgh; W. Oliver, Laurencekirk, M.D. of Pennsylvania; Henry Dewar, Aberdeen, M.D., Dartmouth College, Hanover, New Hampshire; Francis Dawson, Rothes, M.D. University, New York. It is recommended that these claims be delayed until the returns be received.

VI. Case of a Person Requesting the Registration of other than the usual Titles.—Dr. Thompson, Yeadon, near Leeds, already registered as M.D., of Giessen, claims to be registered—first, on a Midwifery Diploma of Edinburgh (This is a mere certificate from Dr. W. Campbell, formerly a Lecturer on Midwifery in Edinburgh); secondly, as a Doctor of Surgery, of Giessen; thirdly, as a Doctor of Midwifery, of Giessen. The Committee recommend that these claims be disallowed. The Council approved of the Report, and directed the Registrar to give effect to its recommendations.

4. Finance Committee.—Dr. Smith, Dr. Apjohn, and Sir Charles Hastings, were placed on the Finance Committee, in room of Dr. Andrew Wood, Mr. Green, and Dr. Storrar.—Confirmed, Joseph Henry Green.

MINUTES OF MEETING, AUGUST 6TH, 1859.

Mr. Green took the chair at two o'clock, p.m.

Present—

Dr. Thomas Watson.	Dr. A. Smith.
Mr. Nussey.	Dr. Williams.
Dr. Acland.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Mr. Lawrence.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Dr. James Watson.	Dr. Stokes.
Mr. Syme.	

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr. Corrigan, seconded by Dr. Smith—That any motion or motions lying over from the previous day take precedence of new matter, except by special permission of the Council.—Votes taken, and motion carried.

2. Moved by Dr. Alexander Wood, seconded by Dr. Acland—That the attention of the Council having been called to the proceedings in the case of Henry Scott, at the Bow-street Police-office, on the 5th inst., as reported in the *Times* newspaper of this morning, they resolve to appoint a committee to consider and report on the whole subject, with power to take the opinion of counsel, if it be considered advisable.—Agreed to.

The committee to consist of:—

Dr. Alexander Wood, Chairman.

Dr. Corrigan.	Dr. Smith.
Dr. Apjohn.	Mr. Nussey.
Dr. Bond.	Dr. James Watson.
Dr. Embleton.	

3. Moved by Dr. Alexander Wood, seconded by Dr Storrar—That the committee appointed to consider and report on the case of the prosecution of Henry Scott, be instructed to receive the deputation of the London Medical Registration Association, which had requested an audience of the Council.—Agreed to.

4. Moved by Dr. Storrar, seconded by Mr. Syme—That a memorial presented by the Obstetrical Society of London be referred to the Education Committee.—Agreed to.

5. Moved by Dr. Acland, seconded by Dr. Storrar—That the General Medical Council have observed that amendments of the Medical Act have been introduced, at the instance of bodies represented in the Medical Council, into Bills brought into Parliament, without previous communication with the General Medical Council; and that the Council consider it desirable that, in future, such amendments should be first communicated to the President of the Council.—Votes taken, and motion carried.

6. Dr. Alexander Wood presented the Second Report of the Committe on Special Applications for Registration.

(Report.)

I. Claims for Registration of Degrees conferred without Examination.—Thomas Royston, M.D. Rostock; Thomas Harle, M.D. Rostock; J. P. Litchfield, M.D. University New York; J. W. Davidson, M.D. Homœopathic College, Cleveland, Ohio. The committee recommend that the foregoing claims be not admitted.

II. Claims for Registration of Diplomas obtained after Examination.—Simon Weil, Licence from Berne; Alfred F. Stone, M.D. Medical College, New York; Thomas Cutler, M.D. Louvain; J. C. A. Franz, M.D. Leipsic; L. E. Straube, M.D. Leipsic; W. E. Swaine, M.D. Leipsic; Matthew Truman, M.D. Naples; A. T. Jackson, M.D. McGill College, Montreal; J. D. McDiarmid, M.D. McGill College, Montreal; W. Odell, M.D. McGill College, Montreal; W. Darling, M.D. University New York; C. B. Nankivell, M.D. Pisa. The committee recommend that the foregoing claims be admitted.

III. Special Cases.—1. Joseph Kahn, M.D. Erlangen after examination.

The committee are not satisfied that Dr. Kahn was "practising as a Physician, in the United Kingdom, before the 1st day of October, 1858;" and therefore recommend that he be not registered.

2. Samuel Eadon, M.D. Western Homœopothic College, Cleveland, Ohio, examined.

The committee pronounce no opinion on this case, but refer it to the General Council.

The report was adopted.

Moved by Mr. Syme, and seconded by Dr. Anerew Wood—That the name of Samuel Eadon be not inserted in the Register.—Votes taken and motion carried.

7. Moved by Mr. Nussey, seconded by Dr. Storrar—That a committee be appointed, to consider the future accommodation for meetings of the General Council, and that they be requested to render their opinion on the subject before the termination of the present session of the General Council.—Agreed to.

The committee to consist of

Mr. Nussey, Chairman. Mr. Lawrence.
Dr. Bond. Dr. Acland.
Dr. James Watson.

8. The following propositions were read, relative to a proposed co-operation of the Royal Colleges of Physicians and Surgeons of Edinburgh, under Clause 19 of the Medical Act, for the purpose of granting a double qualification in Medicine and Surgery,—agreed to by both colleges, and now submitted, in terms of the said Act, to the General Medical Council for their sanction:—

1. By Clause 19 of the Medical Act, "any two or more of the colleges and bodies mentioned in Schedule (A) may, with the sanction and under the directions of the General Medical Council, unite or co-operate in conducting the examinations for qualifications to be registered under this Act." Hence it is quite competent for a College of Physicians and a College of Surgeons to combine, in order, by a joint examination, to give a double qualification, embracing Medicine and Surgery.

2. Co-operation between a College of Physicians and a College of Surgeons being legal, as stated above, the Colleges of Physicians and Surgeons of Edinburgh propose, with the sanction of the General Medical Council, to make an arrangement for the purpose of granting, by a series of examinations, preliminary and professional, their respective Licences in Medicine and Surgery, so as to constitute a double qualification.

3. It is proposed that the preliminary examinations in Literature and Science, and also the examinations on those professional subjects which are common to Medicine and Surgery, shall be conducted conjointly by a board formed of examiners in equal proportions from the two Colleges.

4 It is proposed that the examinations in Medicine shall be conducted exclusively by examiners from the College of Physicians, and the examinations in Surgery exclusively by examiners from the College of Surgeons.

5. It is proposed that the decision as to the competency of the candidate in all the branches except Medicine and Surgery, shall rest with the conjoined Board of Examiners from the two Colleges; but that the decision as to his competency in Medicine and in Surgery shall rest entirely, in the one case with the examiners from the College of Physicians, in the other case with the examiners from the College of Surgeons.

6. It is proposed that having passed through the final examinations, the candidate shall receive two separate diplomas—one from each College—signed by the Office-bearers of each respectively, so that he may be enabled to produce them to the Registrar under the Medical Act, and to register two separate qualifications—viz., L.R.C.P.Ed., and L.R.C.S.Ed.

7. The Colleges wish it to be clearly understood, that such co-operation is not to interfere in any degree with the right of each College to grant its diploma separately, as heretofore, to those who may wish a single qualification, or with the right of each College to make similar arrangements with other licensing bodies, if deemed expedient, and if sanctioned by the Medical Council.

8. For the purpose of carrying out the objects stated above, the Colleges have prepared a series of regulations, which they beg now to submit to the Medical Council for their consideration.

Moved by Dr. Alexander Wood, and seconded by Mr. Lawrence,—That the proposed co-operation between the Colleges of Physicians and Surgeons of Edinburgh be approved of.

Amendment moved by Mr. Syme, and seconded by Dr. Storrar—That the consideration of the proposed union between the Colleges of Physicians and Surgeons of Edinburgh, be delayed, until the questions regarding qualifications for Medical and Surgical practice, which have been submitted to the Council, shall have been decided.

The further consideration of this subject was adjourned.

Confirmed, B. C. Brodie.

MINUTES OF MEETING AUGUST 8TH, 1859.

Sir Benjamin C. Brodie, Bart., President, took the chair at two o'clock, p.m.

Present—

Dr. Thomas Watson.	Dr. A. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark, Bart.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Dr. James Watson.	Dr. Christison.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

Mr. Syme laid before the Council printed copies of the statutes for graduation in the University of Edinburgh, as amended by the University Commissioners.—They were referred to the Education Committee.

1. The adjourned debate on the application from the Colleges of Physicians and Surgeons of Edinburgh was resumed.

Moved by Dr. Alexander Wood, seconded by Mr. Lawrence—That the proposed co-operation between the Colleges of Physicians and Surgeons of Edinburgh be approved of.

Amendment moved by Mr. Syme, seconded by Dr. Storrar—That the consideration of the proposed union between the Colleges of Physicians and Surgeons of Edinburgh be delayed, until the questions regarding qualifications for Medical and Surgical Practice, which have been submitted to the Council, shall have been decided.—Votes taken; amendment negatived. The motion was then put and carried.

2. The following propositions were read, relative to a proposed co-operation of the Royal College of Physicians of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, under Clause 19 of the Medical Act, for the purpose of granting a double qualification in Medicine and Surgery:—agreed to by both bodies, and now submitted, in terms of the said Act, to the General Medical Council for their sanction:—

1. By Clause 19 of the Medical Act, "any two or more of the Colleges and bodies mentioned in Schedule (A) may, with the sanction and under the directions of the General Medical Council, unite or co-operate in conducting the examinations for qualifications to be registered under this Act." Hence it is quite competent for a College of Physicians and for the Faculty of Physicians and Surgeons of Glasgow (which has powers conferred on it by Royal charter to confer licences in Surgery equivalent to those of a College of Surgeons), to combine, in order, by a joint examination, to give a double qualification, embracing Medicine and Surgery.

2. Co-operation between the two bodies being legal, as

stated above, they propose, with the sanction of the General Medical Council, to make an arrangement for the purpose of granting, by a series of examinations, preliminary and professional, their respective licences in Medicine and Surgery, so as to constitute a double qualification.

3. It is proposed that the examination of all applicants to the Faculty for the licences to be granted by the co-operating bodies shall be conducted in Glasgow.

4. It is proposed that the examiners shall be appointed in equal proportions by the Royal College of Physicians and the Glasgow Faculty.

5. It is proposed that in the examinations the examiners appointed by the Royal College of Physicians shall examine in Medicine, and the examiners appointed by the Faculty in Surgery; but in the preliminary examinations, and in those departments which are common to Medicine and to Surgery, by the conjoined Board.

6. It is proposed that the decision as to the competency of the candidate in all the branches except Medicine and Surgery, shall rest with the conjoined Board of Examiners; but that the decision as to his competency in Medicine and Surgery shall rest entirely, in the one case with the examiners from the College of Physicians, in the other case with the examiners from the Faculty of Glasgow.

7. It is proposed that on approval the candidate shall receive a diploma from each of the bodies, enabling him to register under two separate qualifications—viz. L.R.C.P. Ed., and L.F.P.S.G.

8. It is proposed that the co-operation of the Edinburgh College and the Faculty of Glasgow, shall neither prejudice nor interfere with any legal rights or privileges of either of the contracting parties, nor with the power of either body to grant its diploma separately, as heretofore, to those who may wish a single qualification, nor with their right respectively to unite or co-operate with any other qualified body under the provisions of the Medical Act, and with the sanction of the General Medical Council.

9. For the purpose of carrying out the objects stated above, the College of Physicians and the Faculty have prepared a series of regulations, which they beg now to submit to the Medical Council for their consideration.

Moved by Dr. James Watson, seconded by Dr. Storrar —That the Council now approve of the proposed union between the Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow.—Agreed to.

3. The following letter was read, which had been received from the Poor-law Board:—

"Poor-law Board, Whitehall, S.W.
"5 August, 1859.

"Sir,—I am directed by the Poor-law Board to forward to you, for the information of the General Council of Medical Education and Registration of the United Kingdom, copies of Memorials received by the Board from the Senatus Academicus of the University of Edinburgh, the Council of the Royal College of Physicians of Edinburgh, the President and Council of the Royal College of Surgeons of Edinburgh, the Senate of the University of Glasgow, the Faculty of Physicians and Surgeons of Glasgow, the Principal and Professors of Marischal College and University of Aberdeen, the University and King's College of Aberdeen, the Royal College of Surgeons in Ireland, the Medical Protection Association of the County and City of Cork, the Senate of the University of London.

"The object of these Memorials is to procure an alteration in the provisions of Article 168 of the consolidated general order of the Poor-law Commissioners, whereby the qualification of Medical Poor-law Officers has been settled and fixed.

"According to the terms of that article (a copy of which is enclosed), it will be seen that, although Surgical qualifications are admitted, which depend upon diplomas or degrees conferred by competent authorities in all parts of the United Kingdom, Medical degrees or licences conferred by the Universities and other public bodies in England alone, are deemed essential.

"The exclusion of Scotch and Irish degrees was based upon the consideration that the holders of such degrees had no legal authority to practise Medicine in England; and, therefore, however skilled in their Profession they might be, the Poor-law Commissioners could not legally admit them to an office which it appeared that they could not discharge without a violation of the law.

"This further principle also, entered into the consideration of the Commissioners, and has since always been kept in view by the Board, namely, that no person should be admitted as a fully qualified Medical officer, whose Diploma or Licence did not afford evidence that he had acquired a competent knowledge of the practice of Medicine or Pharmacy, and also of Surgery.

"The late Statute, 21 and 22 Victoria, cap. 90, sec. 31, enacts, that 'Every person registered under the Act, shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions.'

"Hence, the ground upon which the Poor-law Commissioners mainly acted in reference to the exclusion of Scotch and Irish degrees, appears to have been removed. But the important question still remains, as to what is the exact extent and nature of the qualification which is obtained by the degrees or licences conferred by the several bodies who have made their applications to the Board.

"The Board do not possess any authoritative information on the subject which they can act upon; and they therefore request to be informed by the General Medical Council, how far the Degrees, Diplomas, or Licences, of the several Bodies by whom memorials have been addressed to the Board, confer respectively, the right of practising Medicine or Surgery, or Medicine and Surgery, and are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of these branches of the Profession.

"I have the honour to be, Sir,
"Your obedient servant,
(Signed) "W. G. Lumley, Assistant Secretary.

"To the Secretary of the General Council of Medical Registration and Education of the United Kingdom, 32, Soho-square, W."

Extract from the consolidated general order, referred to:—

Art. 168.—No person shall hold the office of Medical Officer, under this order, unless he possess one of the four following qualifications; that is to say:

1. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a degree in Medicine from an University in England, legally authorised to grant such degree, or together, with a diploma or licence of the Royal College of Physicians of London.

2. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a certificate to practise as an Apothecary from the Society of Apothecaries of London.

3. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, such person having been in actual practice as an Apothecary on the 1st of August, 1815.

4. A Warrant or Commission as Surgeon or Assistant-Surgeon in Her Majesty's navy; or as Surgeon or Assistant-Surgeon, or Apothecary, in Her Majesty's army; or as Surgeon, or Assistant-Surgeon, in the Service of the Honourable East India Company; dated previous to the first day of August, 1826.

Moved by Dr. Storrar, seconded by Dr. Christison—That the communication from Her Majesty's Poor-Law Commissioners in England, be referred to a Committee to consider and report upon to the Council; and that a paper from Sir John McNeill, Poor-Law Commissioner for Scotland, laid on the table by Dr. Christison, be referred to the same Committee. —Agreed to.

The Committee to consist of

Dr. Corrigan, Chairman.	Dr. Jas. Watson.
Dr. Apjohn.	Sir Charles Hastings.

4. Moved by Dr. Thomas Watson, seconded by Mr. Nussey.—That it shall be lawful for the Treasurer of the General Council to contribute, under direction of the Branch Councils, any portion, or the whole, of any money penalty, which may accrue to the Council from a successful prosecution under this Act, towards defraying the expenses of such prosecution.—Agreed to.

5. Moved by Dr. Corrigan, seconded by Mr. Syme —That the General Medical Council is of opinion that any degree or licence, obtained since the passing of the Medical Act, without regular examination by the University or

College granting such degree or Licence, ought not to be placed upon the Register, excepting *ad eundem* degrees, or degrees or licences in Medicine or Surgery of any University in the United Kingdom, admitted to the Fellowships or Licentiateships of the several Colleges of Physicians and Surgeons.

Amendment moved by Dr. Alexander Wood, seconded by Dr. Williams—That the General Medical Council is of opinion that for the future, no licence or degree should be given by any of the bodies in Schedule (A) of the Medical Act, without examination.—Votes taken, and amendment carried.

Confirmed, B. C. Brodie.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

Immediately after Mr. Jardine's decision was given in the case of Henry Scott, an extraordinary meeting of the Committee of the Association was held, the members of which subsequently repaired to the office of the Registrar, in Soho-square, in order to test the accuracy of Mr. Roope's evidence as to the non-existence of a Register. To the astonishment of all it was found that Mr. Roope's statements had been entirely correct, and that no Register, properly so called, actually existed.

The committee next proceeded to the College of Surgeons, where the Medical Council was then sitting, and there made application by letter for a deputation to wait upon the Council relative to the decision of Mr. Jardine. After this the committee went to the House of Commons, and had interviews with several members of Parliament, to urge them to make such inquiries in the House as shold lead to the production of a document that should be universally held valid in courts of law on actions being undertaken similar to the one above reported; and Mr. Jardine's decision was on the same night brought under the notice of the House of Commons by Sir Edward Grogan and Mr. Brady. Lord Fermoy, Mr. E. James, Mr. Digby Seymour, Colonel Dunne, Mr. Hennessy, and Mr. Maguire had undertaken to support the views of the Association in the House if any discussion arose.

On Thursday, the 4th instant—the day previous,—in conformity with a vote passed at a general Committee meeting of the Association, Dr. Ladd had written to the Medical Council to request that a time might be named for a deputation to be received by the Council, in order to point out to the latter numerous inaccuracies in the printed copy of the Register. In reply, a letter was received by Dr. Ladd late in the day on Saturday, appointing 12 o'clock on Monday, Augut 8th, as the time for an interview; and it was then determined by the Committee of the Association, many members of which were hastily convened together, that all the subjects demanding inquiry and discussion should be brought under attention on the same occasion.

Accordingly, on Monday last, at 12 o'clock, the Committee waited upon the Medical Council, at the Royal College of Surgeons. There were present on the part of the Council—Drs. Alexander Wood (in the chair), Bond, Apjohn, Corrigan, Watson (Glasgow), Embleton, A. Smith, Mr. Nussey. The deputation from the Committee of the Association consisted of Mr. Lavies, Vice-President; Mr. Bottomley, Treasurer; Dr. Ladd, Honorary Secretary; Drs. O'Connor, Kirby, and Routh; Messrs: Sutherin, Dansey, C. Clark, and the Assistant-Secretary. The objects of the Association were stated by Dr. O'Connor as being to assist the Registrar under the Act, by affording information to insure correctness of the Register, to prevent illegal practice, and to watch the working of the Act. It had been their duty to bring under the notice of the magistrates at different police courts several cases of illegal practice, and they had done this successfully in all but the last instance. The Association desired to know if it were in contemplation by the Council, in consequence of the decision of Mr. Jardine in the case of Scott, to move the proceedings in a higher court?

In reply to an inquiry from the Chairman whether the present interview was intended to be confined to matters on which one was sought by the application of Thursday previous,

Dr. O'Connor explained that the first application—namely, on Thursday—was made for an opportunity to point out to the Council many defects in the Register as existing; the second appeal for an interview, made on Friday, related to the case of Scott, but that the Association hoped that both subjects would be now considered. Dr. O'Connor instanced numerous examples of errors in the Register.

The Chairman said that the Association and the Profession must be well aware of the difficulties which had had to be surmounted in the production of the first Register; and he asked that a list of the errors already discovered by the Association might be laid before the Council, promising that they should be amended in the next Register. The Council, he said, had had their attention drawn to the case of Scott immediately on a report of its termination appearing in the newspapers, and that in order to obviate in future any such objections as were made on that occasion, they had already caused copies of the Register to be interleaved (which were shown to the deputation) for the insertion of fresh names as they became registered from day to day, so that a perfect Register to the current time might be always producible. They had also referred the case of Scott to their legal advisers for counsel's opinion as to ulterior proceedings which might be found necessary. The Chairman added, that the Medical Council were sensible of the great advantages which had accrued from the exertions of the London Medical Registration Association, and hoped that the latter would go on with its labours.

Dr. Kirby spoke of the imperfections which existed in the mode that had been pursued in registering practitioners; and he gave a brief history of the remonstrances that had been made by the Association on this head in the course of last winter, the recommendation of "forms" by them calculated to prove the identity of persons applying to be registered, and the protest which the Association had thought necessary to forward to Sir B. Brodie, the President of the Council. He urged that the mode that had been in force was that which applied to exceptional, and not general applications to register. By the 15th section of the Act, it was necessary to prove the lawful possession of diplomas or licenses; and, by the 16th section, provision was made to carry out the proofs of identity and lawful possession. Dr. Kirby also expressed the general feeling of the Profession that the expense of the Register was much too great. It is a document, he said, which every practitioner would find it necessary to be possessed of, and 7s. 6d. was a large sum to pay annually in addition to his registration fee.

The deputation learned with much satisfaction, in answer to these observations, that the Council, acting on a fresh estimate, had already reduced the price of the Register to 4s. per copy; and they were informed that to compensate for the additional payments that had been made, the purchasers of the copies already sold would each be supplied with a copy of the next Register without charge.

The Chairman reminded the deputation that every case in which registration had been effected could be re-opened if fraud were suspected; and it would be competent to the Association or any individual to lodge an appeal with the Council for examination into any particular case, which appeal would be sure to receive attention. At the present time, registration had been cancelled in certain instances, and a similar proceeding in some other cases was now under consideration by the Council.

Dr. Kirby remarked that it was easier and better to prevent persons not legally qualified from getting on the Register than to strike out their names after they had become inserted. He also hoped that a perfect Register would at once be obtained for production in courts of law when necessary, or Practitioners might, as in the late case at Bow-street, again be thrown out of court.

Dr. Ladd remarked that the case referred to had been upset by its having been proved on oath that there was, in fact, no Register in existence that could properly be so called. Both speakers were answered that an order had already passed the Medical Council for a manuscript Register to be duly prepared forthwith.

Mr. C. Clarke earnestly urged the necessity of securing proof of identity before the registration of applicants, and he instanced that there was another practitioner with exactly the same name as his own, and that in similar cases there was no complete security that one person could not make use of the credentials of another.

The Chairman instanced, in reply, the mode of registration

which had been pursued in Scotland, where a declaration of identity had uniformly been made before a clergyman or a magistrate. The plan as detailed by him met with the unanimous approbation of the deputation, who consider that the same system might with much advantage be extended to England and Wales.

Dr. O'Connor called the attention of the Council to the case of John Burton, prosecuted by them at Gloucester, at a charge of £56. His name had improperly obtained admission on the Register, from which it was afterwards expunged; but the Medical Council had refused to undertake the prosecution for fraud upon their Register, and it had devolved upon the London Medical Registration Association to do so at the above considerable cost. He (Dr. O'Connor) wished to be informed if the Medical Council would now bear a portion of the expense which had been thrown upon the Association in this case. He further asked if it were intended to obtain powers in the Bill of Mr. Whiteside, now passing through Parliament, which would enable prosecutions in similar cases to be carried on in the name of the Attorney-General. He was answered that there is no public prosecutor in England, and that in this country an impression existed that prosecutions should rest with individuals who were aggrieved.

The Chairman, in reply to some observations of Mr. Bottomley, relative to the case of a person named Organ, whose name appears on the Register, said that that case would be gone into the following day.

After some more conversation, the general result arrived at appeared to be, that the attention of the Council had been devoted to the consideration of the various points mentioned in consequence of the representations made to them by letters from the Committee of the Association since the middle of last week. In the case of Scott, especially, the Council, it appeared, had already consulted counsel, and would speedily make a report, to appear on their minutes. The Association were invited to put their views and suggestions in writing, and forward the same to the Council, by whom they would be considered with every attention.

The Chairman warmly complimented the Association on the zeal and energy which had been displayed by its members; and the feeling appeared to prevail on both sides that great advantage would arise from the interview, and that there is henceforth a prospect of the two bodies working together in complete harmony and co-operation.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EFFECT OF LONG-CONTINUED DOSES OF IODINE.

By M. RILLIET.

M. Rilliet, of Geneva, relates some cases to the Paris Académie in proof that iodine, although administered in small doses, if continued for too long a period, may gradually induce very serious symptoms, the origin of which may not always be obvious. He concludes:—1. The prolonged absorption of an iodised salt, whether contained in water, the air, or in food, is not always without danger. 2. The inhabitants of some localities are more exposed to this influence than others; and such susceptibility may be due to the minute quantity of iodine contained in the air, water, or food, employed in such localities. 3. This iodic intoxication is perhaps more to be feared when the medicine is given in small than in large quantities, as a preventive rather than as a curative agent in a localised and confirmed diathesis. 4. It is a very exceptional occurrence in childhood, rare in adult age, and more to be feared as the subjects advance in life. Therefore the administration of iodine to persons older than forty, must be especially watched, and it must be suspended on the appearance of the first symptoms of saturation, as bulimia, emaciation, palpitation of the heart, or nervous susceptibility. 5. The best remedies in this kind of slow poisoning are milk, restoratives, change of air, and iron.—*Bulletin de l'Académie*, t. xxiv. p. 26.

EXCERPTA MINORA.

Administration of Anæsthetics by Smoking Apparatus.—M. Delabarre, in a communication to the Academy, states that he finds the safest and most agreeable way of administering ether or chloroform, or the two combined, is by a *chibouk*, having a double tube attached, by means of which any quantity of air desired may be admitted. The patient at first smokes air only until accustomed to the action, when the anæsthetic vapour is gradually admitted.—*Bull. de l'Acad.* t. 24, p. 624.

Tannin in Odontalgia.—M. Vellemseus recommends that the small layer of indurated granular matter deposited through suppuration, should be gently scraped off from the roots of the affected teeth, and the mouth rinsed for some days by an emollient wash in order to dissipate any irritation. When this is subsided the tannin mixture, thus prepared, may be used: tannin 8, alcohol at 86° 120, tincture of benzoin 8, and essence of mint, 2 parts. Dissolve and filter, and add a few drops to the water, used to wash the mouth, two or three times a-day. The wash must be continued some time after the cure seems completed; and under its influence the teeth become firm, suppuration disappears, and the gums resume their healthy condition.—*Gaz. des Hôp.*, No. 88.

Poisonous Effects of Belladonna used externally.—A lady, aged about 43, suffering from severe pain in the hypogastric region, was ordered to apply the following liniment twice a day: Camphorated oil of henbane 30, and extract of belladonna 4 parts. Forty-eight hours after commencing its use she was seized with delirium. The pupils became dilated, and there were irregular movements, lipothymia, redness of the face, and a fixed stare. Sinapisms were applied to the feet, acidulated drinks were administered, and a bleeding was about to be performed, when abundant menstrual discharge came on, anticipating the proper epoch by 10 or 12 days. The symptoms of poisoning gradually disappeared.—*Ibid.* No. 88.

Saline Injections in Diphtheritis.—M. Roche states that he has been so successful in some cases in which he has tried the injection of a solution of chloride of sodium into the throat, that in his next case he is disposed to employ it as the sole means of treatment. He practises, in fact, a continuous, or almost continuous, irrigation of the throat, by means of Eguisier's irrigator, provided with a canula having a very small jet. He believes that it is in such irrigations, whether employing salt, alum, or the chlorates, we should seek for curative agents.—*Union Méd.*, No. 88.

Detection of Pregnancy by Ergot.—A correspondent of the *Boston Journal* states that for many years he has been in the habit of administering small doses of ergot for the purpose of detecting early pregnancy. The specific action of the medicine this was felt by an unimpregnated uterus, while the gravid uterus almost invariably responds to its action by some uneasiness in the back, but more especially in the upper part of the thighs, sufficient to establish the diagnosis. It may be given with entire safety in sufficient quantity to accomplish the object sought.—*Boston Journal*, April, p. 197.

Double Vagina and Os Uteri.—Dr. Stickel, of St. Louis, reports an interesting case in which he found, during an examination, a double vagina and os uteri. The septum dividing the vagina was oblique in direction, in relation to the natural passage—commencing close to the clitoris on the right side, and stretching down to the centre of the labia on the left, forming a perfect partition through the whole length of the vagina; and at the termination of each passage was a perfect os uteri. The patient said she menstruated from each passage alternately, but never from both at the same time; but she did not say whether the alternation was regular. She had borne one child.—*Ibid.* April, p. 208.

Assafœtida and Aloes in Ascarides.—Dr. Nathaniel Smith states that during a practice of more than forty years he has never known assafœtida and aloes to fail of an immediate cure. He has usually employed the tincture, sometimes clearing out the bowels first by a smart purgative.—*Ibid.* May, p. 287.

Dr. Williams, of the *Alma*, with Major Fane and Captains Cooke and Russell, we read, deserve especial notice for their bold daring in diving and swimming below, handing out ladies and children through the sky-lights when this vessel was wrecked in the Red Sea on a coral reef.

GENERAL CORRESPONDENCE.

EDINBURGH COLLEGE OF PHYSICIANS.—ADMISSION OF LICENTIATES.

Letter from Professor Laycock.

[To the Editor of the Medical Times and Gazette.]

Sir, — Dr. Haldane's official denial of the accuracy of my statements as to the recent admission of Licentiates into the College of Physicians of Edinburgh needs no notice from me, except a distinct affirmation on my part of the entire accuracy of what I have written. The spirit and manner of that communication I leave to be dealt with by the Fellows of the College generally.

The duty of the Council in regard to the Licentiates in question is plainly set forth in the published regulations (a).

The Council examines and reports to the College on the petitions and testimonials of candidates, their reports being in a tabular form, containing the names, residence, and qualifications of the applicants, and the names of two sponsors or recommenders. These reports are headed, "List of Applicants for the Licence of the Royal College of Physicians of Edinburgh, to be submitted at the meeting of th," and are circulated with the billets summoning the meeting of the College at which the lists are to be balloted for. At the meeting thus called, the Council reports what names should be deleted from the list, stating reasons,—not necessarily of a discreditable character—as, for example, when the name of an applicant is deleted at his own desire. All the ineligible applicants being thus withdrawn from the list, the College proceeds to ballot for the rest *en masse*, and not on "each application," as required by the regulations. The list of applicants thus submitted to the College by the Council on June 14 last, contained 100 names, of whom 97 were balloted for at one ballot, and admitted.

My published analysis is nothing more than an abstract of these official lists, as is clear from my letter. The statement so flatly contradicted by the Council applies to no other applicants than those on the official lists; a fact well known, indeed, to every member of the Council, for no other applicants were or could be known to the College. And I affirm again, that that statement is strictly accurate. Up to August 3 (instant) inclusive, there have been six such lists issued by the Council, containing an aggregate of 235 names of applicants. Three or four of these names, it is true, occur in two lists; but the actual number admitted at six ballots is not less than 210, and the total number withdrawn by the Council is under 20.

What, then, is the meaning of this unqualified denial by the Council of the accuracy of my statement? It is simply a misstatement of the point at issue, and refers, in fact, to other applicants than those on the list. It now appears that the Council have habitually contravened the regulations, and have not reported on "*all* applicants," as they were bound to do. The lists they sent in were, in fact, selected lists. This circumstance was, however, withheld from the knowledge of the College or the Fellows generally, for several of the latter have assured me that they believed, with me, that the lists sent in by the Council contained the names of all applicants. Now, it is rumoured that among the names thus improperly withheld by the Council from the knowledge of the College are those of two notorious advertising practitioners. But what a condemnation of the whole system such a rumour implies! If true, it may be equally true, that the applications may be only the work of some wicked wags, but, however arising, the College suffers grievously in reputation by it.

I cannot doubt, whatever may be the Council's notions of "impropriety," that the sympathy of every honest man in the Profession is with those who have resolutely declined to sanction their proceedings in this matter.

I am, &c.

T. Laycock.

(a) I subjoin the regulations as finally agreed to by the College, and which, although repeatedly contravened by the Council, have not yet been duly altered by the College:—

"8. For one year after the passing of these regulations, Licentiates of any of the existing Licensing Boards may be admitted Licentiates of the College without examination, provided that they do not derive any profit from the sale of drugs or medicine, and that they produce certificates of character and Professional qualification satisfactory to the College.

"The following shall be the procedure of the College for the admission of Licentiates under the foregoing regulation:—

"1. The petitions and testimonials of *all applicants* for the Licence of the College under Regulation 8, shall first be submitted to the Council, and reported on by them to the College.

"2. The names of the applicants *so reported*, together with a statement of their qualifications, and with the names of those who have certified in their favour, shall be circulated with the billets summoning the Meeting of the College, at which the applications are to be considered.

"3. The petitions of *all applicants*, as aforesaid, shall be laid before the College, either at a quarterly, or at an extraordinary meeting, along with the testimonials in their favour; and the College shall then proceed to ballot on each application, a majority of two-thirds of those who vote being necessary to declare the applicant duly elected a Licentiate."

THE EXPLANATORY MINUTE OF THE EDINBURGH COLLEGE.

Letter from Mr. Hussey.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Minute of Council of the College of Physicians of Edinburgh, lately published, are two passages which need a little more explanation,

"The Council [the Minute says] cannot be surprised that the power of conferring the title of 'Doctor,' should be claimed as an exclusive right by the Universities." The Council perhaps are not aware that the governing bodies of the Universities in England have never put forward such a claim. It is well-known in England, that the Archbishop of Canterbury has the right of conferring degrees as well in Physic as in Divinity, in Arts, in Laws, and in Music; and the right is frequently exercised in all the faculties.

The Council also state that the diploma of the English College of Surgeons "implies legally only a right to perform operations, and attend cases of pure Surgery." The Members of the College will not, I think, acknowledge this to be the only privilege conferred with the diploma. There are, I believe, very few diseases which are not legally within the province of the Members of the College of Surgeons. A long list may be drawn by perusal of the earlier statutes of the realm; among them are intermittent fever, and all contagious diseases; and the Members of the College have always legally had the power of dispensing drugs for the treatment of such diseases.

I am, &c.

Oxford, August, 1859. E. L. Hussey.

THE COUNCIL AND THE REGISTER.

[To the Editor of the Medical Times and Gazette.]

Sir,—Soon after the Medical Act of last year was passed, but prior to nominating the several members of Council by whom that measure must be put into operation, considerable discussion took place among the Profession, whether all the new legislators should be Medical men, or contain likewise some laymen, especially a lawyer, if not gentlemen accustomed to the working out of Acts of Parliament. Although then in a minority, the writer of this communication always advocated the principle to avoid making the Council exclusively Professional; well knowing many important points would come before that tribunal, where legal experience and administrative knowledge might prove exceedingly advantageous, by enabling the Council more easily to arrive at correct decisions. Last year the celebrated Title-column controversy showed the want of some such element as that now mentioned; while the recent investigation at Bow-street respecting an existing Medical Register, indicates how oversights in very essential matters may be committed. During that inquiry Mr. Jardine, the magistrate, said the late Medical Act was an excellent measure, but it had not been carried out properly by the Council; adding, however, by way of apology, "they were not lawyers." Such remarks are most apposite; and fully endorse the critical observations formerly made by those who strongly recommended the Medical Council to embrace within its precincts other parties besides Physicians and Surgeons. The quoted misadventure, and perhaps future *lâches* which may supervene, conclusively prove, at all events, the practical advantages which would assuredly accrue, were the above proposition in reference to civilians

adopted. For any one to say that Medical Practitioners are in most instances unaccustomed, or unable properly to administer Acts of Parliament, is no condemnatory reflection; seeing their whole experience and previous studies have been otherwise directed; consequently, it becomes the more necessary they should be assisted in such legislative or executive functions by persons whose minds have been already trained in making laws, and hence are better able to enact judicious regulations for governing the whole Medical Profession, than otherwise inexperienced parties,—more particularly as that body at present comprising numerous grades, and occupying diversified positions, is now entering, as it were, upon a new sphere of existence, fraught, every member fervently wishes, with much future benefit to the public, and free from ultimate injurious consequences.

August 3, 1859. I am, &c. MEDICUS.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

MEDICAL ACT AMENDMENT BILL.

Mr. WHITESIDE having moved that the House resolve itself into committee on this bill, several hon. members objected to the bill being proceeded with, and eventually

Mr. COWPER moved that the House resolve itself into committee that day three months.

Mr. WHITESIDE opposed the amendment, which was negatived without a division.

The House then went into committee, when

Mr. CRUM-EWING moved that the chairman do report progress, whereupon

The committee divided; the numbers were—

For reporting progress	19
Against	97
Majority	—82

The several clauses were then agreed to, with the exception of the second, which was negatived, and the bill passed through committee.

AUGUST 8TH.

INSPECTOR-GENERAL OF HOSPITALS.

Colonel SYKES asked the Secretary of State for India upon what grounds Deputy Inspector-Generals of Hospitals in the British forces, of less than five years' service, doing duty at home or in the colonies, with the relative army rank of lieutenant-colonel, are to have the local rank of colonel while serving in India from the date of their arrival in that country, agreeably to her Majesty's Warrant of the 1st February, 1859, in supercession of Surgeon Majors and Deputy Inspectors of Hospitals of her Majesty's Indian forces who rank as lieutenant-colonels only, although of twenty to thirty years' service.

Sir C. WOOD said that there were different ranks in the Indian army corresponding with that in the line. In the Indian army there were two classes of Deputy Inspectors of Hospitals, while there was but one in the line. So long as there were the two ranks, some inequality must exist; but it had not been thought desirable to merge the two into one.

MILITARY SURGEONS.

Colonel DUNNE asked the Secretary for War why men who had received the legal right to practise Surgery and Medicine from the Royal College of Surgeons in Ireland were excluded from becoming candidates for Medical appointments in the army; why the Surgeons of cavalry were charged forage-money for their horses, while those of infantry were exempted from that charge; and whether there would be any objection to grant to those deserving Medical officers who had retired from the service the same additional rank which would be given to those who were at present serving on their retirement.

Mr. S. HERBERT replied that, in consequence of the increased pay given to Medical officers, and the increased acquirements expected from them, it had been decided that before admission to the army they should be furnished not only with the diploma of a College of Surgeons, but with a diploma of some other body, as a guarantee of their knowledge of Medicine. He believed that the forage-money of cavalry and infantry Surgeons was regulated by the rules of their respective services. He did not think it would be prudent to grant additional rank to the Medical officers who had retired. If every new regulation had to be made retrospective it would be impossible to carry out reforms in the army.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 4th August:—

CLARK, GEORGE, Newcastle-on-Tyne.
EVANS, GEORGE MAULE.
FRESHFIELD, ALLEN, Harwich, Essex.
HODGSON, JAMES BIRKETT, Preston, Lancashire.
JAMES, RICHARD, Diffryn, Narberth, Pembroke.
LEAN, HENRY JOHN BROCK, Jersey.
LOMAS, HENRY WILLIAM FREER MARTIN, Shildon, Durham.
MAYON, GEORGE, Monmouth.
MORDUE, ROBERT DIXON, Newcastle-on-Tyne.
NEWINGTON, ROBERT SAMUEL, Goudhurst, Kent.
PROVIS, WILLIAM ALEXANDER, Holyhead.
TORBOCK, ROBSON, Hawes, Bedale, Yorkshire.

The following gentlemen also on the same day passed their First Examination:—

BELEMORE, ALFRED JOHN.
FARRINGTON, WILLIAM HICKS, Ottery St. Mary, Devonshire.
FERNIE, HENRY MORTLOCK, Yeldon, Bedfordshire.
RYLAND, THOMAS EDMUND, Birmingham.
WARD, HENRY, Diss, Norfolk.
WORKMAN, CHARLES JOHN, Reading.
YOUNG, EDWARD PARKER, Henley-on-Thames, Oxon.

APPOINTMENT.

STEAVENSON.—On the 9th instant, Dr. Steavenson was elected Physician to the East Sussex, Hastings, and St. Leonard's Infirmary *vice* Dr. Duke, the founder of the institution, who resigned after eighteen years' service, and was elected Physician Extraordinary.

DEATHS.

AINSWORTH.—Dr. James Ainsworth, Surgeon of the British Hospital at Callao, expired at his residence at Bellavista, on June 13, of ague. He had for upwards of eight years enjoyed a considerable practice, and was deservedly considered the most eminent practitioner then in Peru. After settling in the country, and in conformity to its laws, he passed his professional examination in the Spanish language at Lima, and obtained the diploma, having previously become a member of the Dublin College of Surgeons, and M.D. St. Andrews. He was interred in the British Cemetery near Callao, and his funeral was most numerously attended, showing the high estimation in which he was held, not only by the British and other foreigners, but also by the natives.

BUTTER.—On July 28, Mr. Cornelius Butter, of Ingatestone, suddenly, aged 81. The deceased gentleman had practised upwards of half-a-century in Ingatestone, and was much respected throughout the district.

NORWOOD.—On the 25th July, at Mersham, Edward Norwood, Esq., M.D., in his 70th year. He was formerly Surgeon to the Hertford Infirmary and to Haileybury College; in extensive practice at Thetford, and afterwards at St. Leonards-on-Sea.

STEVENSON.—On the 30th July, at Charlton, William Stevenson, Esq., late Surgeon H.E.I.C.S.

PLINY'S VIEW OF MEDICINE.—"Every disease is either curable or incurable, a man recovers of it, or is killed by it. Both ways physic is to be rejected: if it be deadly it cannot be cured; if it may be helped, it requires no Physician. Nature will expel it of itself."

DRINKING-FOUNTAIN AT OXFORD.—A very novel feature in the drinking-fountain movement has been introduced at Oxford,—namely, the erection of a fountain in the reading-room of the Free Public Library, where it has been in operation several weeks, and has proved eminently successful. The example will, doubtless, be followed by similar institutions throughout the country.

In the year 1858, 23,704 emigrants returned to the United Kingdom, viz. 18,841 from America, and 4863 from Australia and New Zealand. The large importation from America is doubtless to be accounted for by the great commercial distress prevailing during 1858 in the United States.

New Disinfecting Agent.—M. Velpeau has laid before the Académie des Sciences some account of the results of the employment of a new disinfecting agent discovered by MM. Demeaux and Corne. Its effect in the removal of the most disgusting odours emanating from wounds, etc. (as gangrene, cancer, etc.) has proved almost instantaneous, while its application is painless and innocuous. It is a cheap greyish powder, exhaling a slight bituminous odour, and is formed of 100 parts of the plaster of commerce in powder, and from 1 to 3 parts of coal-tar. Not only does it possess the power of removing all kinds of stench, but also of absorbing the morbid fluids. For surgical purposes it may be combined with oil, which binds it together without dissolving it. It has been abundantly tried in the wards of La Charité, the dissecting-rooms, and elsewhere, and the most sanguine anticipations are entertained as to the results of the publicity now given, whether regarding it as an application for surgical or hygienic purposes.

A great improvement has of late years taken place in the health of what are called the "Assisted" Emigrants to Australia and New Zealand. From the returns of mortality in the emigration to Victoria for the first nine months of 1858, it appears that the mortality in 127 ships, containing 12,954 souls, was only 79, or ·60 per cent. The assisted emigration, amounting to 15,910, was distributed as follows:—New South Wales: males 3277, females 3219; Victoria: males 1734, females 3770; South Australia: males 1863, females 1849; Western Australia: males 41, females 157. The rate of mortality on the whole number is 1·23 per cent. Such a rate of mortality cannot be considered as otherwise than very satisfactory. The healthiness of this emigration is in great measure attributable to the exertions of the Surgeons superintendent of our ships. Second to the Surgeons in maintaining discipline are the matrons appointed over the single women. The appointment of matrons has formed an essential part of our system since our resumption of the conduct of emigration in 1846.

Death from Chloroform.—We regret to state that another death from chloroform has taken place during the week. The patient was a young man admitted into St. Thomas's Hospital, whose leg it was proposed to submit to amputation last Monday. The most remarkable point in the case is, that the chloroform had been administered to the man in the same manner, some short time previously, for the removal of dead bone, and at that period, though half-an-hour under its effect, he did not seem to suffer, and was thought to bear the anæsthetic very well. The death on Monday was quite sudden, before the man had taken more than half a drachm. The chloroform was administered by the House-Surgeon; and the usual means of resuscitation—"Marshall Hall's method," galvanism, injection of brandy-and-water, etc.—were had recourse to, without appreciable results of any kind. A very careful post-mortem examination was made by Mr. Allingham and Dr. Bristowe, attended by Dr. Kidd, who states that the chief things found were a "dilated state of the right side of the heart, which was gorged with blood, and a curious cyst-like growth, or apoplectic clot, pressing on the middle lobe of the brain, completely obliterating the olfactory nerve and bulb at one side." Probably Dr. Bristowe will furnish a more satisfactory account of what he observed.

BOOKS RECEIVED.

Peaks, Passes, and Glaciers. London: 1859.

The Radical Cure of Reducible Inguinal Rupture. By O. Pemberton, Esq. London: 1859.

Nature and her Agents. London: 1859.

Contributions to Midwifery. By E. Noggerath and A. Jacobi. New York: 1859.

On the Water of Health. Dudley: 1859.

The Antiseptic Treatment. By Dr. W. Evans. London: 1858.

Medical Baronetage and Knightage. By H. L. Maysmor, M.R.C.S. London: 1859.

Beschreibung einer Resectionsschiene. Von Dr. F. Esmarch. Kiel: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 6, 1859.

BIRTHS.

Births of Boys, 860; Girls, 858; Total, 1718.
Average of 10 corresponding weeks, 1849-58, 1530·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	665	672	1337
Average of the ten years 1849-58	606·5	581·2	1187·7
Average corrected to increased population	..	..	1306
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	39	16	55

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	3	4	2	3	44	5
North	490,396	3	3	14	6	6	64	7
Central	393,256	5	5	5	2	8	41	5
East	485,522	5	1	18	3	7	84	11
South	616,635	6	2	22	7	5	79	12
Total	2,362,236	20	14	63	20	29	312	40

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·803 in.
Mean temperature	63·8
Highest point of thermometer	80·0
Lowest point of thermometer	41·9
Mean dew-point temperature	52·1
General direction of wind	S.W.
Whole amount of rain in the week	0·13
Amount of horizontal movement of air in the week	1015 miles.

TO CORRESPONDENTS.

Scotus.—The letter could not be inserted anonymously.

General Practitioner.—The following gentlemen constitute the Council of the Royal College of Physicians of Edinburgh:—Drs. Alexander Wood, Seller, Charles Bell, Andrew, Fairbairn, W. T. Gairdner, Ziegler,—according to Oliver and Boyd's Almanac.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. F. Hawkins; Professor Laycock; Dr. Frank, Cawnpore; Dr. Graily Hewitt; Mr. Pittard; Dr. Bernays; Mr. H. Smith; Dr. Ladd; Mr. Hussey, Oxford; Dr. Kidd; Dr. Dickson, M. Vaudin, &c. Jersey; Dr. Waller, Chatham; Mr. Laurence; Registrar-General; Mr. Hely; Mr. Ward; Mr. Boulton; Mr. Fuller; Mr. Rivers; Mr. Self; Dr. Esmarch, Kiel; Mr. James, Exeter; Dr. Priestley; Mr. Williams, Norwich.

APPOINTMENTS FOR THE WEEK.

August 13. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

15. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

16. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

17. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

18. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

19. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XX.—*Concluded.*

Peri-uterine or Pelvic Hæmatoma, and Varix of the Pudendal Veins.

SYMPTOMS OF THE DISEASE.

You will rarely be called to see a case of pelvic hæmatoma until the extravasation of blood has fairly taken place, and the cellular tissue in some of the loculaments of the pelvic fascia has become infiltrated and distended; and then on examining your patient you will find a tumour present, which in all its physical characteristics, and in all the functional disturbances that it produces, resembles very closely the swelling produced by the effusion of serum in the early stages of an attack of inflammation. But there are some marked points of difference. In a patient affected with pelvic cellulitis you would find a high degree of fever, with the pulse rapid and strong, and the skin alternately burning hot and suffused with perspiration. Where the pelvic tumour is formed by effused blood, on the other hand, none of these signs are to be seen, and the general absence of all constitutional irritation and excitement is one of the most striking phenomena of the disease. The patient, if showing any constitutional symptoms at all, is usually depressed instead, and in a state of weakness and prostration. Then if you examine the tumour itself a little more closely you will find there are some distinctive marks there also. An inflammatory tumour is tender to the touch, and pressure with the finger elicits signs of suffering. The first formation of a blood-tumour seems to be often attended with pain, sometimes with great pain, but once it is fully formed, pressure on it with the exploring finger does not cause much uneasiness to the patient. An inflammatory tumour in its earlier stages is very hard and unyielding, and in its later stages, after suppuration has taken place, it can be felt to be fluctuating. A blood tumour is comparatively soft and elastic, but the feeling of fluctuation is never very distinct in the mass of the swelling. There is usually, however, one spot where it is especially soft and yielding; and in the most common form of pelvic hæmatoma, (that, namely, which depends on an effusion of blood into the broad ligament and behind the uterus,) this point is always to be felt somewhat behind and below the cervix uteri, where the finger sinks, as it were, into a kind of hollow. I suppose there is some natural opening or deficiency in the pelvic fascia at this point. In true pelvic hæmatoma, formed by an accumulation of coagulated blood between the layers of the broad ligament and in the neighbouring pelvic cellular tissue, the uterus itself is pushed strongly forward, and occasionally to one side; and sometimes the os or cervix uteri is raised or elevated by the pressure of the blood-tumour. This displacement of the uterus is ascertained on your first examination, or, if the effusion at least is a day old, in cases of pelvic hæmatoma. It is often found also in pelvic cellulitis, but then much later in the disease; or, in other words, not until the inflammatory effusion is at its height; and then generally in pelvic cellulitis the pelvic swelling, as ascertained by repeated vaginal examination, varies in form from time to time, and is much more general around and on all sides of the cervix uteri than in pelvic hæmatoma. Besides, rarely if ever does the pelvic tumour feel fixed to, or springing from, the pelvic bones within, as is so frequently the case in pelvic cellulitis. Then, again, if you can trace back a case of hæmatoma to its commencement, you will find the patient gives you a different history from what she would have done had the tumour in the pelvis been of inflammatory origin. Pelvic cellulitis usually comes on with a high degree of fever, preceded by rigors, and is not necessarily associated with menstruation, while pelvic hæmatoma is almost invariably produced at a catamenial period, often occurs in cases where the menstruation is in some way irregular, and although the patient has sometimes a sort of shivering-fit at first, while the effusion is taking place, she has no fever, but, on the other hand, rather a tendency to fainting. If we could by any chance watch the formation of the tumour, and find it forming rapidly in the space of half an hour or so, there would, of course, be then no doubt as to its nature, for its mere sudden formation would serve as a diagnostic mark; but this is an observation which it will hardly ever be in your power to make, although we may sometimes have occasion to know that the tumour has only had a comparatively short time to grow. There may be pain in both forms of tumour at their commencement; but in the case of hæmatoma, though the pain may be at first even more intense than that usually seen at first in cases of pelvic cellulitis, yet, instead of becoming more and more severe, as is the case with the pain attendant on a progressive inflammatory effusion, it usually becomes less and less acute, as the infiltrated parts become accustomed and accommodated to the morbid pressure of the extravasated blood, so that at last an almost painless swelling alone remains, which you must guard yourself against mistaking for some form of malignant tumour, or some kind of chronic disease. At the close of last autumn, a very delicate patient under my care was one day seized with a sudden faintness and a feeling of great oppression in the region of the heart, the action of which became irregular. She complained at the same time of unusual pain and distension in the uterine region. It was the first day of a catamenial period, and as I happened to know beforehand in what condition the womb was, I traced distinctly the first formation of a pelvic hæmatoma. Fortunately the extravasation did not go on to any great extent, and with perfect rest and the use of the remedies of which I am to speak anon, the effused blood gradually became absorbed, but not till after the lapse of many weeks. The case was interesting further in this respect, that the lady has a great dread of cancer of the womb, and is strongly apprehensive that she will be attacked with that dreadful disease, and not without reason—for her mother had been the subject of carcinoma. Now had I not known previously that the womb in that instance was perfectly healthy, or at least that there was no trace of any carcinomatous affection about it, and had I first made an examination after the extravasation of blood had taken place, and a firm, elastic tumour had been developed around, or rather behind, the neck of the uterus, I might very easily have been led to have adopted the patient's own gloomy apprehensions, and to have come to the conclusion that she was the subject of encephaloid disease. To sum up, then, I may say briefly, that the symptoms of pelvic hæmatoma are the same as those of pelvic cellulitis—with these two characteristic distinctions, that in the case of a patient affected with hæmatoma, 1st, there is an almost total absence of all constitutional fever; and 2nd, the local swelling is found large from the first, and not by any means so tender as in pelvic phlegmon. If, after making a critical investigation into the patient's present symptoms and her past history, and if, after making a careful local examination of the tumour, you still remain in doubt as to the nature of the effusion, you must, if you deem it absolutely necessary, proceed to resolve that doubt by pushing an exploring needle into the mass, when the escape of the characteristic fluid of either form of tumour, will at once reveal the real nature of the case. Always, however, bear in remembrance, further, that you may have both diseases present, and that large pelvic hæmatoceles often excite inflammation, and thus become combined with pelvic cellulitis and suppuration. Now that you have been made aware of the existence of this disease, and now that you know something of its pathology and symptomatology, I trust that when a case presents itself to you in practice, you will have no great difficulty about its diagnosis. Before telling you how it is to be treated, let me say a word or two as to

THE PROGNOSIS OF THE DISEASE.

Many patients recover from this disease spontaneously. This fortunate result especially happens in those cases where the quantity of blood extravasated is small; for then it is capable of being absorbed, just as we see blood absorbed after it has been effused under the skin as a result of injury. But where the amount of hæmorrhage has been greater, we cannot always

be sure of such a fortunate issue. In such a case a variety of changes must first occur in the mass of blood before it can be absorbed, or be eliminated; and frequently inflammation supervenes, and then you may have the size of the tumour increased from the presence of the effused serum. After a time suppuration sets in, and the fluid makes a way for itself to some mucous surface. It may open in this way into the rectum or vagina; but sometimes rupture has occurred into the peritoneum, and lighted up a fatal inflammation there. I have already told you that I saw two patients die in one week from this disease; and there was this peculiarity observed in regard to one of these patients that the pulse became, during the last two days of life lower and lower, as the patient sank and died. This peculiar change in the pulse is the very reverse of what we see in cases of death from pelvic cellulitis.

TREATMENT OF THE DISEASE.

The indications for the treatment of pelvic hæmatoma may be reduced to four.

1. *The Employment of Hæmostatic Measures.* — If you happened to be called to a case sufficiently early, while the extravasation was still going on, and the tumour still in process of formation—a contingency not very likely to occur often—the indication should be to try, if there were any time for it, to check the effusion of blood by the prompt administration of some general hæmostatic remedies, or of some of those medicines which, when taken internally, have the effect of moderating the flow of blood from injured blood-vessels. And at the same time you would do well to apply ice, or cold in some form, locally, with a view of acting more directly on the vessels, and leading to their contraction and closure. But usually there is little time for the adoption of such treatment. In most instances, indeed, there is none; for in the vast majority of cases you are not called to see the patient until some time after the rupture has occurred, and until the blood tumour has been fully formed, and the blood has ceased to flow. Some other indications, therefore, demand your attention, and you will accordingly be obliged usually to have recourse at once to

2. *The Use of Antiphlogistics.*—There is, perhaps, no point of more importance to be attended to in connexion with the treatment of pelvic hæmatoma, than the necessity of putting the patient at once on antiphlogistic diet and regimen, in order to prevent, as far as possible, all chance of inflammation being lighted up in the tissues which are subjected to irritation by the presence of the effused blood. For the supervention of acute and suppurative inflammation in such a case is a most calamitous complication. I have already told you that hæmatoma is in itself sometimes dangerous,—it is almost always tedious: and you may remember that in a former lecture I pointed out that cases of simple pelvic cellulitis were not always free from danger, and were often of long duration. But when the two diseases coexist in the same individual, you can perceive that the immediate risks and dangers of the patient are multiplied, and as there has been a double effusion—a traumatic effusion of blood, and an inflammatory effusion of serum or pus—the time necessary for absorption becomes greatly prolonged, and the period of convalescence indefinitely postponed. Besides, inflammation set up around any large and decomposing mass of blood is always dangerous and perilous, especially as here, in the vicinity of a large serous sac such as the peritoneum. Hence the paramount importance of keeping the patient on a low and antiphlogistic diet, and of making her avoid every form of stimulant. Hence, too, the absolute necessity of keeping her at perfect rest. You may think this a simple matter, and easy to be attended to, but in practice you will find it extremely difficult to enforce complete quiet on your patient. She has often no pain, and no fever, and after the uneasiness and prostration immediately consequent on the extravasation of blood into the cellular tissues have passed off, it is sometimes very difficult to persuade her to keep her bed for ten or twelve days subsequently. One of the fatal cases to which I have already more than once referred, occurred in a patient who travelled from Rosshire to Edinburgh after she had recovered from the immediate effects of the extravasation. The excitement and irritation caused by the journey led to the occurrence of an inflammation around the seat of the effusion, which speedily proved fatal. You must, therefore, try also to keep the bowels quiet for a time. Insist on the patient keeping free from all bodily and mental excitement, and maintaining the horizontal posture until the tumour begins to diminish. If it have been of such size as to project above the brim of the pelvis, you will be able to trace and mark out easily the daily diminution of it by external examination; if not, then by feeling it with the finger through the vagina, you will succeed in making the observation. The first and most important indication, therefore, which you are called upon in most cases of pelvic hæmatoma to fulfil, is to avert as far as possible, all chances of any attack of inflammation in the surrounding tissues, or to subdue any inflammation that may chance to have arisen, by the prompt employment of proper antiphlogistic measures. With these means you may perhaps conjoin,

3. *The Administration of Discutient Remedies.*—Most practitioners deem it necessary to prescribe some discutient medicines, which ought, at least in the opinion of the pharmacologists, to have the effect of promoting the dissolution and absorption of the extravasated mass of solidified blood; and if you really can prescribe remedies which are possessed of such an action, it would, of course, be advisable and right to administer them. But I know of no drugs that are very serviceable in this way, and it has yet to be shown that any one has the power of favouring the resorption of effused blood. All that you can usually do is to regulate the diet, by restricting the patient from the use of all stimulants and all indigestible matters, and by curtailing her usual amount of fluids. You may even give some alkaline diuretics, with the view at once of diminishing the quantity of the fluids already in the system, and of ensuring the immediate secretion of the effete matters that are absorbed from the seat of the disease. If you do, however, think it necessary to have recourse to the use of discutient or deobstruent remedies, let me advise you to have them applied locally through the vagina, in the form of medicated pessaries, in preference to administering them internally through the stomach. I have sometimes used pessaries in this way, containing mercury, iodide of lead, etc., but not, so far as I could perceive, with any marked effect. All you have to do, usually, is to make a judicious use of antiphlogistic remedies, to enforce a strictly antiphlogistic regimen, with rest; and to take every precaution to prevent the patient from injuring herself or aggravating the disease. Under this regiminal treatment, the blood, in most cases, will in time become absorbed, and the swelling will gradually disappear. Such, I say, is the most common course of the disease; but in some cases its course is changed, and a corresponding change of treatment is required at the hands of the practitioner. Sometimes inflammation sets in, in despite of your most skilful and careful treatment; or it may have begun before the case came into your hands; or the patient may have an aggravation of all her sufferings from a renewed extravasation of blood. Now, where a pelvic hæmatoma begins to enlarge, and to become painful, I believe you give your patient the best chance of recovery by having recourse to

4. *The Opening of the Tumour.*—When a hæmatoma is running its course gradually and quietly, causing no great amount of pain, and giving rise to no particular degree of distress, your patient's best chance of recovery lies in her keeping at perfect rest, and in your totally and resolutely withholding your hand from all kinds of Surgical interference. But if betimes the tumour begins to swell up and enlarge in consequence of inflammation being lighted up in the involved and surrounding tissues, you will find that the effused matters try to gain an exit for themselves through some mucous or other surface, as the rectum, vagina, or into the peritoneum, and you must take the hint from nature and make an artificial opening into the fluid collection at the point most favourable for its free and full evacuation. As in the case of purulent collections commencing in the broad ligament, so in the case of hæmatoma when the hæmatoma becomes inflamed and softened, the most dependent point is usually to be found immediately behind the os uteri in the posterior cul-de-sac of the roof of the vagina; and a good, free incision made into the mass at this spot you will generally find to be followed by the best results. I have now repeatedly had recourse to that measure, and with the greatest benefit. In making the evacuation, do not try to draw off the fluid with a trocar and canula, as I improperly did in the Hospital case the account of which I read to you, because there are always masses of blood-clots mixed up with it which are too large to

escape through the canula, but which it is of the utmost importance to have removed. They act the part of a foreign body in the cavity, like the necrotic tissues to which I directed your attention when speaking of fetid abscesses; and so long as they remain there you can entertain no reasonable hope of a cure. To open the hæmatoma effectually, you must make an incision into it with a tenotomy-knife, and then freely dilate the opening still further with the finger. By enlarging the orifice in this way, you run less risk of causing a dangerous degree of hæmorrhage than when you at once make with the knife an incision of sufficient size to admit of the escape of the solid masses. For it is not enough in a case of this kind to make an opening into the cyst. You must introduce the finger through it and break down the septa and blood-coagula, so as to ensure their complete removal; and it is only when all the contents of the cavity have been in this way well cleared out that you ensure the best chance of its contraction and closure. This operation may even be performed with safety and success in cases that look most unpromising; in cases, for example, where the patient has become pale, and of an exsanguine appearance, in consequence of the effusion of a great quantity of blood into the cellular tissue of the pelvis. Two or three years ago I saw a patient along with Dr. Cruikshank, when she was at the time the subject of an enormous pelvic hæmatoma. She was then extremely pallid and weak; and the hæmatoma had become tender and inflamed and was threatening to enlarge and burst. I made a free opening into it, and cleared out the contents of the cavity, which gradually contracted and healed up. She left Edinburgh before she had altogether regained her strength, and when she came to call on me lately, I did not at first recognise her, so very different did she look from the exhausted chlorotic-like patient whom I had previously seen. I repeat, then, What you have to do in most cases of hæmatoma, is simply to watch carefully the progress of the case, and protect the patient from every form of injury; to keep down as far as possible all chances and tendencies to inflammation in the part; and if symptoms of inflammation and inflammatory effusion and swelling do come at last to manifest themselves, to make a free and early incision into the cavity, so as to evacuate the whole of its contents. The artificial evacuation of the collected blood may perhaps also be occasionally judged advisable in some cases, where no inflammation has supervened, but where the tumour continues large and presses injuriously and painfully upon the surrounding parts and organs. But such instances are rare.

HÆMATOMA OR THROMBUS OF THE VULVA.

But hæmatomata are not confined to the portions of cellular tissue lying between the layers and prolongations of the upper division of the pelvic fascia. They sometimes occur lower down in some part of the wall of the vagina, most frequently towards the outlet of the canal. Here they may occur as a result of direct injury; oftener still they are produced during labour. The veins at this point are large and numerous, and during the course of pregnancy they become somewhat dilated from the pressure of the enlarging uterus, or the veins above; so that when labour supervenes, and they become themselves subjected to the direct pressure of the fœtal head from above, one of them sometimes bursts, and gives rise to a swelling in the maternal passages, which may impede and seriously complicate the progress of the labour. Blood-tumours forming in this way in the labia pudendi, or in the walls at the lower end of the vagina during the parturient process, do not necessarily call for any immediate treatment. If of no great size they may be left to themselves, and after a time they usually become absorbed; but sometimes inflammation supervenes in them, and then you will require to open them. Where, on the other hand, the size of the swelling is such as to interfere with labour by forming an obstacle to the passage of the fœtal head, the case becomes more critical, and the treatment, if the mechanical obstruction ever prevents the exit of the head, may require to be more heroic. In such a complication you may require to make an incision to allow the fluid to escape, and the swelling being thus reduced in size, the birth of the child is facilitated. But where it becomes necessary for you in this way to open the tumour, I would beg to impress upon your minds the propriety of postponing the operation if possible till such time as the effused blood has become coagulated, and till the blood has ceased to flow from the injured vessel. If you can't wai so long—if the extravasation is still taking place, but prolongation of the labour threatens to be injurious to the life of the mother or the child, what are you to do? Then you must still evacuate the thrombus; but, in addition, you must be prepared to apply pressure to the bleeding surface, remembering that the blood is escaping from a ruptured vein, and that venous hæmorrhage is always most effectually arrested by means of pressure.

VARIX OF THE PUDENDAL VEINS.

As I am speaking of these veins of the pudenda and lower part of the vagina, let me make one or two further observations regarding another morbid condition to which they are sometimes liable. Like the veins of the inferior extremity, when the flow of blood in them is impeded during a lengthened period they may become enlarged and varicose, and then they assume the prominent and tortuous appearance seen in this drawing, (see Fig. 2). This state of the veins is sometimes produced gradually during the course of pregnancy, so

Fig. 2.

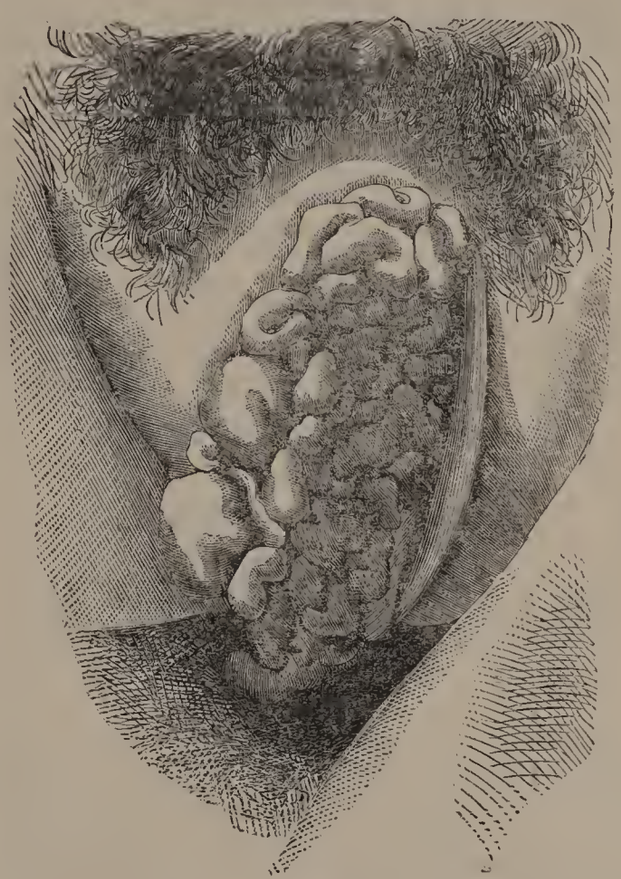

Fig. 2.—Sketch of varicose veins of the nymphæ. (Brasse.)

that during labour they became turgid and prominent, leading to the idea that it will be necessary to have recourse to some extreme measure to obviate the chances of their being ruptured. But in truth they rarely, if ever, require to be interfered with during labour. I have repeatedly seen and been consulted about pregnant and parturient women in whom this condition of the veins was present, but I never saw a case where by their own bulk they caused any such impediment or annoyance as required any special treatment during labour.

But like varicose veins in other parts of the body, these varicose veins of the vulva are apt to become inflamed, and their walls may in consequence become indurated and inelastic, for then the diseased and stiffened vein bleeds as profusely as an artery. Should they, when in such a condition, be subjected to any kind of injury, a dangerous and even fatal hæmorrhage may readily result. In the Scotch law-courts during the last five-and-twenty years a considerable number of trials have taken place in consequence of women bleeding to death after sustaining some injury of the pudenda. In most of these cases all that was alleged as to the cause of death was, that the woman had received a kick on the part at a time when she was pregnant, and that a slight laceration had been

produced, from which the fatal hæmorrhage took place. In such cases the veins are sometimes in the condition I speak of; and we have found experimentally that a blow on the part is sufficient to cut through these vessels by bringing them suddenly and forcibly in contact with the ramus of the ischium and pubis. In these cases death was so far accidental and unintentional. But in others a knife has been used, and an incision made into the veins, in order to mislead to the belief that the patient had died of puerperal hæmorrhage. Sometimes the injury has been purely accidental, from the patient falling and hurting herself, on some broken crockery for example. In other instances, again, the hæmorrhage has occurred spontaneously. A case of this kind happened at Dundee some years ago, where a patient died of hæmorrhage occurring from a ruptured vein of the pudendi, and where she had been subjected to no kind of injury whatever. She was passing water when the blood began to flow, and she at once called the attention of those near her to the circumstance. Medical aid was immediately sent for, but before the doctor arrived the patient had bled to death. When the late Dr. Martin Barry was acting as House-Surgeon in the Lying-in Hospital here, a case occurred where rupture of the pudendal veins was produced during the act of coition, and nearly ended fatally; and in one of the English journals a few years ago there was an account of a trial at Bristol, where a butcher was accused of killing a married woman, who died from rupture of these veins, produced under similar circumstances. I have taken this opportunity of speaking to you of these cases, in order that you may be aware of the occasional fatality of lesions of the pudendal veins, and in order that you may be made alive to the importance of at once obeying the call, should you ever happen to be summoned to aid a woman who had been subjected to such an injury. Here again, as in venesection and other forms of venous hæmorrhage, pressure is generally adequate to arrest the discharge, but it may require to be kept up both strongly and steadily.

ORIGINAL COMMUNICATIONS.

CASES OF DIPHTHERIA,

WITH REMARKS ON

THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF THE DISEASE.

By J. S. BRISTOWE, M.D. F.R.C.P.

The disease termed Diphtheria, notwithstanding that it has prevailed so extensively, and now for so long a period, is still regarded with such interest, that any observations with regard to it, even though they be merely confirmatory of previous statements, will doubtless be acceptable to the Profession. I purpose, therefore, in the present communication to record my own experience of the disease, and to express the views I entertain with regard to its pathology, symptoms, and treatment.

The four following cases all originated within the walls of St. Thomas's Hospital; the first two recently, in a surgical ward in which erysipelas had prevailed about a couple of months before, and in which there had been a mild case of scarlet fever six weeks previously; the last two some years since, but at a distant interval and in different wards.

Case 1.—T. N., a boy 10 years of age, had been under Mr. Solly's treatment in St. Thomas's Hospital since November 12, 1858, for contraction of the arm after a burn. He had gone on favourably until the 21st March, on the morning of which day he is said to have had a slight attack of shivering.

On the 22nd (if not before) he complained of sore throat; had a purgative administered, a mustard poultice applied to the throat, was put on milk diet; and in the evening began to take chlorate of potash with decoction of cinchona, and to use a gargle of chlorinated soda.

On the 24th it was noted by the Registrar, that the throat was much swollen externally, particularly on the right side; that the right tonsil was much enlarged and covered by a pultaceous material; that the pulse was small, weak, 130; that the tongue was furred, and the skin cool.

On the 25th, at 1 p.m., he was placed under my care. His bowels had been relieved, he had passed a fair night, and was said to be a little better than he had been. He was extremely feeble, however, but not at all feverish, and perfectly rational. The skin was cool, and without rash. Pulse small, weak, slightly irregular, about 100. There was great tumefaction, hardness and tenderness in the upper half of the throat; but chiefly in the parotid and sub-maxillary regions, and more on the right side than on the left. The anterior half of the tongue was clean, and its papillæ were healthy; its posterior half was somewhat furred. The right tonsil was much swelled and covered by a thick wash-leather-like false membrane, which was prolonged over the pillars of the fauces, and the right half of the soft palate. The nose had bled in the morning and a little thin sanious fluid continued to ooze from it. He had no pain anywhere except in the throat. Had pain and difficulty in swallowing, but could take fluids. There was no cough or impediment to respiration.

To continue the gargle, but to omit the mixture. To have a bran poultice to the throat; to take soda-water; and to have, in addition to milk diet, a pint of strong beef-tea, two eggs, and four glasses of wine.

He slept well the following night; but when seen the next day (the 26th) at 2 p.m., was evidently dying. His skin was cold, his pulse imperceptible, his tongue dryish yet little furred, and his breath of a distinctly gangrenous odour. He was perfectly sensible, but very restless. He had no embarrassment of breathing, but much pain in swallowing, and tenderness in the throat; which had become more swelled externally, and studded on the right side with hæmorrhagic spots, but presented internally the same characters as before. In other respects there was no change. Ordered three glasses of brandy.

He died at 5·30, remaining sensible to the last.

The urine unfortunately was not examined, owing partly to his passing extremely little, and partly to the negligence of the nurse. No rash was ever detected, and the tongue never exhibited the scarlatinal character. It is not known whether he had ever suffered from scarlet fever.

Autopsy.—The whole of the muscular and cellular tissues of the neck, from the jaw above to the superior thoracic orifice below, and from the integuments to the vertebræ, were tumid, indurated, and so infiltrated with blood as to be almost black. The soft palate was half-an-inch thick, infiltrated with blood, and studded with shreds of false membrane. The tonsils were much swelled and deeply congested; the left contained numerous small suppurating cavities, the right was gangrenous; and both were covered pretty completely by tough, greyish-yellow adherent false membrane. The mucous membrane of the base of the tongue, of the back of the pharynx, and of the posterior nares, and that covering the epiglottis and upper half of the larynx, were thickened, infiltrated with sanious fluid, and covered by patches of fibrinous exudation. The false membrane was made up chiefly of fibrillated lymph, the fibrils being irregular in form, but generally comparatively thick, and assuming a reticulate arrangement. The superficial portions presented large numbers of more or less perfect epithelial cells, together with granular matter. No vegetable parasitic growths were recognised. The trachea and œsophagus were in a normal condition.

Chest.—The pericardium was healthy. The heart was small, firmly contracted, and nearly empty; its auricles and right ventricle containing a little fibrinous clot only. The muscular tissue of the organ was generally pale, but presented numerous and extensive tracts infiltrated with extravasated blood; and under the microscope was distinctly fatty. Pleuræ healthy. The lungs were crepitant and little congested. The superficial portions, however, presented a few dark red, almost black, patches of solid granular lung tissue. The bronchial tubes contained much mucus.

Abdomen.—Peritoneum, stomach, and intestines healthy. The cellular tissue of the mesentery presented numerous patches of extravasated blood. The liver was perfectly healthy, but its surface was studded with minute petechial spots. Spleen pale and healthy, not soft. The pancreas was healthy, but there were extravasations of blood into the cellular tissue around it. There was distinct hæmorrhage both into and around the supra-renal capsules. The kidneys were of usual size, pale, and apparently quite healthy. But under the microscope the epithelial lining of the tubes was found to be thickly studded with molecules of oil, and often

confused in its arrangement; some of the tubules contained extravasated blood, others transparent fibrinous casts; and a few of the malpighian bodies presented accumulations of granular exudation matter.

Case 2.—W. A., a boy, aged 8 years, had been in the same ward as the last since March 1, having large tonsils and a cleft palate; which latter it was intended to remedy by operation.

On March 27th (the day after the death of the former case) he complained of slight sore-throat.

On the morning of the 28th it was rather worse. There was some swelling and tenderness below the angles of the jaw; and the tonsils, which were enlarged, and the back of the pharynx, presented small patches of false membrane. Skin cool, perspiring; no rash. Face a little flushed. Tongue slightly furred. Bowels open; appetite not good; little thirst; but no headache, pains in limbs, or rigors.

Milk diet. ʒvj. wine. Soda-water. Bran poultice to the throat. To take a simple febrifuge mixture. To use his milk, warm, as a gargle.

In the evening he was transferred to a Medical ward, and placed wholly under my care. Two eggs daily were ordered, and ʒj. wine every two hours, night and day.

March 29th.—Slept comfortably; about the same as yesterday in his general symptoms. Skin warm; tongue clean; slight thirst. Considerable pain in swallowing. Submaxillary regions swelled and tender. The false membrane covers both tonsils, and the adjacent portions of the split soft palate, and has become more abundant on the back of the pharynx; it is thicker and whiter than before. He was ordered in the evening to take ʒj. port wine every hour night and day; together with four eggs and milk, to be administered in small quantities, but frequently.

30th.—Much the same to-day; the membrane has not spread; the pulse is less frequent. The bowels which had not been relieved for two days were opened by a castor-oil injection. Ordered a pint of strong beef-tea daily.

31st.—Slept fairly, feels better. Submaxillary region less swelled and tender. Can swallow more comfortably; the membrane has spread no further, and seems separating. Tongue clean.

April 1.—Slept well; is evidently improving. No submaxillary pain when quiet, but still has pain in swallowing. Skin warm. Tonsils less swelled, membrane coming away. The tongue, however, is foul, and the wine has been making him sick. Ordered to take sherry instead of port, and during the coming night every two hours instead of every hour.

2nd.—Still improving; slept well. Has recovered from his nausea, and has this morning recommenced taking his wine every hour.

3rd.—Still progressing favourably. A little fulness, but no tenderness, below angles of jaws; a little uneasiness only in swallowing. Tonsils subsiding; membrane coming away in fragments.

To take a grain of quinine thrice daily; and to use a gargle containing chlorate of potash.

He continued to improve in all respects during the next day or two, taking all his wine, eggs, strong beef-tea, and milk, but becoming somewhat tired of the wine. His bowels, however, required opening by means of medicine. By the 6th his tonsils were nearly clean; his uvulæ, which had become exposed, were slightly excoriated; and his relish for food was returning. His wine was reduced to ʒxvj. On the 7th he began to take rice-pudding. By the 8th the throat had become perfectly natural in appearance; and his appetite was assuming its healthy proportions. The wine was reduced to ʒxij., the eggs to two, the beef-tea was countermanded, and he was put on mixed diet. Still gradually recovering health and strength, the wine was reduced to ʒviij. on the 10th, and on the 12th to ʒiv.; and on the 15th he was retransferred to a Surgical ward perfectly restored.

I may here add that the boy never manifested any distinct febrile symptoms, rarely any headache, and that he usually slept comfortably. His tongue was generally clean, and its papillæ were never enlarged. The skin was sometimes hot, but never dry; never presented any rash, or tendency to peel. The pulse varied at first from 130 to 112 in the minute, sunk to 108 immediately after the wine was raised to ʒxxiv., and then gradually subsided to its normal frequency. During the earlier period of the disease the urine furnished abundant lithates; and on the 7th day first contained a little albumen, which continued for about five days and then disappeared. The false membrane came away gradually in fragments, was several times examined microscopically, and found to present the usual appearances. It is stated that he had never had scarlatina.

Case 3.—M. A. F., a single woman, aged 22, was admitted at the beginning of February, 1853, for some pulmonary complaint, from which she soon became convalescent. No notes of the case are preserved; but it is clear, from the treatment recorded on the bed ticket, that on the 12th of March she began to suffer from inflammation of the throat, and that it continued increasing in severity up to the time of her death, on the 24th.

Autopsy.—The mucous membrane of the pharynx, fauces, and base of the tongue was covered by a layer of tough, dirty greyish lymph between a half and a quarter line thick. Its free aspect was irregular, fissured, and in places flocculent. It adhered pretty firmly to the subjacent mucous surface, which was congested, and here and there excoriated. It ceased gradually at the lower part of the pharynx; and the œsophagus was healthy. Both surfaces of the epiglottis, and the rest of the mucous membrane of the larynx, were similarly enveloped in a layer of adherent lymph, which was prolonged into and filled the sacculi laryngis. The mucous membrane was congested and much thickened. There were a few patches of lymph in the trachea. The membrane presented under the microscope a fibrillated structure, mixed with epithelium and nuclear bodies. Pleuræ healthy. Lungs of moderate size, but firmer and heavier than natural. They were congested, and, on close examination, presented a peculiar mottled aspect, owing to numerous patches of a dark colour being scattered uniformly and thickly throughout the substance of the organs, but separated from one another by a network of lighter and more healthy-looking tissue. The solid patches were small (about the size of one or two lobules each), airless, granular, and in some instances as black as pulmonary clots. They were observed microscopically to consist of air-cells, filled with a coherent mass of nuclei, having a close but not perfect resemblance to pus. The bronchial tubes contained much frothy fluid. The pericardium and heart were healthy.

Case 4.—J. P., a man 35 years of age, was admitted into a Surgical ward on the 29th June, 1852, for psoas abscess, and was treated with good diet, stimulants, and morphia. He seems to have gone on without any complication until Oct. 13, when, probably for croupy or laryngeal symptoms, he was ordered ʒij. of antimonial wine every four hours. On the 15th a blister was applied to the throat, and on the same day he died.

Autopsy.—Much emaciated; several small openings were seated in the right groin. The tonsils were healthy, but the surface of the pharynx behind them was covered by a thick, loosely-adherent, white, softish material. This extended in large quantities half-way down the œsophagus, and in the form of aphthous patches studded the remainder of the tube. The mucous membrane of the pharynx and upper half of the œsophagus was much ulcerated; that of the lower half of the œsophagus congested, and in places excoriated. The upper half of the larynx was loaded with a similar deposit, and its mucous membrane was œdematous and ulcerated. The lower half of the larynx and the trachea were healthy; the lungs a little congested only. The deposit was made up microscopically of epithelium and fibrillated material. A large psoas abscess was found, unconnected with bone, but no further visceral disease.

(To be continued.)

CASE OF CHRONIC INVERSION OF THE WOMB REDUCED BY TAXIS.

By T. PRIDGIN TEALE, Jun., M.A. Oxford, F.R.C.S.

Having read in the 41st volume of the *Medico-Chirurgical Transactions* a case recorded by Dr. Tyler Smith, in which a complete inversion of the womb, of twelve years' standing, was reduced by manipulation, I was led to adopt a similar mode of treatment in the following case.

Mrs. H., of Leeds, aged 42, mother of five children, was suffering from profuse hemorrhage at her menstrual periods.

The flooding lasted usually for a week, and often for a fortnight. During the intervals between these periods she seldom passed a day without some loss of blood. Of late the hemorrhages were becoming greater and more prolonged. She was pale, but not wasted. Her health and strength were, however, seriously impaired.

On seeing her in February last, during a period of profuse menstruation, I ordered the decoction of ergot, which lessened, but did not suspend the hemorrhage. Ten days later, when menstruation had fairly ceased, there was found on examination an elongated tumour protruding from the mouth of the womb. It was rounded at its lower extremity, a little flattened from before backwards, and narrower at its upper part, which was embraced by the mouth and a narrow band of the neck of the womb. The upper part of the tumour was separated from the neck of the womb by a shallow groove, along which the continuity of the constricting uterine tissue with the tumour protruding through it could be traced all round. She gave the following history of her ailments.

In September, 1856, she was delivered of her fifth child. The labour was natural, but the placenta had to be removed by her medical attendant. Shortly after the completion of labour, severe hemorrhage set in, and recurred at intervals for several days. On the third day after her delivery, Mr. Morley, of Leeds, was consulted. This gentleman found the womb inverted, and much swollen. He made several attempts on that, and on some succeeding days, to reduce it, but found the womb so hard and unyielding to pressure, that replacement was quite impracticable. By the aid of astringents and recumbency, the tendency to flooding abated, so that at the end of six weeks the patient was able to resume her usual duties. From this time she was free from flooding until the return of menstruation in the fifth month after her delivery. Her condition has since progressively become worse.

From the history of this case, and the conditions found on examination, there appeared to be no doubt that the tumour was the inverted womb. I therefore decided upon adopting the plan of treatment practised by Dr. Tyler Smith.

Having waited until the end of the next menstrual period, I desired her to remain in bed two days, and then began the special treatment on March 16.

March 16, 1859.—The neck of the womb at this early period after menstruation was found to be much more relaxed than at my former examination, so much so that the continuity of the tumour with the neck of the womb could be easily traced all round by the finger. The patient being laid on her left side, and placed under the influence of chloroform, I introduced the left hand into the vagina, and commenced steady compression of the tumour, covering with the fingers as much of its surface as possible, and at the same time pressing the whole mass upwards in the axis of the brim of the pelvis. The pressure was steadily and firmly maintained for ten minutes, when the tumour had so far yielded as to allow two-thirds of its substance to be reduced within the level of the mouth of the womb. An air-pessary was then introduced into the vagina, and distended.

17th; second day.—Chloroform was again administered. On removing the pessary, the mouth of the womb was found to be much more dilated and relaxed than the day before, and the tumour could readily, and with very moderate pressure, be reduced to the extent of three-fourths of its bulk. After using firm pressure for about ten minutes the whole tumour was reduced within the mouth of the womb, although it was still inverted within itself. The pessary was again introduced and inflated. In the evening she complained of severe, but intermittent abdominal pains. The pessary was therefore allowed to collapse, and the pains ceased.

18th; third day.—The pessary having been inflated six hours previously, the patient was again put under the influence of chloroform. The tumour was now much reduced in size, and could be easily pushed within the mouth of the womb. Compression by the hand was kept up for ten minutes, during which the tumour had so far receded that the compressing fingers were received within the cavity of the womb up to their second joint, and the tumour itself was much dimpled and softened. Replacement having advanced so far, it was thought desirable to continue the pressure, and in four minutes more the inverted womb was gradually and completely reduced.

As a precautionary measure she was desired to remain in bed during the following week. No unfavourable symptoms occurred, and she gradually resumed her domestic occupations.

July 19.—Since the replacement of the womb, she has menstruated three times at full monthly periods, being unwell for three, and not more than four days, each time, and perfectly free from flooding. She is now in good health and strength, and rarely suffers from leucorrhœa, which formerly was never absent.

In concluding the report of this case I would especially direct attention to the importance of the following points:—1. The period at which the treatment was commenced, namely, soon after the cessation of menstruation, when the parts are in a more relaxed condition. 2. That the patient should be recumbent during, and for a day or two previous to the commencement of, the treatment. 3. The use of forcible pressure by the hand at intervals, while the patient is under the influence of chloroform. 4. The use of a more gentle but continuous pressure by the inflated pessary.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

DISEASE OF THE SHOULDER-JOINT.—RESECTION OF THE HEAD OF THE HUMERUS.—RECOVERY.

(Under the care of Mr. BRYANT.)

The shoulder-joint, as is well known, is one of those least frequently affected by inflammatory diseases. The instances consequently in which resection of the head of the humerus is required are very rarely met with. That operation, when required, has we believe, as a rule, been very successful. Whether it be that the same vital endowments which protect it from the invasions of disease also enable it rapidly to originate healing processes after injury, it is difficult to say; but the fact is, we believe, beyond doubt that this joint is found from experience to be one of the best adapted for the practice of resections. A case in which Mr. Birkett operated in Guy's Hospital four or five years ago, did very well, as also a second of Mr. Erichsen's in University College about the same time, also one of Mr. Bickersteth's in the Liverpool Infirmary. In an interesting case in which Mr. Hutchinson about three years ago excised the head and upper fifth of the shaft of the humerus on account of a large myeloid tumour developed within the bone, notwithstanding the length of the shaft removed, a good recovery, with firm ligamentous union, followed. In this instance, however, death from recurrence of cancer in the lungs, bone, etc., occurred before the usefulness of the arm had been put to much trial. The following case has just come under our notice in Guy's Hospital:—

A healthy man, aged 24, was admitted about six weeks ago on account of disorganising disease of the shoulder-joint. He stated that the affection had commenced as an aching in the part about twelve months previously. For this he was for some time under treatment in St. George's Hospital. After leaving that Hospital an abscess formed and opened externally, and from this a sinus still remained, which opened in front just anterior to the inner edge of the deltoid. There was great thickening of the parts about the joint, and movement was very limited. No grating could be produced by any degree of motion which the man could bear. Excision having been determined upon in consultation, Mr. Bryant performed that operation about a fortnight subsequent to the man's admission.

When, under the influence of chloroform, the arm could be freely moved, grating was easily produced, and the last shade of doubt as to the entire disorganisation of the joint was thus removed. Mr. Bryant made only a single long incision down the upper aspect of the joint, and through the belly of the deltoid in a direction parallel with its fibres. This was found sufficient to allow of the exarticulation of the extremity of the bone, although the thickening of the adjacent parts rendered this manœuvre much more difficult than it is in the

dead subject. The articular head having been fairly thrown out into the wound, it was sawn off from behind forwards with a Butcher's saw. Excepting a few loose shreds and some small patches still adherent, the cartilage had been wholly removed. The head of the humerus, on section, was seen to be in a state of acute inflammation. Much new bone had been found in the periosteum of the upper part of the shaft. No vessel required ligature after the completion of the operation—a somewhat remarkable circumstance, if we remember the size of the posterior circumflex. On the parts being adjusted after the operation the advantage of the single straight incision was very apparent, since the edges of the wound now came into close apposition spontaneously, and the parts involved were deeply buried. No bad symptoms followed: indeed the external wound healed almost too soon, and on the third day Mr. Bryant opened its edges a little, in order to prevent the risk of any accumulation of matter. On the eighth day the man was up, and about in the ward; on the fourteenth he was allowed to go out in the open air.

TWO CASES ILLUSTRATING THE BENEFITS OF ANTIPHLOGISTIC TREATMENT AFTER SEVERE INJURIES TO THE LUNGS.

(Under the care of Mr. HILTON and Mr. BRYANT.)

In the present period of prevailing scepticism as to the influence of many modes of treatment which held undisputed sway among the older Surgeons, it is well every now and then to draw attention to unequivocal instances of prompt benefit obtained by decided measures. More especially is it so when these measures, instead of being novel, are of old-established, but now somewhat waning, character.

Many of our readers may probably have noticed in the newspapers the account of a little boy who had been knocked down by one omnibus, and run over by another, and had received most severe injuries. The accident occurred in Shoreditch, and the poor little fellow was taken to Guy's Hospital, where his state appeared so hopeless, that what was believed to be his dying deposition was taken, to be produced in evidence against the drivers of the vehicles. When admitted his ribs were found to be fractured in the most frightful manner. His chest had been, as it were, pounded, and it was difficult to say which of the ribs had not been broken. He was in collapse, and there was much emphysema of the subcutaneous cellular tissue. Of course no stethoscopic examination could be thought of. He remained very low indeed for some time, in spite of the cautious use of stimulants, and it was at the end of twenty-four hours that his evidence was taken under the circumstances above mentioned. He had expectorated a good deal of blood, but his respiration remained throughout much embarrassed. As this embarrassment of breathing was, however, accompanied by a cold skin and failing pulse, it was not thought justifiable to abstract blood. As soon, however, as there were signs of rallying, tartarited antimony in full doses was ordered. The effect of this remedy in quieting the breathing was most marked, and the boy's progress has been from that time steady and good. He is now considered out of danger.

The above case impressed all who saw it with a strong conviction that great benefit had resulted from the free use of the antimonial remedy, but the following offers evidence which will be still more convincing to the reader. It also illustrates a yet more decided adoption of antiphlogistic measures:—

A young man, aged 19, was brought into the Hospital, having been run over by a cart, and having suffered an extensive fracture of the ribs on the left side. The five upper ribs were believed to be broken, and the lung was evidently wounded. There had been rather profuse hæmoptysis. The chest was ascertained to be resonant in all parts, but his state was such as altogether to preclude any detailed examination. The lungs appeared to be loaded with fluid, but the pleura did not, as far as could be made out, contain either air or blood. The chest was put up with strapping, as is usual at this Hospital. Within the twelve hours following the accident the man's difficulty of breathing greatly increased, and he seemed indeed to be rapidly sinking. Still, however, the pulse had rallied, and he was not in collapse, but dying rather from pulmonic embarrassment. Under these circumstances Mr. Bryant determined to bleed him. Antimony in large doses had already been commenced. The first bleeding was at one o'clock at midnight, and was to the extent of ten ounces. It was followed by much relief, but by degrees subsequently the difficulty in breathing returned. About noon the same day a second bleeding to the extent of fourteen ounces was practised, and with, again, the most marked benefit. Within twenty-four hours of this second bleeding the man might indeed be considered well. He could sit up in bed and talked cheerfully. The antimony had, of course, been kept up. At present the man is fast becoming convalescent, having experienced no drawback whatever.

ST. GEORGE'S HOSPITAL.

DEATH AFTER PARACENTESIS FOR OVARIAN DROPSY.

(Under the care of Dr. PITMAN.)

We have recently cited several cases in proof that paracentesis for ovarian dropsy is not a measure so devoid of risk as has been imagined. In the following, in which death occurred within a few hours of a first tapping, it will be seen that the patient was in a very feeble state, and also the subject of phthisis prior to its performance. We are indebted to Mr. Vining, House-Surgeon to St. George's, for the notes of the case.

A. W., aged 32, was admitted July 20, and died July 24, 11 p.m., under the care of Dr. Pitman. This woman was the mother of four children; she had been out of health for the last five years, losing flesh, suffering from cough and general weakness. The father, brother, and sister died of consumption. She had noticed an enlargement of the abdomen for more than a year. On admission, the abdomen was found to be much distended with fluid; the heart's sounds were normal; the urine not albuminous. She was ordered ammon. sesq., compound spirits of ether, and laudanum three times a day, and some castor-oil. The next day she was very low, (pulse 120, and she complained of pain in the chest and palpitation. She continued much in the same state, getting very little sleep, when, on the 24th, the distension of the abdomen from accumulation of fluid being very great, paracentesis was performed, forty-eight pints of thick yellow fluid being drawn off. She gradually sank, and died about midnight of the same day.

Morbid Appearance.—General appearance: The body was flaccid from the recent withdrawal of dropsical fluid. The puncture by which the fluid had been withdrawn remained open in the median line, about an inch and a-half below the umbilicus. *Thorax:*—The heart was healthy; the right side full of gelatinous clot. There were adhesions at each apex, stronger on the right side. A few miliary tubercles were found at the apex of left lung. At the apex of the right was a large vomica, and the substance of the lung was much consolidated around it. *Abdomen:*—The liver was large, weighing 4 lb. 9 oz.; it was healthy in structure. The kidneys were large and congested. The greater part of the abdominal cavity was occupied by a large ovarian cyst, which was closely adherent to the parietes and visceral peritoneum in almost the whole of its extent, and to the great omentum. These adhesions could, by the exercise of considerable force, be ruptured without tearing the cyst, which was thus removed entire. The cyst also had very firm adhesions to the pelvis. The pedicle (formed by the parts in the right broad ligament) was very broad, and of considerable length, so that the neck of the sac could easily be pulled out of the abdomen. Numerous very large veins (tributaries of the ovarian veins) ran in the pedicle. The sac was almost empty, a little gelatinous fluid being all that it contained. The puncture did not communicate with its cavity, although it was open through the abdominal muscles, the opening in the sac having healed. In several parts of the cyst wall was a deposit of coloid consistence, which exhibited under the microscope an abundance of caudate cells. Some of the healthy tissue of the ovary was found on the left and opposite side.

Edward Moore, Esq., F.R.C.S., of Hales-Owen, for many years past a Worcestershire magistrate, was on Friday, the 12th inst., gazetted as a Deputy-Lieutenant for the same county.

THE LONDON AND PROVINCIAL HOSPITAL PRACTICE.

THE MODERN TREATMENT OF STONE IN THE BLADDER, AND ITS RESULTS.

At page 32 of the *Medical Times* for January of the present year the reader will find a statistical analysis of 186 lithotomy operations performed in the different London Hospitals during a period of three years and a-half. At page 13 of the Journal for July 2 is a similar analysis of the cases operated on in certain Provincial Hospitals during a nearly similar period, and numbering 177. (a) The results of lithotrity in London Practice were similarly investigated at page 59, January 15, and those of the same operation in the Provincial Institutions at page 35, for July 9. Lastly, we took under investigation the operations for stone in the female, which, including the London and Provincial Institutions together, numbered 23, and which may be found cited with detailed comments in our Journal for July 23, page 82.

We now propose to take the whole together, and to institute comparisons, first between the results of London and Provincial Practice, and, secondly, between those of lithotomy and lithotrity.

If we could add to our list the cases in which, during the same period, and in the same Hospitals, the patients have died of stone without having been operated on, our balance-sheet would be yet more complete. A certain number do so die every year. We should suppose that it is very small, probably not amounting to more than half-a-dozen annually in all the London Hospitals taken together. We have recently noticed the fact of several such deaths. They usually occur in patients admitted in the last stages of suffering and debility, who sink within a few days of their admission. In respect to London Hospital Practice, from long personal experience, we can speak most positively, that it is not the custom to refuse any cases, however bad. If any sort of selection had taken place, the London statistics would appear to far better advantage than they do. Many of the deaths after lithotomy happened to patients whose state was such that any Surgeon who could have brought himself to regard his own reputation for success as of the first consequence, and his patient's chance of benefit as of the second, would have been most certainly refused. Indeed, in more than one instance which we well remember, the operation scarcely afforded any better prospect to the poor sufferer than that of mitigating his misery during his few remaining days or hours. Against these cases, however, we must put two or three in which recovery ensued under the most unhopeful circumstances, and when the operation had been performed only at the patient's urgent request. These latter have been sufficiently numerous to most fully justify the rule adopted by metropolitan Surgeons, of always operating, however ill the patient may be, provided there appears to be no hope of improving his general health by preparatory treatment. Whether or not this rule is carried out to the same extent in our Provincial Hospitals we do not know. If it is not, the difference in result between the London and Provincial Institutions is to a certain extent accounted for.

GENERAL RESULTS.—(Both Sexes.)

The total number of stone cases coming under surgical treatment during the periods referred to, including females, appears to have been 467. Of these, 386 were cured, 3 were discharged unrelieved (after lithrotrity), and 78 died. In 408 instances, lithotomy was performed (all ages, but chiefly children,) with 341 recoveries, and 67 deaths. Lithotrity was performed in 37 instances (all but one adults), with 23 recoveries, 2 subsequent lithotomy cases, 3 discharged unrelieved, and 9 deaths. The cases of stone in the female were 24; and of these, 22 recovered, and 2 died. The aggregate fatality of operations for stone would thus appear to be 1 in 6 in males, and 1 in 12 in females.

(a) Since that report was published, we have discovered that the cases operated on during 1856 were accidentally omitted. They will, of course, be now included. It is a remarkable and interesting fact, as showing that our calculations do very closely approximate the actual truth, that the addition of this year's cases, 45 in number, does not make any appreciable alteration in the proportionate numbers as regards age, recovery, etc. etc.

Throughout the remainder of our report, we shall exclude the 24 cases of stone in females, and deal only with the 443 cases occurring in males.

COMPARISON BETWEEN LONDON AND PROVINCIAL PRACTICE.—(Males Only.)

The relative proportion of cases treated by lithotomy and lithotrity respectively appears to be about the same in our London and Provincial Institutions. The same rules of selection appear also, with some exceptions, to prevail in both, as well as in individual Hospitals. Lithotrity is, as a rule, never performed in children; and the circumstance of the patient being in unusually bad health is regarded as a reason for preferring lithotomy. In one or two instances, however, the reports supplied to us state that the stone was crushed because the man was thought too ill to bear the larger operation; but these are very exceptional. The selection of the one or other operation for adults in good health appears, however, to have been very arbitrary, and has, we believe, in many instances, been decided by the patient's own preference. It does not appear, judging from the data before us, and from what we know privately, that any of our Hospital Surgeons make it an invariable rule of practice to employ the lithotrite in all cases of stone in adults of fair general and local health.

The appended statement gives the aggregate results of the two modes of operating:—

Metropolitan.

Whole number,	207;	recovered, 157;	died, 47;	1 death in 4·4.
Lithotomy .	186;	,, 146;	,, 40;	,, 4·65.
Lithotrity .	21;	,, 11;	,, 7;	,, 3.

Provincial.

Whole number,	238;	recovered, 207;	died, 29;	1 death in 8.
Lithotomy .	222;	,, 195;	,, 27;	,, 8·22.
Lithotrity .	16;	,, 12;	,, 2;	,, 8.

In the first of the accompanying tables the same cases are classified according to the ages of the patients, both lithotomies and lithotrities being taken together.

Thus, then, we have the fact brought clearly out that of every four cases of stone in males (all ages) submitted to Surgical treatment in the London Hospitals, one ends fatally, while in the Provincial Institutions the fatality is only one in eight. Before attempting to ascertain the probable causes of this startling difference, two questions present themselves for answer. In the first place, Are the two series of cases sufficiently alike to be properly made the subjects of comparison? And in the second place, Are the data of which they consist equally trustworthy in both? The first of these we would answer without hesitation in the affirmative; the two series of cases do bear a very close similarity to each other, *i.e.* in each the relative proportions of patients at different ages closely correspond, while nearly the same rules appear to have influenced the minds of the different operators as to the performance of lithotomy or lithotrity. In the latter point, indeed, the advantage is rather on the side of the Metropolitan series, since it includes a larger proportion of lithotrity cases, which, as we shall hereafter see, is the less fatal operation in the adult. In replying, or attempting to do so, to the second question, we tread on different, and very delicate ground. It must, we think, be granted that the accuracy of the two series is not equally well guaranteed. Both in London and in Provincial Hospitals, our Statistical Reports have been, in the first instance, compiled from data supplied to us by the Resident Medical Officers of the respective Institutions. Thus far, therefore, the modes of procedure, and the probability that all cases would be recorded, are the same in each. In London, however, the writer of this report was himself engaged in daily attendance on the practice of the different Hospitals, and was in the frequent habit of looking through the "Operation Books" himself. Without making the slightest reflection on the integrity of those to whose zeal we are indebted for the Provincial data, the simple statement that the additional security of completeness just mentioned, was in the case of their Institutions not brought to bear, will be sufficient to prove that the facts in the two series are worthy of different degrees of reliance. We may venture to strengthen the proof by stating that in certain instances cases did find their way into our London list of deaths, through our own personal supervision, which would not otherwise have done so. We shall here leave this matter, and our readers must

form their own conclusions as to the allowance which ought to be made on the ground referred to.

Whatever allowance individual readers may incline to make on the score above mentioned, none can entertain a doubt that our statistics really prove that a great difference in result does obtain in our Provincial and our Metropolitan Hospitals. The apparent difference is so great, that it is impossible but that a considerable part of it must be real. It will be seen also that it is almost equal, whether we examine the lithotrity series or the lithotomy one. To what, then, are we to attribute it? We may fairly presume that the amount of surgical skill to be met with in the two series of Hospitals is equal, and we

WHOLE NUMBER OF STONE CASES IN MALES, ARRANGED ACCORDING TO AGE.

Age.	Number of cases.		Recovered.		Died.		Proportion of Deaths.		—
	London.	Provincial.	London.	Provincial.	London.	Provincial.	London.	Provincial.	
1	1	1	1	1	..	..	None.	None.	Under 10 years of age. *London.*—109 cases and 8 deaths; or 1 in 13½. *Provincial.* — 113 cases and 8 deaths; or 1 in 14.
2	8	10	7	9	1	1	1 in 8	1 in 10	
3	24	16	20	14	4	2	1 in 6	1 in 8	
4	15	22	15	19	..	3	None.	1 in 7	
5 to 8	43	48	40	47	3	1	1 in 14	1 in 48	
8 to 10	18	16	18	15	..	1	None.	1 in 16	
10 to 15	22	29	16	28	6	1	1 in 4	1 in 29	Between 10 and 25. *Lon.*—38 cases and 7 dths.; or 1 in 5½. *Pro.*—48 cases and 5 deaths; or 1 in 9½.
15 to 20	8	6	8	5	..	1	None.	1 in 6	
20 to 25	8	13	7	9	1	3	1 in 8	1 in 4	
25 to 30	4	6	2	5	1	1	1 in 4	1 in 6	Between 25 and 45. *Lon.*—12 cases and 6 deaths; or ½. *Pro.*—22 cases and 5 deaths; or ¼.
30 to 35	3	5	1	4	2	1	2 in 3	1 in 5	
35 to 40	3	6	2	5	1	1	1 in 3	1 in 6	
40 to 45	2	5	..	3	2	2	All.	2 in 5	
45 to 50	4	5	1	2	3	2	3 in 4	2 in 5	Between 45 and 60. *Lon.*—24 cases and 12 deaths; or ½. *Pro.*—26 cases and 5 deaths; or one-fifth.
50 to 55	7	3	4	4	3	1	3 in 7	1 in 5	
55 to 60	13	16	7	14	6	2	1 in 2·1	1 in 8	
60 to 65	11	16	3	10	7	4	2 in 3	1 in 4	Between 60 and 80. *Lon.*—24 cases and 14 deaths; or more than ½. *Pro.*—29 cases and 6 deaths; or one-fifth.
65 to 70	9	8	5	6	4	2	1 in 2·2	1 in 4	
70 to 75	3	3	1	3	2	..	2 in 3	None.	
75 to 80	1	2	..	2	1	..	All.	None.	
Total..	207	238	157(a)	207	47	29	1 in 4·4	1 in 8	

The above Table includes the Lithotrity cases as well; in the following one they are excluded :—

TABULAR STATEMENT OF LITHOTOMY CASES, ARRANGED ACCORDING TO AGE.

Age.	Number of cases.		Recovered.		Died.		Proportion of Deaths.		—
	London.	Provincial.	London.	Provincial.	London.	Provincial.	London.	Provincial.	
Under 10	109	113	101	105	8	8	1 in 13·5	1 in 14	
10 to 15	21	29	15	28	6	1	1 in 3	1 in 29	Between 10 and 25. *Lon.*—36 cases and 7 dths.; or 1 in 5. *Pro.*—46 cases and 5 deaths; or 1 in 9.
15 to 20	7	6	7	5	..	1	None.	1 in 6	
20 to 25	8	11	7	9	1	3	1 in 8	1 in 3·6	
25 to 30	3	6	2	5	1	1	1 in 3	1 in 6	Between 25 and 45. *Lon.*—8 cases and 4 deaths; or 1 in 2. *Pro.*—21 cases and 5 deaths; or 1 in 4.
30 to 35	3	5	1	4	2	1	2 in 3	1 in 5	
35 to 40	2	6	1	5	1	1	1 in 2	1 in 6	
40 to 45	..	4	..	2	..	2	No cases.	1 in 2	
45 to 50	3	4	1	2	2	2	2 in 3	2 in 4	Between 45 and 60. *Lon.*—17 cases and 9 dths.; or 1 in 2. *Pro.*—18 cases and 5 deaths; or 1 in 5½.
50 to 55	5	3	3	2	2	1	2 in 5	1 in 2	
55 to 60	9	11	4	9	5	2	1 in 2	1 in 6	
60 to 65	7	12	1	10	6	2	6 in 7	1 in 6	Between 60 and 80. *Lon.*—16 cases and 12 deaths; or three-fourths of the whole. *Pro.*—24 cases and 4 deaths; or 1 in 3.
65 to 70	7	8	3	6	4	2	1 in 2	1 in 4	
70 to 75	1	2	..	2	1	..	All.	None.	
75 to 80	1	2	..	2	1	..	All.	None.	
Total..	186	222	146	195	40	27	1 in 4·65	1 in 8·22	

TABULAR STATEMENT OF LITHOTRITY CASES.

Age.	Number of cases.		Recovered.		Died.		Proportion of Deaths.		—
	London.	Provincial.	London.	Provincial.	London.	Provincial.	London.	Provincial.	
10	1	..	1	..	..	..	None.	No cases.	
10 to 20	1	..	1	..	..	..	None.	No cases.	
20 to 35	1	2	..	1	..	..	None.	None.	
35 to 45	2	1	1	1	1	..	1 in 2	None.	
45 to 55	4	3	..	2	3	..	3 in 4	None.	
55 to 65	8	9	5	7	2	2	1 in 4	1 in 4	
65 to 75	4	1	3	1	1	..	1 in 4	None.	
Total..	21	16	11	12	7	2	1 in 3	1 in 8	

The Provincial Lithotrity List, as given at page 35, for July 9, includes 17 cases; of these we have been obliged to omit Case 8, not having sufficient particulars. Two of the cases (2 and 16) were cured by lithotomy afterwards; these, therefore, although included in the first column above, are not counted either in Recoveries or Deaths.

(a) Three of the London Lithotrities cannot be counted among the Recoveries, as the patients left the Hospital "unrelieved." Two of the Provincial ones are also omitted in this column, lithotomy having subsequently been adopted.

believe that the same rules of practice prevail in each, *i. e.* the ordinary lateral operation was performed in almost all the cases. We have already observed that the ages of the patients very closely correspond. Two circumstances remain for consideration as possible causes of the difference. 1st. The Provincial Hospitals may possess great sanitary advantages over our London ones. 2nd. The class of patients admitted under Provincial Surgeons may possess far better constitutions as regards ability to bear severe operations, than do those who enter our London Hospitals. Probably both these suppositions are true to a certain extent, but the latter has, we suspect, vastly the wider range of influence. Let us glance at the following facts:—Out of 109 children under the age of ten lithotomised in the London Hospitals only 8 died, and exactly the same number was lost of 113 patients of the same age operated on in the Provincial ones. Here the London fatality is 1 in 13.5, and the Provincial 1 in 14, in fact, the results scarcely differ, whilst the whole number is quite sufficient to supply data for fair comparison. Now, if the sanitary advantages of the two series of Hospitals were very different, ought not the effect to be at least equally apparent in the case of young children as it is in that of adults? As we leave the age of infancy, the difference, however, becomes marked, and it increases almost steadily with each decade. Between 10 and 25 the London fatality is 1 in 5, and the Provincial 1 in 9. Between 25 and 45, the London deaths are exactly in twice the proportion of the Provincial ones. Between 45 and 60 the difference is much greater, London losing one-half and the provinces only 1 in 5. In the oldest class of patients that is, those between 60 and 80, the metropolitan mortality reaches its alarming maximum of three-fourths of the whole number, whilst in Provincial Institutions it is only one-third. Do not these facts prove to a demonstration that there is a very great difference in the power of recovery after lithotomy, between our London and Provincial patients? The adult subjects of lithotomy in London are of two classes, those who have resided in the metropolis, and those who have been sent up from the country expressly for the purpose of operation. Probably the former of these two classes would include two-thirds, and the latter one-third of the whole, but in this matter we have no ascertained data to guide our conjecture. We need not here enlarge on the bad state of constitutional stamina in London adults of the poorer class, since it is sufficiently known. Intemperance, irregularities of all kinds, and city life do their work, and their effects usually become increasingly apparent as age advances. On the second class—that comprising cases sent up for operation from the country—we will venture one or two remarks. As a rule we do not believe that our provincial *confrères* select their best cases to send to our London Hospitals. At any rate, of this we are sure, that some of the very worst in the whole series were patients who had been so sent up for operation. Not unfrequently there is a history that lithotrity has been repeatedly tried, but that the bladder becoming more and more irritable and the patient's health failing, the case has been sent up to town for further measures. Then again, even supposing that our patients from the country were of average health, it is easy to see that their transference to the wards of a London Hospital, is likely to exert anything but a favourable influence. To a naturalised Londoner a London Hospital is a sort of palace, but its effects are very different upon a farm labourer who has been accustomed to the air of the Kent downs.

COMPARISON BETWEEN LITHOTOMY AND LITHOTRITY.

The reader will find on another page a concise tabular statement of the results of Lithotrity both London and Provincial. The whole number of cases is but small.

The table in question shows that out of a gross total of 35 cases treated by lithotrity, in which the patients were between the ages of 20 and 75, twenty-two resulted in recovery, four were unrelieved, and only nine ended in death. Granted that the rate of mortality is large, and far from satisfactory, it still contrasts favourably with that of lithotomy in patients between the same limits as to age. The gross fatality of lithotomy in adults, taking London and Provincial cases together, is rather more than one in three, while that of lithotrity is one in four only.

Taking the London cases by themselves, we find that between the ages above mentioned, rather more than half (26 out of 49) die after lithotomy, while only a third (7 out of 21) die after lithotrity. It must be remembered, however, that three cases treated by lithotrity remained unrelieved, and while in more than one instance the same patient was treated for a relapse of symptoms a year or two afterwards, his case is counted twice.

Taking the Provincial cases by themselves, we find that between the ages mentioned, not quite one-fourth die after lithotomy (18 in 74), while the lithotrity mortality rate is only one in seven and a-half (2 in 15). Two of the lithotrity patients were, however, after long treatment, finally submitted to lithotomy, and the remark made above as to the unavoidable multiplication of cases by counting the same twice, applies, we believe, with equal force to the Provincial as to the London series.

Allowing, then, that to a certain extent the best cases are selected for lithotrity, we cannot say that the results obtained are very triumphantly in favour of that operation. Still the balance of evidence, especially in patients past middle life, is certainly, and beyond dispute, to its advantage.

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Medical Times & Gazette.

SATURDAY, AUGUST 20.

THE LICENTIATES AND THE DOCTORATE.

The Explanatory Document lately issued by the Council of the Edinburgh College of Physicians, to which we have already called attention, contains one very important remark, in reference to the title which Licenciates of their College should assume. The Council say that unless the authorities solve the question, and find for the Licentiates of the College some more handy and manageable title than that of "Licentiate of the College of Physicians," the Licentiates will themselves take the initiative, and baptise themselves. Now we must say that the sooner this question as to what constitutes a Doctor is settled, the more agreeable it will be both for Colleges and Universities. There is no use concealing the fact, that in this matter College and University are in direct opposition; for if men who possess the College licence are *by courtesy* permitted to take the title of Doctor, then away go all the privileges of University Rule. There are clearly many difficulties surrounding the solution of this question; and we therefore consider that it is one upon which the Medical Council may fitly express an opinion, or issue a decree. There can be no earthly doubt that to Universities belong the right of granting degrees, and to Universities alone; but still, custom, which overrides laws and decrees, has certainly got some few words to say in this matter; and custom has, undoubtedly, given on many occasions, and for many past years, the title of Doctor to Licentiates who were in possession of no University Degree. It is of course now argued by those M.D.-less Licentiates who assume to themselves the title of Doctor, that they have *now* just as much right to give the title to themselves, as others (though they were great magnates and College Dignitaries) had to give it, for their own especial purposes, to certain of their Licentiates. It is admitted that the title has often been given "in courtesy" to

their Licentiates by the London College of Physicians; and the fact therefore assumes the conclusion, that the doing so was not illegal. But if it was not illegal for the College to dub Licentiates "Doctors," neither can it be illegal, it is argued, for Licentiates to dub themselves Doctors. We have been certainly told, again and again, that the Medical Act would prevent a Licentiate who had no degree, assuming the title of Doctor; but we believe that it has no such power. And this much, at all events, is positively true, that if it has the power, there is not the least chance of anyone attempting to put its powers in force at the present time. We see hundreds of Physicians, who possess no degree, through the length and breadth of this land, taking the title of Doctor. We see them doing this with impunity, as we have seen them do it for many a year past; and we also know that the number of such Practitioners is weekly on the increase. The Edinburgh College of Physicians has set this ball rolling; and where it will roll to no one as yet seems to have made up his mind.

This much, then, is perfectly clear, that the Registration Association has not attempted to grapple with the subject—knowing, we may fairly surmise, that the attempt to arrest, legally, a Licentiate of a College of Physicians in the act of taking the title of Doctor would be a most vain attempt; that the law would never sanction such a proceeding. But if the title may be thus assumed with impunity—as it has so often been in past days—and if the assumption of the title becomes daily more general throughout the country; if hundreds of respectable men, Licentiates of Colleges of Physicians, quietly carry on their business under the title of Doctor thus taken, does it not follow as most evident, that in a short space of time custom and use will consecrate the practice, and that it will at last come to this, that a Licentiate of a College of Physicians is virtually a Doctor? This seems to us to be inevitably the result of the state of things as they now stand before us. And the consequence of this must necessarily be, that in the end the Universities will be seriously injured; because the Profession will have discovered a new way of becoming Doctors, cheaper and more expeditious than the old way.

The time has come when this very serious question must be fairly met and answered, for it is useless to suppose that it can be much longer blinked; and we would suggest that the different Colleges of Physicians should endeavour to take joint action in the matter, and then confer with the Universities upon the subject. The interests of the Profession at large, as well as of the M.D.-less class of Licentiates, demand that this should be done.

One simple solution of the question is offered by the Universities to the Colleges, viz., that the Colleges shall grant their Licence to no man who does not possess the title of M.D.; but to this the College of Edinburgh objects that it is a mere farce to compel a man of standing to go through the process of getting a Degree—of paying so much money, in fact—and of gaining thereby no wit more of standing or repute. Besides, as the College well knows, if they get the Degree they won't want the Licence. And they argue also—not, it must be confessed, without a show of reason—why should we force a man who has passed the superior scrutiny of the College of Surgeons and Apothecaries' Hall to go through the farce of an inferior examination at St. Joseph's or St. Michael's, merely for the sake of putting a certain number of fees into the pockets of obsolete Professors? We, the College, are as good as they, at all events; and the fact of it is, that in the extremely muddled condition of the Profession in this country, a Physician is a Doctor and a Doctor is a Physician; and the Licence of a College of Physicians is just as good as the diploma of a Royal Jacobite University. This is how the College argues.

Now we take leave to suggest as a possible exit from this imbroglio, the following idea:—That Universities should issue to *men of certain standing, and possessed of certain qualifications, ad eundem degrees;* and that Colleges of Physicians should refuse to admit to their Licence every one who does not possess a Degree from some recognised University. We see perfectly well that objections may be taken to this position; but we can only say in answer, that no scheme can be proposed to which objections may not be raised, and for the reason that there are conflicting interests to be reconciled. After reflecting well upon the matter, we have come to the conclusion, that the scheme we suggest is less open to objections than any other which can be proposed; and more likely than any other to satisfy contending interests.

THE WEEK.

At the time of going to press, the trial of Dr. Smethurst in the Central Criminal Court, was not concluded. The case for the prosecution has been closed, Serjeant Parry has addressed the jury in behalf of the prisoner, and Medical evidence has been brought forward in his favour. Serjeant Ballantine had replied, and the Chief Baron had concluded a most impressive charge. Several points of extreme scientific interest have arisen. A source of error, unknown before this case, in Reinsch's test for arsenic has been discovered. The question has been argued whether chlorate of potass does or does not favour the elimination of arsenic or other mineral poisons. It has been shown that some medicines in common use, such as trisnitrate of bismuth, grey powder, sulphate of copper, &c., contain arsenic or antimony, or both. The influence of pregnancy in causing dangerous vomiting and dysentery has been the subject of conflicting evidence. The symptoms and morbid appearances of slow arsenical and antimonial poisoning have been contrasted with those of various forms of dysentery. And the proper conduct to be pursued by a Medical man in a case of suspected poisoning has become the subject of legal comment. All these points require and shall receive a full notice from us; but, looking to their extreme importance, and the fact that the result of the trial is not yet known, we shall defer both the report of the Medical evidence, and our own comments upon it, until next week.

We would especially call the attention of our readers, and of those concerned, to one particular "amendment, which was moved and carried" at the Medical Council. It is this:—"The General Council is of opinion that for the future no licence or degree should be given by any of the Bodies in Schedule (A) of the Medical Act, without examination." The importance of this opinion cannot be exaggerated. It seems to cut at the present year-of-grace-licensing both of the College of Physicians of London and College of Physicians of Edinburgh, and would seem to indicate that this licensing ought to be put a stop to—in the opinion of the Medical Council at least. We are particularly surprised to find such an amendment moved by Dr. Alexander Wood. What effect will it have? Will the Edinburgh College issue no more licences without examination?

A most ingenious Yankee has struck out a clever notion. His object is to shut up the Blue noses, or, in other words to put a Yorkshire blade on a Halifax handle, as Sam Slick terms doing a Britisher. He clearly has a full appreciation of the estimate at which an enlightened English audience will value our notable Medical Register. He boasts to the world that he is *not* registered; taking, no doubt, a very cosmopolitan view

of Medical science. We at once publish his advertisement for the benefit of those of our own non-registered Professional brethren who are given to the publishing of their wares and their curative abilities; and also for the information of the Medical Council, and of prosecuting Medical Associations. We are curious to see what they will do with it. Here is the Doctor speaking for himself; and here also one or two specimens of the enlightenment of a Sheffield audience. Here is what he says he can do; and here are the endorsements of his assertion. Can anything be more complete?

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"Mrs. Hannah Ely, 6, Whitecross-yard, Briggate, Leeds. I have suffered very much from the epidemic in my thumb for one month; it has been cured by Dr. Airey.

"Mr. Thomas Robinson, dyer, Battley Carr, had the tic four months; cured by Dr. Airey in one minute.

"Mr. Christopher Griffin, Murmur-green, Wolverhampton, afflicted with consumption for twelve months, had been under the Infirmary Doctors eight months, and turned away incurable; cured by Dr. Airey in two weeks."

Our readers will have learnt, in our last number, that the Medical Council had met and done some work. They, in the first place, proceeded to settle the amount to be allowed in the way of fees for attendance and travelling expenses, and then they passed a variety of resolutions. They decided, in answer to a request from the India Board, that they could see no reason why the registration of Surgeons and Assistant-Surgeons serving in India should be dispensed with. They also inform us, that it is no business of the Council to institute prosecutions for offences against the Act; and that, indeed, if they had the will, they have not the money to do so. The price of the Register is reduced to 4s., which is still too high a price; but those who had the misfortune to pay 7s. 6d. for it, shall have the next edition of it gratis. Special claims for admission to the Register's pages were considered, and we are happy to find that the name of J. Kahn, M.D. Erlangen, of venereal museum notoriety, has not been permitted to register; and also, that a Yankee homœopath could not be admitted. A very important proposal, viz. a union for joint licensing by the Colleges of Physicians and of Surgeons of Edinburgh was approved of; and we can now hope that the London Colleges will soon obtain a like approval, especially as the proposal was seconded by Mr. Lawrence. The Council in future will hold their meetings at the College of Physicians of London, having accepted accommodation offered them there. Minutes of the later meetings will be found in another part of this number.

Mr. Sidney Herbert, we are happy to record, has on more occasions than one exhibited a very laudable determination to come out of the trammels of red-tape. Here is a small but most important particular we have in illustration of the fact. He stated the other day in the House of Commons that,—

"He thought the men themselves would be far better judges which knapsack it would be most convenient for them to carry than any Board of Officers could be. He had, therefore, ordered a number of Berrington's knapsacks, as well as some of the knapsacks invented by Colonel Spiller, to be served out to the companies of certain regiments, with a view to their being tested by practical experiment."

That his wisdom has not yet reached to that sink of red-tapeism—India—is clear from the following:—

"Poonah, July 4.—Every one here, or at least every Indian, is in great alarm at the absence of the rains, which ought to have commenced about the 4th of June; and they predict fevers and all manner of horrors unless the rains come soon. It is very hot now, and because the cool weather ought to have begun we are made to wear winter clothing, *i.e.*, black cloth trousers and shell-jackets, and no cap covers! It seems odd that having held India so long, we should not have found out that Europeans cannot wear the same things as in England."

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING AUGUST 9TH, 1859.

Royal College of Surgeons of England.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at two o'clock, p.m.

Present—

Dr. Thomas Watson.	Dr. A. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark, Bart.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Dr. James Watson.	Dr. Christison.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

The following letter was read:—

"The London Medical Registration Association,
"5, Charing Cross, London, S.W.
"August 9th, 1859.

"To the President of the General Medical Council.

"Sir,—I think it right that the Medical Council, over which you preside, should be informed, that upon applying at the Lambeth Police Court for the penalty of 40s., in 'Re the London Medical Registration Association *v.* Nunn,' for the purpose of paying the same over to the Treasurer of the Medical Council, I was informed, by the Clerk of the Court, that the Police Court Act, 2 and 3 Vic., cap. 71, s. 47, ordered that the penalty should be paid over to the 'Receiver of Police,' Clause 42 of the Medical Act notwithstanding, and such penalty will be so paid, unless the Medical Council prove their right to receive the same, before the Police Magistrate at that Court.

"I have the honor to be, Sir,
"Your obedient Servant,
"T. E. LADD, M.D., Hon. Sec."

Referred to the Executive Committee.

1. The case of Richard Organ having been taken into consideration, it was moved by Dr. ANDREW WOOD, seconded by Mr. SYME—That the case of Richard Organ be delayed till the opinion of counsel has been obtained in regard to it.—Agreed to.

2. A memorial having been read from the Royal College of Physicians of London, relative to the 47th Section of the Medical Act, it was moved by Dr. ALEXANDER WOOD, seconded by Dr. WILLIAMS—That the Medical Council disapprove of the latter part of Clause XLVII. of the Medical Act, and will give all assistance that they legally can to the London College of Physicians to obtain the alteration of the Medical Act suggested in the memorial.—Agreed to.

3. A letter was read from the Registrar of the King and Queen's College of Physicians in Ireland, communicating copies of letters received from the Director General of the Army Medical Department, on the subject of his intended recognition of the certificate of the Company of the Apothecaries' Hall of Ireland, as a licence to practise Medicine; also a statement embodying the views of the President and

Fellows, on the right of practice which the certificate of the Company confers; also a reply to that statement presented by Dr. Leet.

Moved by Dr. Smith, and seconded by Dr. Corrigan—That it is the opinion of this Council, that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as, from a perusal of the Apothecaries' Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine; and, further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, sec. 23, declares, that the rejected candidate may appeal to the King and Queen's College of Physicians of Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an Apothecary without any examination in Medicine.

Amendment moved by Dr. Storrar, and seconded by Dr. Christison—That the words "Licentiate of the Apothecaries' Hall, Dublin," having been introduced into Schedule (A) of the Medical Act, such Licentiate is, by sec. 34, declared to be a "legally qualified Medical Practitioner," or "duly qualified Medical Practitioner."—Further than this the Medical Council feel themselves incompetent to express an opinion on the subject before them.

Votes taken; amendment negatived.

The motion was then put and carried.

4. Dr. Storrar presented the following Report of the Education Committee:—

I. General Education.—The Education Committee of the Medical Council having given their attention to various plans for ensuring and testing the General Education of Medical Students, are of opinion that it is desirable:

1. That all Medical Students shall pass an examination in general education, before they commence their Professional studies.

2. As far as it may be practicable, to accept testimonials of proficiency granted by the National Educational Bodies, according to the following list, with such additions as the Medical Council may from time to time think proper to make.

A Degree in Arts of any University of the United Kingdom or Colonies, and such other Universities as may be specially recognised from time to time by the Medical Council.
Oxford Responsions or Moderations.
Cambridge Previous Examinations.
Matriculation Examination of the University of London.
Oxford Middle Class Examinations, Senior and Junior.
Cambridge Middle Class Examinations, Senior and Junior.
Durham Middle Class Examination.
Dublin Entrance Examination.
An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

3. That the Examination on General Education be eventually left entirely to the Examining Boards of National Educational Bodies, recognised by the Medical Council.

4. That candidates who shall not produce any of the testimonials referred to in the second resolution, shall be required to pass an examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; it being provided that such examination shall be, in every case, conducted by a Special Board of Examiners in Arts.

5. That without professing to lay down any complete scheme of general education for persons intending to become Members of the Medical Profession, the Committee recommend that the scheme of examination in Arts of the Licensing Bodies be as nearly as practicable that of any one of the National Educational Bodies above specified.

6. That on and after October 1st, 1860, all Medical Students shall be required to be registered by one of the Bodies named in Schedule (A) of the Medical Act.

7. That the lists of Students registered shall be closed within a week after the commencement of each Session.

8. That no Student beginning Professional study after September 1861, shall be registered, who has not passed an Arts Examination, in conformity with resolutions 2 and 4.

9. That the Committee are of opinion that the age of twenty-two is, in most instances, the earliest age at which the Professional education should be completed, and that four years of Professional study should be required. The Committee are, however, not decided, that under certain circumstances, the examination might not be passed at an earlier age, provided the general examination had been passed full four years before the Professional.

II. Professional Education.—The Committee having recommended that, as a general rule, the earliest age of Professional examination for a licence to practise shall be twenty-two, and that four years shall be passed in Professional study, the Committee have further to recommend:

1. That the Registrar be directed to obtain returns of the courses of study and examinations of the various National Educational Bodies, enumerated in resolution 2, and that they be printed, and transmitted to the various Licensing Bodies named in Schedule (A) of the Medical Act.

2. That the Professional examination should be divided into at least two distinct parts;—that the first should not be undergone till after the termination of the Second Winter Session; nor the final examination till after the termination of the Fourth Winter Session.

3. That the first Professional examination shall be conducted partly on paper, and partly *viva voce;* and that such subjects as admit of it, shall be made as practical and demonstrative as possible.

4. That the second examination shall be conducted partly on paper, partly *viva voce;* and, as far as is convenient and practicable, clinically.

5. That the Professional examinations shall be held by the several Licensing Bodies, at stated periods (except in special cases), to be publicly notified each year.

6. That regular returns be required from the Licensing Bodies under Schedule (A), stating the number of candidates who have passed their examinations and of those who have been rejected, and that the Examining Bodies should be invited to express their opinion on the general character of the examinations, as to the qualification of the candidates.

The Education Committee have had referred to them the returns from the several Licensing Bodies, named in Schedule (A) of the Medical Act, of the Professional Education adopted by each of them; they have considered the question, whether it is desirable to lay down one general scheme of subjects of examination, such as should be recommended as a minimum to every Examining Body.

They are of opinion that they have no power under the Act to dictate forms and details of examination to the Examining Bodies as to Professional education. But inasmuch as by sections 18 and 20 of the Medical Act, it is the clear duty of the Council to satisfy themselves that the Licensing Bodies do conform to the intention of the Act with respect to the examination, they think it their duty to recommend that the Council should immediately lay before the several Examining Bodies the resolutions which they now submit to the General Council.

(Signed) John Storrar,
Chairman.

Moved by Dr. Andrew Wood, seconded by Dr. Apjohn—That the Report of the Education Committee be taken into consideration by the General Medical Council, as the first business to-morrow.—Agreed to.

5. Mr. Nussey presented the following Report of the Accommodation Committee:—

That the Committee having to acknowledge a communication from the President of the Royal College of Physicians, offering accommodation to the Medical Council at the Royal College of Physicians, recommend to the Council to accept this advantageous offer, and that the best thanks of the Council be communicated to the President and Fellows of the Royal College of Physicians.

That the Treasurer, Mr. Nussey, be requested to obtain, if found necessary, accommodation in the immediate neighbourhood of the College of Physicians, for the ordinary business of the Registration Office.

Moved by Mr. Nussey, seconded by Dr. Storrar—That the Report of the Accommodation Committee be adopted, and that the Registrar be instructed to communicate the best thanks of the Council to the President and Fellows of the Royal College of Physicians of London.—Agreed to.

6. Moved by Dr. Acland, seconded by Mr. Green—That whereas representations have been made to the Finance Committee of the General Council, concerning the unexpected amount of labour which has devolved on the Registrar and on the Clerks of the Medical Council, it is expedient that the question of the duties and salaries of the Registrar, and of the Clerks of the General Council, be referred to a Committee to report thereon; the Committee to consist of

Dr. Storrar. Dr. Smith.
Dr. Stokes. Mr. Nussey.—Agreed to.

Confirmed, B. C. Brodie.

MINUTES OF MEETING, AUGUST 10TH, 1859.

Sir Benjamin C. Brodie, Bart., President, took the chair at two o'clock, p.m.

The same Members were present as on the previous day.

The Minutes of the last meeting were read and confirmed.

1. The Report of the Committee on Education was taken into consideration.

Moved by Dr. Storrar, and seconded by Dr. Stokes—That the Report be adopted generally by the Council, and that it be discussed clause by clause.

Amendment moved by Dr. Thomas Watson, and seconded by Mr. Syme—That the Report of the Committee be received, and that the Committee be requested to put it into such a form as they may consider desirable for its circulation among the Bodies named in Schedule (A), and to produce the Report so prepared, to-morrow, at the General Council.

Votes taken, and amendment carried.

2. Dr. Alexander Wood presented the following Report of the Committee appointed on the case of Henry Scott, and for Conference with the London Medical Registration Association.

(Report.)

I. Case of Henry Scott.—The Committee has laid before counsel an opinion on this case for advice, but his opinion has not yet been received. The Committee beg to recommend, that if the opinion comes in time, it should be at once taken up by the Council; and, if it does not, it should be referred to the Executive Committee.

II. Conference with London Registration Association. The Committee have to report, that they received a deputation, consisting of ten members of the London Medical Registration Association.

That several of the gentlemen addressed the Committee, and that they have since, on the suggestion of the Committee, handed in a written statement, containing an expression of their views; this document the Committee beg leave to lay on the table, but they do not think it necessary to occupy the time of the Council by reading it, as the principal points to which it refers will be commented on in the Report.

III. Method of Entering Names in the Register.—The deputation complained of various inaccuracies in the Register. As far as the Committee can judge, these inaccuracies appear to consist chiefly of clerical or typographical errors. The Committee suggested to the deputation, that a list of these should be furnished to the Registrar for the correction of the next issue.

In regard to the suggestions made by the deputation for additional checks on the entrance of names on the Register, your Committee are of opinion, that the Council are not entitled to exercise greater stringency than the Act of Parliament sanctions them in doing. The Act clearly affords liberty for entrance on the Register in any one of the three following ways:—

1st. Production to the Registrar of the branch Council of the document conferring or evidencing the qualification.

2nd. Transmission, by post, to such Registrar, of information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained.

3rd. A liberty is given to the several Colleges and Bodies mentioned in Schedule (A), to transmit certified lists of the persons who, in respect of qualifications granted by such Colleges, are qualified for registration under the Act; and all persons in such lists may be admitted to the Register without the production of any other evidence.

The Committee are of opinion, that the penalties imposed by the Act, form the only check that can be looked for on registration by false pretences; but that it would facilitate the detection, and, therefore, the prevention of such attempts, were the Council to pass the following enactment:—

"That during the first week of each month, the Registrars for Scotland, England, and Ireland, be instructed to publish, from time to time, as the Branch Councils may direct, the names, addresses, and qualifications entered in their local register during the preceding month."

IV. Method of Keeping the Register.—The Committee are sorry to be obliged to report that there is too much reason for the complaint that the Register has not been kept as it should have been, and of this the Council were aware before it was brought under the notice of the Committee by the deputation. The Registrar explains that the hurry and bustle attendant on the first registration prevented due attention being paid to this important department. The Committee beg to recommend that the General Council do now, in conformity with section 16 of the Act, make the following Orders for Regulating the Registers:—

Orders.

No. 1. That where any person entitled to be registered under the Medical Act applies to the Registrar of any of the branch Councils for that purpose, such Registrar shall forthwith enter in a local register, in the form set forth in Schedule D to the Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the qualification, or several qualifications, in respect of which the person is so entitled, and shall affix to such entry in the Register the date at which it was made.

No. 2. That the Registrar of each branch Council shall, within two clear days (Sundays excepted) after he has received notice of any alteration in the addresses or qualifications of persons registered under the Act, or legal evidence of the death of any registered Practitioner, cause such changes to be made in the Register, or the name of such registered Practitioner who has died to be erased from the Register.

No. 3. That the registrars of the branch Councils for Scotland and Ireland shall keep an alphabetical list of those registered, and shall, on entering a name in the local register enter it forthwith also in its own place in the alphabetical list.

No. 4. That, as provided by the Act (Sect. XXV.), in the case of the Registrar for Scotland or Ireland, he shall, with all convenient speed, send to the Registrar of the General Council, certified under his hand, a copy of all the entries or changes so made in the local register.

No. 5. That the General Registrar shall forthwith cause such entries in the branch registers to be made in a list kept by him.

No. 6. That the General Registrar shall also keep, as directed by the Act, the General Register in alphabetical order, and shall, on receiving any additional name, forthwith enter it in such General Register.

No. 7. That each page of these registers and lists shall be verified by the signature of the Registrar.

V. Price of Register.—The deputation brought this subject under the attention of the committee, and were informed of the reduction of price already decided on by the General Council.

VI. Prosecutions by General Council.—The importance of this was strongly pressed on the attention of the committee, who replied, by directing attention to the resolutions already come to by the Council.

Moved by Dr. Smith, seconded by Sir Charles Hastings—That the foregoing report be received and adopted.—Agreed to.

Moved by Dr. Alexander Wood, seconded by Sir Charles Hastings—That the Council, in conformity with Clause XVI. of the Medical Act, make the orders recommended in the foregoing report, Nos. 1, 2, 3, 4, 5, 6, and 7, for regulating the registers to be kept under the Act.—Agreed to.

3. Dr. Corrigan presented the following Report:

The committee appointed to report upon the communication from the Poor-law Board, beg to report as follows:—

The communication states that "the important question" upon which the Poor-law Board desires information is, "what is the exact extent and nature of the qualification which is obtained by the degrees or licences conferred by the several bodies which have made their application to the Board." That "the Board do not possess any authoritative information on the subject which they can act upon, and they therefore request to be informed by the General Medical Council how far the degrees or licences of the several bodies, by whom memorials have been addressed to the Board, confer respectively the right of practising Medicine or Surgery, or Medicine and Surgery, and an evidence that the persons to whom they are granted have obtained a competent knowledge of either, or both, of those branches of the Profession.

The several bodies referred to as having presented memorials are—

The University of Edinburgh,
Royal College of Physicians of Edinburgh,
Royal College of Surgeons of Edinburgh,
University of Glasgow,
Faculty of Physicians and Surgeons of Glasgow,
Marischal College and University of Aberdeen,
King's College and University of Aberdeen,
Royal College of Surgeons of Ireland,
University of London, and
Medical Protection Association of Cork,

which last-named Body, not being a Licensing Body, does not come within the scope of the inquiry.

The question put by the Poor-law Board consists of two parts—

1st. How far the degrees or licences of the several Bodies above enumerated confer respectively the right of practising Medicine or Surgery, or Medicine and Surgery? and,

2nd. How far the above qualifications are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of those branches of the Profession?

With reference to the first part of the question, the committee deem it only necessary to observe, that in the words of Clause XXXI. of the Medical Act, "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, etc.," and that the qualifications conferred by the several Bodies above enumerated, appear to the committee to be as follows:—

University of Edinburgh	Degree in Medicine.
Royal College of Physicians of Edinburgh ..	Licence in Medicine.
Royal College of Surgeons of Edinburgh ..	Licence in Surgery.
University of Glasgow	Degree in Medicine. Master in Surgery.
Faculty of Physicians and Surgeons of Glasgow	Licence in Surgery.
Marischal College and University of Aberdeen	Degree in Medicine.
King's College, Aberdeen	Degree in Medicine.
Royal College of Surgeons of Ireland	Licence in Surgery.
University of London	Degree in Medicine.

The second part of the question is—How far the above qualifications "are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of those branches of the Profession?"

In reference to this, the committee desire to observe that the several Bodies above enumerated are Universities or Corporations legally entitled to grant degrees or licences in Medicine or Surgery, or in both; that their curricula require an education in all the important branches of the Profession; and that it is the opinion of the committee that a perfect equality of privileges should be maintained throughout the United Kingdom.

D. J. Corrigan, Chairman.

Moved by Mr. Teale, seconded by Dr. Embleton—That the report of the committee appointed to report upon the communication from the Poor-law Board be adopted.

Amendment moved by Dr. Williams, seconded by Dr. Alexander Wood—That the report be adopted, with the addition, after the word "Privileges," in the last line but one, of the words "among the Graduates and Licentiates of the Bodies above enumerated, according to their several qualifications."

Votes taken; amendment carried.

4. Mr. Nussey presented the Report of the Finance Committee.

Moved by Mr. Nussey, seconded by Dr. Smith—That the Report of the Finance Committee be received and referred respectively to the Executive Committee and Branch Council for England, for the purpose of being carried out according to the recommendations contained therein.—Agreed to.

5. Moved by Sir Charles Hastings, seconded by Dr. Alexander Wood—That it is expedient that the proceedings of the Council be recorded in writing, in a book to be kept for that purpose.—Agreed to.

6. Moved by Dr. Acland, seconded by Mr. Teale—That whenever a branch Council shall refer to the General Council the name of any person which it is deemed desirable to remove from the Register, the Registrar of the General Council shall be authorised to obtain the opinion of counsel on the facts and bearings of the case, before it is submitted to the General Council; and that such opinion of counsel shall accompany the statement of the case when it is brought before the General Council.—Agreed to.

7. A copy was presented of the regulations of the Royal College of Physicians of Edinburgh regarding its licence, with certain corrections rendered necessary by an agreement entered into by the College with the Royal College of Surgeons of Edinburgh, since the day of the passing of the regulations.

The foregoing regulations were referred to the Education Committee.

8. The following paper was read, which had been presented by the Royal College of Physicians of London:—

At a meeting of the Royal College of Physicians of London, held on Monday, August 8, 1859, it was resolved:—

1. That any person who shall have satisfied the College touching the sufficiency of his acquirements in general science and literature, and given proof, under examination, of his proficiency in the science and practice of Medicine and Midwifery, and who shall have complied with such other regulations as are or shall be required by the bye-laws of the corporation, may receive a licence to practise physic.

2. That no so person licensed be empowered to vend, compound, or dispense any Medicines, except for patients under his own Medical care.

3. That every candidate be required to furnish proof that he has attained the age of twenty-one years.

4. That the preceding resolutions be submitted to the Medical Council, with an expression of the desire of this College to render these resolutions available for co-operation with the College of Surgeons in the licensing of general Practitioners.

9. The following letter was read, which had been referred to the General Council by the Scottish Branch Council:—

"Portree House, Fence Houses, Durham,
"June 28, 1859.

"Sir,—I am a Licentiate of your Faculty, and passed in 1852. This day I performed a post mortem examination, and gave evidence at an inquest, for which services the coroner informed me I was entitled to a fee of only one guinea, instead of two, which is the usual fee, because I was not a Member of the English College of Surgeons. He said, 'You are legally qualified to practise, but not to perform a post mortem examination, not being qualified in England;' therefore, that I was entitled only to the fee allowed a Medical witness, in giving ordinary evidence, viz. one guinea. On former occasions I repeatedly received two guineas for similar services. Will you have the kindness to let me know whether I can recover the full amount?

"I am, Sir, yours respectfully,
"J. Watson, Esq., M.D." Duncan Matheson.

Moved by Dr. James Watson, seconded by Dr. Embleton—That the Registrar be instructed to direct the attention of Mr. Matheson to Sect. XXXI. of the Medical Act, in reference to his letter, referred by Branch Council of Scotland to General Council.—Agreed to.

Confirmed, James Clark.

MINUTES OF MEETING, AUGUST 11TH, 1859.

In the absence of the President, Sir JAMES CLARK, Bart., was called to the chair, at two o'clock, p.m.

Present—

Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Williams.
Dr. Acland.	Dr. Lect.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Dr. James Watson.	Dr. Christison.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

The opinion of counsel was read, respecting the 27th and 29th Sections of the Medical Act.

1. Moved by Mr. TEALE, seconded by Dr. ALEXANDER WOOD—That the name of Richard Organ be erased from the Register, in accordance with the provisions of Clauses 26 and 29 of the Medical Act.—Agreed to.

2. Moved by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS—That the case of Henry Scott be deferred till further legal opinion has been taken on it.—Agreed to.

3. Moved by Dr. ACLAND, seconded by Dr. ANDREW WOOD—That the opinion of counsel respecting Sections 27 and 29 of the Medical Act be referred, as proposed by the counsel, for consultation with one of the Law Officers of the Crown, as the counsel may think fit.—Agreed to.

4. Moved by Mr. SYME, seconded by Dr. ANDREW WOOD—That in all cases where a division has taken place, any Member of the Council may require that the names of the majority and minority shall be entered on the Minutes.—Agreed to.

5. Moved by Mr. NUSSEY, seconded by Dr. CHRISTISON—That the treasurers of the General Council be empowered to pay on account (from the sum of £500, voted last November towards the expense of the Pharmacopœia Committee), the sum of £100 to each of the secretaries of the sub-committees of London, Edinburgh, and Dublin, in order to meet the expenses incurred, in conformity with powers devolved upon them at a meeting this day of the General Pharmacopœia Committee.—Agreed to.

6. Dr. CHRISTISON presented the Report of the Pharmacopœia Committee.

(REPORT.)

The Pharmacopœia Committee of the Medical Council have to report as follows:—

The committee commenced operations near the end of December, divided themselves into three sub-committees, meeting in London, Edinburgh, and Dublin; and requested the co-operation of the Royal Colleges of Physicians, and the Pharmaceutie Society of Great Britain, who all appointed delegates to assist the sub-committees. The committee also appointed certain gentlemen to aid them as analytie chemists, pharmaceutic chemists, and botanical referees.

Many preliminary difficulties presented themselves in settling the principles of construction of the Pharmacopœia, and it was accordingly found necessary, after frequent meetings of the different sub-committees, to have a general meeting of delegates from the three committees, which could not be held earlier than May.

At this convocation the subject of the weights and measures to be employed in Pharmacy was settled. The principles of construction of the Materia-Medica List, or First Part of the Pharmacopœia, were fully gone into and settled. The extent and classification of the Second Part, which consists of formulæ for making the preparations and compounds of the Pharmacopœia, were likewise the subject of careful consideration; but, in some points, this last matter still remains undetermined.

It was also determined, at the convocation, how the labour of constructing the Pharmacopœia should be divided among the three sub-committees.

Since the convocation met, in the beginning of May, the sub-committees have completed a considerable amount of work of detail; the list of the various articles of the Materia-Medica has been agreed on and arranged, and many of the groups of the preparations are now almost completed.

R. CHRISTISON, Chairman.

7. Moved by Dr. ACLAND, seconded by Dr. STORRAR—That the report of the Pharmacopœia Committee be received, and entered on the Minutes.—Agreed to.

8. Moved by Dr. ALEX. WOOD, seconded by Dr. CHRISTISON—That five members, resident in London, be the Executive Committee, and that their duties be:—

1. To make up the annual accounts and compute the per-centage chargeable against each Branch Council.
2. To take the necessary steps for obtaining the law opinion ordered on 11th August.
3. To re-arrange the duties and salaries of the clerks.
4. To superintend the publication of the Register for 1860, as was agreed.

That the Executive Committee be instructed to keep regular written Minutes of their proceedings, and that these Minutes be printed, and circulated to the members of Council.—Agreed to.

9. Moved by Dr. ALEXANDER WOOD, seconded by Dr. STOKES—That the Executive Committee consist of Sir. Benjamin C. Brodie, Bart., President; Sir James Clark, Bart; Dr. Thomas Watson; Mr. Green, and Mr. Nussey.—Agreed to.

10. Dr. STORRAR, in conformity with the resolution of Council, dated August 10, presented the following report from the Education Committee, in the form they consider desirable for circulation among the bodies named in Schedule A.

The General Council of Medical Registration and Education having considered the question of education, and having referred it to a committee to report thereon, are in a position to express their views on certain parts of the subject. It is one of great extent, and divides itself into several heads, of which the most important may be specified as follows:—

I.—The Preliminary General Education.
II.—The purely Professional Education.
III.—The Conditions on which the higher qualifications in Medicine and Surgery should be granted.

The Council, looking at the importance, and complicated nature of the question, have determined to postpone the consideration of the second and third heads. They take this course, believing that it will tend to promote the reforms indicated by the provisions and the spirit of the Act of Parliament; for time will thereby be allowed for full consideration of such important points as the assimilation, as far as may be, of the purely Medical educational systems, and the providing that the higher degrees should be distinguished by corresponding academic rank, obtained by a full, and, as nearly as possible, equivalent academic education. The Council expect that by their next meeting they will be in a position to offer their views on those questions, and on others of corresponding magnitude. With these views, the Council have resolved to recommend the adoption, by the various educational bodies in the United Kingdom, of the following principles; and, although the present proceedings must be taken as referring to a part only of the subject, the Council do not doubt that the educational bodies and licensing corporations will lend their assistance to the carrying the spirit and intention of the recommendation into effect.

The Council do not apprehend, in suggesting a minimum of education, that such will or ever can become the only standard sought for or attained by Medical students. The varied requirements of the age, to say nothing of the probable operation of the Act of Parliament, will prevent the occurrence of any such result.

The Council are of opinion that no person should enter the Medical or Surgical Profession, who has not received an education in general knowledge such as will be equal, at least, to that required by the national educational bodies. They believe, that with the exception of a very few though important branches of knowledge, the education and mental training of the student destined for the Medical Profession

ought not to differ from those adopted for other professions. And, therefore, they are of opinion that it would be unwise and unnecessary to create any new machinery for this purpose.

The Council, however, with the view of meeting difficulties which may arise, have recommended, where it is necessary, the creation of Special Boards of Examiners in Arts, in connection with the Licensing Corporations.

They therefore call the attention of the licensing bodies to the following report from the Education Committee :—

Report of Education Committee.—In presenting their report to the General Council, your committee beg leave to make the following remarks :—

The subject of general education has chiefly engaged their attention, inasmuch as general education naturally precedes special technical training; and also because, in the opinion of your committee, while the system of professional instruction, hitherto enforced by the general licensing bodies, is, perhaps, redundant rather than deficient, the provision made for the preparatory mental cultivation of a large proportion of Medical students has been confessedly imperfect. In considering the subject of general education, however, your committee have purposely abstained from entering into minute details. They are impressed with the conviction, that it would be prudent to beware of proceeding too suddenly, or of attempting too much towards the remedy of a wide-spread and long-existing evil, and they also believe that it is important to leave to the general Licensing Bodies the responsibility of ameliorating general education, conformably to the general principles recommended by your committee, as speedily and as effectually as may be compatible with the various circumstances in which they are respectively placed. Your committee have endeavoured to indicate the direction, rather than the precise path, in which the Licensing Bodies should go.

It may to some appear to be a grave omission, that your committee have not specially referred to the general education of candidates for Academic Medical Degrees; but your committee are of opinion, that this is precisely the part of the question which may be most safely postponed. On the one hand, the general educational requirement of Universities are for the most part sufficient; and if any deficiency in this respect should anywhere exist, your committee are convinced that it will be spontaneously remedied, without any special suggestion being made to that effect.

The Education Committee of the Medical Council have taken into consideration the two following resolutions of the General Council, dated August 3, 1859 :—

1. That for the purpose of guiding the Council in coming to a determination, in conformity with Sect. 20 of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their fellowships, licences, and degrees have been communicated to the Council, a committee be appointed to prepare a report, laying down a minimum of examinations and subjects of examinations, without which no qualification will be held, by the Council (Sect. 20), such as to secure the possession by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their Profession; and that it be an instruction to the committee to report on the expediency or the reverse, of this Council recommending what, in their opinion, would constitute a sufficient course of general and professional education.

2. That a committee be appointed, to examine the returns by the different bodies included in Schedule (A), to report in regard to each of these as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their Profession; and to report to the Council. As also in regard to the most effective machinery for superintending the examinations, so as to secure that they shall conform to a standard of examinations in general and Professional education considered sufficient by the Council.

The committee have, therefore, given their attention—1st. To various plans that have been suggested for ensuring and testing the general education of Medical students; and 2ndly. The committee have considered and stated what conditions appear to them proper to be observed in Professional examinations, even those which test the minimum qualifications for a Medical Practitioner, reserving their views concerning the higher degrees and qualifications to a future report.

I. General Education and Examination.—The committee are of opinion that it is desirable :

1. That all students shall pass an examination in general education, before they commence their Professional studies.

2. That, as far as may be practicable, testimonials of proficiency granted by the national educational bodies, according to the following list be accepted, with such additions as the Medical Council may from time to time think proper to make.

A degree in arts of any University of the United Kingdom or the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.

Oxford Responsions or Moderations.
Cambridge Previous Examinations.
Matriculation Examination of the University of London.
Oxford Middle-class Examinations, senior and junior.
Cambridge Middle-class Examinations, senior and junior.
Durham Middle-class Senior Examination.
Dublin University Entrance Examination.

An examination by any other University of the United Kingdom, equivalent to the middle-class examinations of Oxford and Cambridge.

3. That the examination on general education be eventually left entirely to the examining boards of national educational bodies, recognised by the Medical Council.

4. That students who cannot produce any of the testimonials referred to in the second resolution, be required to pass an examination in arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such examination shall be, in every case, conducted by a special board of examiners in arts.

5. That without professing to lay down any complete scheme of general education for persons intending to become Members of the Medical Profession, the committee recommend that the scheme of examination in arts of the licensing bodies be, as nearly as practicable, similar to that of any one of the national educational bodies above specified.

6. That on and after October 1st, 1860, all Medical students be required to be registered by one of the bodies named in Schedule (A) of the Medical Act.

7. That the lists of students registered be closed within a week after the commencement of each session.

8. That no student beginning professional study after Sept. 1861, be registered, who has not passed an arts examination, in conformity with resolutions 2 and 4.

9. That the Registrar of the General Council be directed to obtain returns of the courses of study and of the examinations of the various national educational bodies, referred to in resolution 2 on general education, and that they be printed, and transmitted to the various licensing bodies named in Schedule (A) of the Medical Act.

10. That the age of twenty-one be the earliest age at which any professional licence shall be obtained, and that four years of Professional study be required after the examination in general education.

II. Professional Examinations.—Although the committee at present refrain from any recommendations on the subject of Professional Education, they submit the following, in relation to Professional Examinations :—

1. That the Professional Examination be divided into at least two distinct parts; that the first be not undergone until after the termination of the Second Winter Session; and the final examination not until after the termination of the Fourth Winter Session.

2. That the first professional examination be conducted partly in writing, and partly *viva voce;* and that such parts of it as admit of it, be made as practical and demonstrative as may be possible.

3. That the second examination be conducted partly in writing, partly *viva voce;* and, as far as may be convenient and practicable, clinically.

4. That the Professional Examinations be held by the several licensing bodies (except in special cases), at stated periods, to be publicly notified each year.

5. That regular returns be required from the licensing bodies under Schedule (A), stating the number of candidates who have passed their examinations and of those who have been rejected, and that the examining bodies should be invited to express their opinion on the general character of the examinations, as to the qualifications of the candidates.

The Education Committee having had referred to them the returns of professional education, from the several licensing bodies, named in Schedule (A) of the Medical Act, have considered the question, whether it is desirable to lay down one general scheme of subjects of examination, such as should be recommended as a minimum to every examining body.

The Committee are of opinion that although no power is given under the Medical Act to the Council to dictate forms and details of examination to the licensing bodies as to professional education; yet that, by Sections 18 and 20 of the Medical Act, it is the clear duty of the Council to satisfy themselves that the licensing bodies do conform to the intention of the Act with respect to the examination. And the Committee therefore recommend, that the Council should immediately lay before the several Licensing Bodies the Report which they now submit to the General Council.

Signed, on behalf of the General Medical Council,

B. C. Brodie, President.

Moved by Dr. Alexander Wood, seconded by Dr. Embleton—That the Report of the Committee on Education be adopted, and that twenty copies be sent to each member of the General Council.

11. Amendment moved by Dr. Corrigan, seconded by Dr. Smith—That copies of the Report of the Education Committee be forwarded to the several bodies enumerated in Schedule (A), with the object of obtaining their views upon the two subjects of general and professional education.

Votes taken; amendment negatived.

Motion put, and carried.

12. Moved by Mr. Nussey, seconded by Sir Charles Hastings—That the best thanks of this Council are eminently due, and are hereby offered, to the Council of the Royal College of Surgeons, for their obliging and courteous accommodation during the present Session of the Medical Council.—Agreed to.

Confirmed, Joseph Henry Green.

The Board of Medical officers appointed by the Duke of Cambridge to report on the Hospital tent which has been invented by Major Rhodes—one of which has been for some time in use in the grounds attached to the garrison Hospital at Chatham—having made a very favourable report of the invention, the Commander-in-Chief gave directions for another description of Major Rhodes's tent, called the "Field Hospital tent," to be pitched there.

Silk.—By recent experiments M. Schlossberger arrives at the conclusion, thet he has shown the chemical identity of silk and the spider's web. He proposes to call their immediate principle *Sericine*, from *sericum*, silk.

Guy's Hospital.—At a Court of Committees of Guy's Hospital, held on Thursday, the 11th inst., his Royal Highness the Duke of Cambridge was unanimously chosen a Governor.

London Fever Hospital.—An address, by Lord Monteagle, the President of the Hospital, earnestly pleading the cause of the charity, has been responded to by donations to the amount of £960, the half of which was contributed in one sum by Sir R. P. Glyn.

Cholera in Scotland.—The Registrar-General for Scotland says:—"A few suspicious cases of cholera have been reported, but those which occurred during July do not appear to have assumed the epidemic form, or to be other than rapidly fatal cases of autumnal cholera. As undoubted cases of epidemic cholera, however, have been brought to this country in vessels from Hamburgh, it would be prudent for the local authorities to adopt those precautions which experience has proved to have done much to arrest the spread, and mitigate the severity, of former epidemics."

GENERAL CORRESPONDENCE.

RESULTS OF LITHOTRITY.

Letter from Charles Williams, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a late number of the *Medical Times and Gazette* appeared a statistical account of the cases of Lithotrity performed at Provincial Hopitals, from the year 1854 to 1858. I was surprised to find that only one case was reported to have been performed at this Hospital, whereas during that period eight cases occurred; and I have taken the liberty of sending a short account of each case, so that your table may be somewhat more complete. I may also mention that the case reported, was not lithotomised at this Hospital, but by a Surgeon in Suffolk. I have written to him to ascertain how the case terminated; I have heard it ended in complete recovery; but not feeling satisfied with hear-say information, I wrote to the Surgeon, and expect an answer shortly, which I shall have much pleasure in forwarding to you.

I am, &c. Charles Williams, Resident Surgeon.
Norfolk and Norwich Hospital.

1854.—A man, aged 54, under Mr. Nichols; lithotritised, April 29; cured, May 27. Weight of *débris*, 35 grains.—A man, aged 48, under Mr. Firth; lithotritised, September 1st; cured, October 7. Weight, 57 grains.—A man, aged 45, under Mr. Firth; lithotritised, November 20; cured, December 16; weight, ʒij. and 6 grains.

1855.—A man, aged 27; under Mr. Firth; lithotritised, August 30; cured, September 15; weight, 56 grains.

1856.—A man, aged 35; under Mr. Nichols; lithotritised, August 22; cured, September 6; weight, ʒij. ℈j. N.B. This patient had the lateral operation performed on the 4th of May, 1855, and was discharged cured June 30. Weight of the calculus was ʒvij. ℈iiss.—A man, aged 34; under Mr. Nichols; lithotritised, September 27; cured, October 18; weight, 22 grains.

1857.—A man, aged 66; under Mr. Nichols; lithotritised, April 16; weight of *débris*, ʒij. Lithotomised, May 8, and cured June 6, 1857; weight of calculus, ʒiv.—A man, aged 62; under Mr. Cadge; lithotritised, June 13; cured, August 15; weight, 72 grains. N.B. There were two sittings in this case: I cannot find the date of the second sitting.

During the above period (January, 1854, to December, 1858) 56 cases of stone in the bladder were admitted into the Norfolk and Norwich Hospital—47 were lithotomised, 8 were lithotritised, 1 intracted (woman). Total 56.

P.S.—I promised I would let you know the result of the Lithotrity case, published in your Journal some weeks back, and referred to by me in my last letter to you. The Surgeon says, "George F—— is perfectly free from any symptoms of vesical disease, and he is and has been maintaining himself and wife since the last week in May of this year, having been operated on on the 22nd of January. I removed two calculi of the respective weights of ʒiv. and ʒiss."

Hoping this information will be acceptable,—I am, &c.,

C. W.

August 17th, 1859.

DEATH FROM CHLOROFORM.

Letter from W. Allingham, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to enclose you my report of the case of death from chloroform which took place at our Hospital last week, and should be obliged by your publishing it, as I see you have given a short notice of the case in your Journal. I am of opinion that these cases should not be considered apart from the whole history of the previous illness, and therefore send you a condensed account.

I am, &c. W. Allingham,
Surgical Registrar at St. Thomas's Hospital.

R. W., aged 28, admitted into Abraham's Ward, under the care of Mr. Solly. On the morning of June 14, 1859, this patient was carrying on his shoulder a basket containing

bottled beer, and in the endeavour to step from one steamboat to another before they had ceased moving, he got his right foot jammed between them, and was thrown violently forward on to the deck. On his being brought to the Hospital, it was found that he had dislocation of the foot inwards, and the astragalus outwards. The inferior articulating surface and the rounded head of the astragalus could be distinctly felt at the outer side of the foot; the tibia rested on the os calcis; there was no fracture of the ends of the tibia or fibula. There was considerable bruising, and the skin over the dislocated astragalus was very tense. Reduction was readily effected by simple extension. For some days he went on very well, although the foot was much swollen and contused; but he was a man of exceedingly irritable temperament, and had been accustomed to drink freely, being employed in wine-vaults. On the 24th it was evident that sloughing would take place over the outer side of the joint. On the 27th he was attacked with erysipelas, and Mr. Solly made an incision to let out pent-up matter. From this period he suffered very much; several incisions were made at different times, and a slough formed on the inner ankle from slight pressure of the Liston's splint upon which his leg had been placed. He had throughout liberal diet, plenty of stimulants, and opiates at bed-time. The erysipelatous inflammation subsided, and Mr. Solly had him taken up to the operating theatre for the purpose of examining the condition of the joint, and removing the astragalus if necessary. This was on the 23rd of July. He was put under the influence of chloroform by Mr. Gervis, the House-Surgeon, and Mr. Solly carefully examined the joint. He did not find it necessary to remove the astragalus, but gouged away some carious bone. The limb was re-adjusted in a Liston's splint before the patient was taken from the theatre, and the whole operation lasted more than half-an-hour, during which time he was under chloroform.

For a few days after the operation he was better, but he soon relapsed: his sufferings were considerable, no doubt, and much aggravated by his irritability, there was free discharge from three wounds; his rest was broken, his appetite far from good, and Mr. Solly came to the conclusion that it was advisable to amputate the foot. On the 8th of August, the day on which the operation was to take place, he was quite cheerful, and took some stout and brandy, a short time before he was taken up to the operating theatre. Mr. Gervis again administered the chloroform; one drachm was placed in the inhaler, and I should think that not more than half of it had been inhaled when Mr. Gervis found his pulse fail, and withdrew the chloroform; the patient's face became very pale, he made a few gasps, emptied his bladder, and, I believe, then died. An injection of brandy was immediately given, and artificial respiration was continued for full half-an-hour; galvanism was likewise tried without any avail.

I made the *post mortem* examination twenty-three hours after death. Dr. Bristowe, who was in the room making another *post mortem*, kindly gave me the benefit of his valuable opinion upon the points I submitted to him.

General appearances.—Body not at all ill nourished. Rigor mortis but slight. Some lividity about the ears, face, and neck.

Chest.—Lungs well collapsed. No pleuritic adhesions. There was about a drachm and a half of serum in the pericardium. All the cavities of the heart contained fluid blood, and the heart was perfectly healthy. A microscopic examination failed to detect any fatty degeneration. Both lungs were healthy. There was no odour of chloroform to be detected in them. The aorta was free from atheromatous deposits.

Abdomen. — Liver slightly enlarged (weighing four pounds six and a half ounces), but healthy in structure. The left kidney was twice the size of the right, both were healthy. The spleen was softer than usual, breaking down with the slightest touch. There was no peculiarity about the pancreas. The stomach contained a small quantity of semi-fluid material, and was healthy, as were also the intestines.

Head.—There was a little fluid beneath the arachnoid. The surface of the brain was perhaps slightly paler than usual. On the under surface of the anterior portion of the middle lobe—right hemisphere—there was a depression containing a pulpy material, which Dr. Bristowe suggested to be probably the remains of an old clot—a microscopic examination confirmed this view. There was a similar condition of the under surface of the anterior lobe of the same side, the olfactory bulb being destroyed. The lateral ventricles contained a small quantity of fluid. There was no other deviation from healthy structure observable.

Examination of the right Ankle.—A sloughy wound existed on the outer side and communicated with the joint—on the inner ankle was another sloughy sore and there was also ulceration on the instep. The astragalus was found to be normally placed with regard to the tibia and fibula; the foot was turned inwards. The cartilage was removed from the upper surface of the astragalus, and softened bone exposed. The opposed articulating surfaces of the os calcis and astragalus were likewise denuded of cartilage. There was no fracture of tibia or fibula.

EXAMINATION AT BED-SIDE OF PATIENT.

Letter from G. E. Paget, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your leading article of last week you mention it as an honour to the Universities of London and St. Andrews', that they have been among the first to institute a Medical examination at the bedside of the patient. Not long ago there was a little controversy in your columns between two graduates of Oxford and London, each claiming for his own University the honour of having originated this mode of examination. As the University of Cambridge has not (as far as I know) been mentioned, it may be as well to say, that the Medical examination at the bedside of the patient was first instituted here.

It was commenced as long ago as the year 1841, in the course of the examination for the *Licentia ad practicandum*, and has been continued in every examination since that time.

I can speak positively, as I was myself the examiner with whom it originated. Dr. Hare, now of University College Hospital, and Dr. Simpson, of Pontefract, were the first, or among the first, who passed the examination.

I am, &c.,
G. E. Paget.

Cambridge, August 11, 1859.

CASES PROSECUTED UNDER THE MEDICAL ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—We beg to enclose a report, from the "*Manchester Guardian*" of cases under the Medical Act. The report is very faithful so far as it goes, and will show some questions raised which have not been considered in any previous case; and which prove the Act to be clumsy and confused. The Act will not effect what it was intended to do; and the attention of the Profession should be directed to its amendment.

We are, &c.

Joshua Stone, M.D.,
Jonathan Wilson, F.R.C.S.,
Honorary Secretaries to the Manchester Medico-Ethical Association.

84, Bloomsbury, Manchester, August 15, 1858.

At the City Police Court, August 9th, Mr. R. B. B. Cobbett appeared on behalf of the Medico-Ethical Association of Manchester, to prefer two charges for violations of the new Medical Act. As they were the first cases of the kind that had occurred in Manchester, he said the Society did not wish to press for a severe punishment. The first case was that of Mr. Joseph Healey, who occupies the house No. 142, Rochdale-road, upon the door of which are the words, "Mr. Healey, Surgeon." A man, named John Stamford, went to the defendant's house on the 2nd instant, saw the words upon the door, and going in saw Mr. Healey, and asked him to prescribe for his ear. Mr. Healey gave him something in a bottle, for which Stamford paid 6d. The printed book purporting to be the local Register of duly-qualified medical men, and which may be taken as evidence, was then put in. It does not contain the defendant's name. An argument ensued between Mr. Cobbett and the presiding magistrate, Mr. Maude. Mr. Cobbett read the clause which said that "any person who should wilfully and falsely pretend to be and use the name of a Surgeon, or any name implying that

he is registered under the Act, or that he is recognised by law as a Surgeon," &c., shall be liable to a penalty.—Mr. Maude: But does the mere use of the word "Surgeon" imply that? Mr. Cobbett: Unless that is inferred, unless we put that construction upon it, there is no offence.—Mr. Maude: The Act may not effect what it was intended to do. This is a penal Act of Parliament, and any man who uses a term which imports that he is on the Medical register, while he is not on the register, is liable to a penalty. The Act means nothing if it does not mean that. It is singular that it was not said, "No man shall use the term 'Surgeon' except he is a member of the College of Surgeons." You have to raise by implication an offence to which a penalty is attached. You have to assume that the using of the word "Surgeon" is a false pretence within the meaning of the Act, for the Act does not define the word. The case was ultimately adjourned, to afford the magistrates time for consideration, and the decision will be given on Friday.—In the second case Mr. William Andrew was charged with using the word "Apothecary" over his shop window, in Chancery-lane, Ardwick. The fact was not disputed. Mr. Andrew said he was not aware that he was committing any offence. When he took the shop the words "Druggist and Apothecary" were over the door, and he continued them. On his undertaking to remove the latter word, this case was dismissed.

Medico-Ethical Association.—At the City Police Court, August 12, when the case of this Association against Mr. Joseph Healey, of Rochdale-road (which was adjourned from Tuesday), was called on, Mr. Maude asked the defendant: Upon what authority do you profess to practice at all as a Surgeon?—Mr. Healey: On the authority of my diploma as licentiate accoucheur of the Dublin University.—Mr. Maude: Mr. Cobbett, who was a Surgeon before the Act passed?—Mr. Cobbett: Anybody.—Mr. Maude: That is, there was no law against any person cutting another person's leg off and charging for it.—Mr. Cobbett: None at all.—Mr. Healey: It was the Registrar's fault. He should have intimated to me about this Act; I was not aware of it.—Mr. Maude: The Act contemplates a person "falsely and fraudulently" representing himself to be a Surgeon. After the defendant's statement, will the Society proceed with the case?—Mr. Healey said he should like to know who they were that had brought him to the court, and what authority they had. They had taken away his character in those penny publications.—Mr. Maude said it was perfectly immaterial to the defendant who the persons were who had instituted these proceedings. The question was whether he had committed a violation of the new Act of Parliament. The object of the prosecution was not so much to punish the defendant, as to procure the observance of the Act, by which the public might always know who were really qualified and authorised to act as Medical men, and whowere not. If, however, the defendant said if he had committed a breach of the Act it was quite unintentionally, and if he promised to remove the word "Surgeon" from his door, perhaps the Society would be satisfied for the present.—Mr. Healey: Yes, your worship, I shall have "Accoucheur" on the door-plate, and I shall discontinue the word "Surgeon." But can I have "Surgeon" on the window, because it is there now, in gold letters?—Mr. Cobbett, after consulting with the officers of the Society, said: If he would promise to look to the Act of Parliament, and not to use those titles any more, the Society would take no further proceedings, nor press for a conviction.—Mr. Maude: I think it is as well that the Society should withdraw the case; and those persons who persist in using the title "Surgeon" after this, must be prepared to prove that they have a right to it.—The defendant gave the required promise, and this concluded the case.

MEDICAL QUALIFICATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will any of your readers interpret for me the word "Medicine" in the 31st section of the Medical Act? I am the holder of a qualification which entitles me to practise Surgery in England, and I have registered by virtue of this qualification. I have little doubt, therefore, that I can now practise Surgery in any part of Her Majesty's dominions. I want, however to practise Medicine as well as Surgery, but I am puzzled to know what is the proper qualification I should endeavour to acquire. If I apply to the College of Physicians I can obtain a qualification to practise Physic, but am precluded by one of their bye-laws from the practice of Pharmacy; and if I go to the Apothecaries' Company, they give me a qualification to practise as an Apothecary. If I graduate at the University of London, I have granted to me a qualification, which authorises me to practise Physic, but not Surgery, Pharmacy, or Midwifery; and if I take a degree at either of the Universities, I may practise Physic. Now, my difficulty is—Which of these is the right qualification for me to get? The Poor-Law Board seem to be in a similar predicament to that in which I find myself placed. They want to know how far the degrees, diplomas, or licences of the several bodies enumerated in their note to the Secretary of the Medical Council, confer the right to practise Medicine or Surgery, or Medicine and Surgery, being like myself without any authoritative information on the subject upon which they can act. I am, &c. M.R.C.S.

August 15.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 28th, 1859.

F. C. Skey, Esq., President, in the Chair.

A Paper by William Turner, M.B., Lond., M.R.C.S. was read, on a

CASE OF EXTENSIVE ADHESION OF THE INFERIOR MARGIN OF THE SOFT PALATE TO THE POSTERIOR WALL OF THE FAUCES,

WITH A DESCRIPTION OF THE PARTS SEEN ON DISSECTION.

In this paper the author describes a curious case of palato-pharyngeal adhesion, which came under his notice in the dissecting-rooms of the University of Edinburgh, and to which his attention was directed by his friend, Mr. Paull. Upon looking into the mouth, it was observed that there was a complete absence of the uvula, and that there was no communication between the back of the mouth and the nasal part of the pharynx, except through a small rounded hole situated immediately on the left side of the middle line, and corresponding apparently with the upper part of the arched orifice usually found at the base of the uvula. The separation of the nasal from the buccal parts of the pharynx in this almost complete manner was due to the adhesion of the inferior margin of the soft palate to the interior of the pharyngeal wall. The adhesion had apparently taken place along the folds of mucous membrane containing the palato-pharyngei muscles. The mucous membrane, especially about the line of junction, presented a roughened and cicatrised appearance. The posterior surface of the pharynx exhibited certain alterations in its walls. It was very much contracted in its lateral diameter, being not more than half an inch across immediately opposite the hamular processes; this contraction corresponded exactly with the line of union of the soft palate to the interior of the pharyngeal wall. The upper part of the pharynx consequently presented a funnel shape. The greater part of the fibres of the superior constrictor muscles had their place occupied by a thickened fibrous membrane; the right stylo-pharyngeus muscle was also greatly altered at its lower part by fibrous thickening. The other pharyngeal muscles, and those portions of the tensores and levatores palati which were situated outside the pharynx, presented their normal appearance. By removing the roof of the nasal part of the pharynx, the interior of this portion of the tube was observed to be shaped like a funnel or inverted cone, the floor being formed of the obliquely inclined soft palate; and at the most depending part, the small rounded aperture of communication with the buccal part of the pharynx was seen. The mucous membrane on the upper surface of the soft palate exhibited the same roughened appearance as on the under. No history of the case could be obtained; but the author

infers that, from the cicatrised appearance of the pharyngeal and palatal mucous membrane, the thickened and roughened condition of the posterior pharyngeal wall, the replacement of muscular fibres by fibrous tissue, and the constriction of the part, that the change from the normal state must have been produced by severe inflammation at some former period. The author then refers to the only two recorded cases of a similar nature he has been able to meet with—one by Rudtorffer, in his "Abhandlung;" the other by Otto, in his "Handbuch der Pathologischen Anatomie." Mr. Turner then draws attention to certain physiological conclusions suggested by the case—1st, the almost complete obstruction to nassal respiration; 2ndly, the impairment of the function of the voice, not only as regards its resonancy, but also with respect to the formation of many of those sounds in the production of which the movements of the soft palate play an important part; 3rdly, to the influence exercised upon deglutition. In connexion with the part played by the soft palate in the function of deglutition, the author, after referring to the observations of Drondi, Müller, and Hilton, directs attention to the recent description by Merkel of the mode of termination of the fibres of the palato-pharyngei muscles in the pharynx. He confirms by his own dissections the description given by that anatomist of the decussation of the lower fibres of those muscles across the middle line posteriorly; but is not disposed to go entirely with him in his views respecting their exclusive termination in this manner. He considers that the muscles end below as follows:—That the external fibres join those of the stylo-pharyngei, and are inserted along with them; that the middle fibres gradually lose themselves in the pharyngeal wall on their own sides and that the internal fibres pass across the middle line posteriorly, and decussate with the muscle on the opposite side.

A paper by Mr. Charles Hawkins, F.R.C.S., was read entitled

SEQUEL OF A CASE (PUBLISHED IN THE LAST VOLUME OF THE "MEDICO-CHIRURGICAL TRANSACTIONS")

OF A CALCULUS IN THE BLADDER REMOVED BY LITHOTRITY,

IN WHICH A COMMUNICATION EXISTED BETWEEN THE BLADDER AND INTESTINE.

The patient, whose case is related in the last volume of the "Medico-Chirurgical Transactions," died on April 19, 1859, a year after the operation. On a post-mortem examination, no stone was discovered in the bladder. The kidneys were somewhat congested, but in other respects healthy in appearance. There was an opening in the bladder at the lower part of the posterior wall, of the diameter of a goose-quill, evidently not of recent date. The bladder, corresponding to this aperture, was intimately united by old adhesions to that part of the circumference of the sigmoid flexure of the colon that lies nearest it. The aperture in the bladder communicated with the sigmoid flexure opposite their point of union. Above the point of communication of these two viscera, for the extent of about an inch, the canal of the sigmoid flexure was somewhat constricted; but this constriction was apparently due to the adhesion and subsequent contraction of these viscera, as beyond the point where adhesion between them existed the calibre of the sigmoid flexure appeared normal. Below the orifice of communication between the bladder and colon, the canal of the intestine was greatly constricted to the extent of an inch and a half in length; this stricture appeared to depend upon great condensation and subsequent cicatrisation of the submucous and muscular tissues of the bowel at that point. The mucous membrane of the intestine above the seat of stricture presented in many places pouches varying in size from that of a pea to that of a filbert, and formed by the protrusion of this coat externally. Opposite to the stricture it appeared to be in every respect quite healthy, but very densely convoluted. Below the seat of stricture the bowel was considerably dilated, and had during life apparently acted the part of a second bladder, as, from the symptoms described by the patient, the urine used to accumulate there in considerable quantities, being passed per anum. The post-mortem examination quite bore out the opinion previously advanced by the author.

Infanticide is on the increase in France; in 1851 there were 164 cases reported, whilst in 1857 the number was 208.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—August 9th.

MEDICAL CHARITIES (IRELAND) ACT.

Mr. Brady gave notice of motion for next session for the appointment of a select committee to inquire into the working of the Medical Charities (Ireland) Act.

HOUSE OF LORDS.—August 11th.

MEDICAL ACTS AMENDMENT BILL.

The Earl of Bessborough moved that the House go into Committee on this Bill.

Viscount Dungannon suggested that this Bill should be postponed until the bodies whose interests were affected had an opportunity of considering it.

The Lord Chancellor thought that the Bill ought not to pass without due consideration if it adopted any new principles affecting the *status* or privileges of the Medical corporations.

Earl Granville doubted whether it would be desirable to give a second reading to the Bill during the present session.

After a few words from the Duke of Leinster in support of the Bill, and from Lord Kingsdown in favour of postponement, the Bill was withdrawn.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 11th August:—

Bucknill, Ebenezer, Bedford.
Freeman, William, Maldon, Essex.
Green, John, Cawood.
Holt, William, Horbury, near Wakefield.
Smith, Gordon Sidney Richard Wells.
White, Robert Henry, Leeds.
Winter, William Thomas, Bristol.
Webb, Henry James, Cheadle, Staffordshire.

The following gentlemen also on the same day passed their First Examination:—

Bell, John William, Hull School of Medicine.
Beddard, James, Dudley, Worcestershire.
Egles, Gabriel Manning, Barcombe, Lewes.
Lee, Frederick Fawson, Salisbury.
Orton, Richard, Manor House, Baston, Notts.
Phelps, Frederick Philip, Reading.
Warner, John, Finsbury-square.

DEATHS.

Bennett.—August 1, at North Shields, William Bennett, Esq., Surgeon, aged 41.

Brettell.—On the 10th inst., in London, Joseph Brettell, student at Guy's Hospital, and second son of Mr. John Orme Brettell, of Dudley, in his 21st year.

Ellis.—August 9, at Cottenham, suddenly, Robert Ellis, Esq., Surgeon, of Willingham, Cambridgeshire, aged 69.

Findlay.—On the 13th April, at Booraudara, near Melbourne, John Findlay, Surgeon, R.N., Member of the Legislative Assembly of Victoria.

Guthrie.—Mr. Charles Gardiner Guthrie, Surgeon to the Westminster Ophthalmic Hospital, son of the late President of the College of Surgeons, died last Saturday at Clifton, aged 42, of dropsy. Mr. Guthrie's loss is much lamented by a large circle of attached friends.

Harford.—May 8, at Turnut, Sydney, New South Wales, of disease of the heart, James Harford, Esq., Surgeon, fourth son of Charles Harford, Esq., late of Bristol, aged 49.

Haworth.—August 5, at his residence, Thorney Dikes, Sharples, Thomas Haworth, Esq., M.D., aged 54.

Jewel.—In May, at Yachandandah, Australia, Frederick Jewel, Esq., M.D., son of the late Samuel Jewel, Esq., Surgeon, of Tregony, Cornwall, aged 35 years.

MACAFEE.—May 16, at Melbourne, of consumption. John P. Macafee, Esq., M.R.C.S. Eng., son of the Rev. Daniel Macafee, of Belfast.

ORNSBY.—August 3, at North Shields, Richard Ornsby, Esq., Surgeon, aged 67.

OWEN.—July 31, at his father's residence, Trefadog, Anglesey, T. O. Owen, Esq., Surgeon, of Corwen, aged 32.

SWANWICK.—August 3, Thomas Swanwick, Esq., of Macclesfield, in his 69th year; M.D. Edinburgh, M.R.C.S. Eng., 1812. He was a Justice of the Peace for the county of Chester, and the borough of Macclesfield.

APPOINTMENTS.

CHARSLEY.—Her Majesty has been pleased to appoint William Parker Charsley, Esq., to be principal Civil Medical Officer for the island of Ceylon, and H. Dickman, Esq., to be Colonial Surgeon at Kandy, in the said island.

JORDAN.—Mr. Furneaux Jordan, professor of Anatomy at Queen's College, has been appointed Assistant-Surgeon to the Queen's Hospital, Birmingham.

MOST rigorous quarantine measures are now in force at Venice, to prevent the entrance of yellow fever from infected ports.

THE INFLUENCE OF THE PUERPERAL CONDITION ON INSANE PERONS.—It results frm the very important investigation of M. Marcé, that the puerperal state and accouchement accelerate the progress of insanity.

A WOMAN is reported in the papers to have died of convulsions the other day in London, which were brought on by fright. The fright was caused by the monkey of an Italian organ grinder jumping on her back in an area.

ON Wednesday the Prince of Wales, who visits the University several times a week to receive the instructions of Professor Lyon Playfair, attended, with his Royal brother, a lecture by the Professor on the chymical phenomena connected with the processes of calico printing and dyeing.

ROYAL COLLEGE OF PHYSICIANS.—At a Comitia Majora of the College of Physicians of London, held on the 12 inst. Dr. Markham was elected a Consiliarius in the place of Dr. Roots resigned.

A CURIOUS case of poisoning through the eating of "Potato Bells" is recorded in the journals. The little girl, who ate them on Monday, died on the following Wednesday. We need hardly add, that potatoes belong to the class solanaceæ; and that the "apple" of the plant (as it is called) contains the peculiar poison belonging to this class.

BRITISH ASSOCIATION.—The British Association for the Promotion of Science holds its anniversary meetings this year at Aberdeen. The first meeting will be opened by the Prince Consort, as president of the Society, on September 14; and his Royal Highness has, we understand, expressed his intention of being present during the business of the first two days. Arrangements have been made for holding an exhibition of ancient relics, representative of historical facts and geological remains connected with the north of Scotland; and several concerts are to be given in the new Music-hall which is to be opened on this occasion.

IN CHANCERY.—JAUNCEY *v.* KNOWLES.—The parties in this case are Surgeons, who have been practising in partnership in Birmingham for some time. On the 30th ultimo the Master of the Rolls gave judgment in the suit in favour of the plaintiff, and decreed that the partnership existing between the plaintiff and defendant shall be dissolved from that time, and that Mr. Knowles should refund to Mr. Jauncey half of the premium which Mr. Jauncey had paid to Mr. Knowles.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.—"The London Medical Registration Association *v.* Henry Scott." The defendant, Henry Scott, 17, Adam-street, Strand, was summoned at the Westminster County Court, by Miss Sanders, under the direction of this Association, to recover the sum of £1 1s. paid to him as a fee, he having falsely represented himself to be a Surgeon. Scott, doubtless considering "discretion as the better part of valour," has paid that sum into court, together with the costs.

FALL OF RAIN.—M. Barrall has lately addressed the Academy of Sciences on the subject of the fall of rain during 1858; and among other things informs his learned hearers that the water of the Seine descended last year lower than than it has ever been known to fall; and that the highest level it attained was lower than any of the high levels heretofore noted.

IN reference to the relation between diabetes and cerebral diseases, M. Fritz comes to the following conclusions:—1. Diabetes may be the effect, or the symptoms of certain material lesions, traumatic or other, of the brain. 2. We do not know either the precise seat, or the nature of the lesions which produce true diabetes. 3. Diabetes, consecutive to a traumatic injury of the brain, may arise without any preceding appreciable disturbance of the cerebral functions; but in the majority of cases cerebral disturbance has been observed. 4. The symptoms of diabetes arising from cerebral injury, do not differ from those of ordinary diabetes, but its duration is generally short, and its termination in the majority of cases favourable. 5. The first indication in the treatment of this affection is to modify the state of the nervous centres.

THE Society Médico-Pratique of Paris in 1856 offered a prize of 500 francs for the author of the best memoir on the mode of action of our chief purgatives. They consequently received five memoirs; but regret to say they can't adjudge the prize to any one of them. "One competitor," the report says, "would have had the prize, if his memoir had undergone the revision necessary to make a work *viable*. It is not to the poet alone that Boileau addresses his precept:

> 'Vingt fois sur le métier remettez votre ouvrage,
> Polissez-le sans cesse et le repolissez,
> Ajoutez quelquefois et souvent effacez.'

It is particularly to the last line that we recommend the attention of the author in question." However, the said author is to be *encouraged* by a recompense of 300 francs.

ASCARIDES.—M. Bourgeois d'Etamps asserts that the introduction of mercurial ointment into the rectum has never failed to effect the destruction of these animals in all the numerous cases in which he had tried it. And he adds that it was only in those cases in which other remedies had failed, that he had used it. In the case of a child the mother is directed to introduce into the rectum, as high up as possible, a piece of the ointment on the end of the finger. A grown-up person can do it for himself. All itching, etc., at once ceases; but it is advisable to repeat the introduction three or four times. The small quantity of mercurial substance requisite for the destruction of the animals is really astonishing. No doubt the glysters of M. Legroux, in which the mercurial ointment is held in suspension acts in a similar way, but they are more complicated in use. M. Bourgeois d'Etamps suggests, that at all events if the mercurial ointment is thus used, it might be dissolved in oil, and so injected. Be this as it may, its direct action is so marked as a destroyer of the ascarides, as to place it, in his opinion, above all other remedies.

APOTHECARIES' HALL, LONDON, 1859-60.—PRELIMINARY EXAMINATION.—An Examination in Classics and Mathematics for Junior Students will be held in the Hall three times in the year commencing August, 1859, and ending July, 1860; viz. on the third Tuesday and Wednesday in the months of November, 1859, March and July, 1860, at Eleven o'clock. Medical Students cannot be admitted to this Examination before the commencement of their apprenticeship, a certificate of which will be required, but at any period from that date, to the commencement of the Second Winter Session of their Curriculum. This Examination is compulsory to all gentlemen who commenced their apprenticeship after August 1, 1858. The subjects of the current year will be:—*In Greek*, The Gospel of St. John; Third Book of Homer's Iliad. *In Latin*, Cicero, Pro Lege Manilia; Horace, Third Book of the Odes. *Mathematical*, The First Book of Euclid's Elements, Arithmetic, and Algebra, to Simple Equations, involving two unknown quantities. Students wishing to attend are requested to send their name and Address to Mr. Rivers, Beadle's Office, at this Hall, at the latest one calendar month previous to the day of examination.—ALFRED M. RANDALL, Secretary to the Court of Examiners.—August, 1859.

The Abbé Lacordaire is decidedly the favourite candidate for the Academy of Sciences. If he is elected, and will accept the appointment, he will be the first monk who ever filled one of the forty-two sacred arm-chairs, although the founder of the learned cenaculum was a cardinal. From the following account of the Abbé's late proceedings, we may certainly conclude that he is a most fit man to fill a chair in an Academy of Science! The holy man has been for the last four years entirely occupied in the foundation of an institution for the completion of the education of young men before their entrance into the world, and the facilitating to them the choice of a profession. For this purpose he placed himself for a long time under the instruction and guidance of the celebrated ascetic the Curé d'Ars, near Lyons, whose reputation for holiness and ecstatic clairvoyance has attracted so many strangers to the humble village of which he is pastor, that a line of omnibuses from the Croix Rousse direct to the presbytery he inhabits has been established within the last three years. The Abbé Lacordaire has always evinced a tendency towards this kind of ecstatic revelation, and his work on magnetism caused his separation from Rome, which nothing but a journey thither and a personal interview with the Pope could set aside. As Father Lacordaire still cultivates the science with great success, the supposition has arisen that it was not the *illuminé* who was chidden at this interview, but the Pope who was convinced.

New Medical Field Panniers.—The Director-General of the Army Medical Department has authorised the introduction of important improvements in the construction and contents of the Medical field panniers for the use of the army. The Medicines and Surgical instruments have been augmented and modified, to admit remedies and appliances recently adopted and employed in general practice. Each pair of panniers is also provided with a simple contrivance, by which an excellent operating-table may be instantaneously constructed. Another most desirable addition is that of Medical comforts, in the shape of tea and sugar, cocoa-milk, arrowroot, concentrated beef-tea, and brandy, with the means for heating a little water to prepare invalid drinks and diet. It has not infrequently happened during war, that Medical officers have found themselves called upon to attend the wounded when the Medical store cart was following far in the rear, and they had nothing but the panniers to fall back upon—at such times especially the want of an operating-table and Medical comforts was keenly felt. The Director-General has consequently decided, that in future, all panniers supplied to the troops shall be accompanied by these necessary articles. A number of the new Medical panniers are now in course of completion by Messrs. Savory and Moore, 143, New Bond-street, to be held in readiness for immediate use when required.

Llandisilio, Montgomeryshire.—Conviction under the New Medical Act.—At the petty sessions, on Saturday, August 6, before Sir Baldwin Leighton, Bart., and J. J. Turner, Esq., Mr. Joseph Frederick Eyeley, of Llanymynech, appeared in answer to two informations under the Medical Act of 1858, for falsely pretending to be a Surgeon or General Practitioner. Mr. J. Hawley Edwards, solicitor, of Shrewsbury, appeared in support of the informations, and stated that they were laid by the instructions of the Salopian Medico-Ethical Society, for whom he attended, and that the offence was constituted by the 40th section of the said Act, which he read. He stated that although he had laid two informations, it was not intended to ask for a conviction on more than one, or to ask for more than a nominal penalty, if the defendant would undertake to discontinue practising as a Medical man, to which he had no right, not having any qualification, either as a Surgeon or Apothecary. The Society, moreover, for whom he acted were determined to take proceedings under the new Act, or under the Apothecaries' Act, against all unqualified Practitioners in the counties of Salop and Montgomery. Mr. Edwards then stated the purport of the evidence he intended to call in support of the informations, and proceeded to call Mr. Morris Jones, who deposed that he resided at Llanfyllin, and was Registrar of births and deaths for that district, of which the several parishes of Llanymynech, Llandisilio, and Llandrinio formed part. He produced two certificates of deaths, signed by the defendant, the one relating to the death of one Elizabeth Edwards, in the month of June, 1859, and the other relating to the death of one Richard Davies, in the month of April, 1859. These certificates were signed, "J. F. Eyeley, Assistant-Surgeon." They were admitted to be in the handwriting of the defendant.—Dr. Jukes Styrap deposed that he was a Physician, practising in Shrewsbury, and appeared on behalf of the Salopian Medico-Ethical Society, of which he was the honorary secretary. He produced the official Medical Register, published on July 1, 1859, and stated that he had examined it and found that the defendant's name was not entered in it. This book was put in as evidence under the 27th section of the Act.—Mr. Edwards stated that that was the case on the first information. Mr. Goodwin, from the office of Messrs. Longueville and Williams, who appeared for the defendant, stated that his answer to the case was that the defendant was practising, not on his own account, but as assistant to a Mr. J. M. Croft, and produced an agreement purporting to be made between him and Mr. Croft, and which he proceeded to read.—Mr. Edwards, in reply, contended that the agreement produced had nothing whatever to do with the case, and pointed out that the Apothecaries' Act expressly prohibited any one from acting as an assistant to an Apothecary, without having obtained a certificate. He contended that it would be absurd to suppose that any properly qualified Medical Practitioner could, by merely taking an unqualified person into partnership, or allowing him the use of his name, thereby authorise him to practise; otherwise he might, by entering into any such agreement with his blacksmith or carpenter, authorise him to practise as a Medical man.—The magistrates considered that the agreement produced on the part of the defendant rather strengthened the case against him, and stated that they felt bound to convict. The defendant was therefore convicted in the nominal penalty of 1s. and 19s. 6d. costs. It was then arranged that the second information should be adjourned till the next Petty Sessions, on Saturday, September 3, it being understood that if, in the meantime, the defendant discontinued his practice, it would not then be proceeded with; otherwise Mr. Edwards intimated his intention to ask the magistrates to inflict the full penalty of £20.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 13, 1859.

BIRTHS.

Births of Boys, 907; Girls, 855; Total, 1762.
Average of 10 corresponding weeks, 1849–58, 1499·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	644	652	1296
Average of the ten years 1849–58	624·6	616·4	1241.0
Average corrected to increased population..	..	..	1365
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	22	27	49

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	5	5	3	1	40	1
North ..	490,396	4	5	8	2	1	64	7
Central ..	393,256	3	2	3	3	4	34	5
East	485,522	3	1	15	3	6	90	12
South ..	616,635	4	2	18	7	3	68	14
Total . ..	2,362,236	14	15	49	18	15	296	39

TO CORRESPONDENTS.

Mr. Williams.—Trübner, Paternoster-row.

Medicus.—The period for sending in the Essays for the Caparon Prize of the Academie de Médecine, on Retroversion of the Uterus, has expired.

Fitzjohn.—The subject has been so fully discussed in our columns lately that we can only refer to recent numbers.

Mr. Ellerton. — Mayne's is the most complete Dictionary of Medical terms.

A Young Practitioner.—The case shall be commented on next week.

Owing to great pressure on our space the letter of "A Physician" is unavoidably postponed until our next issue.

Mr. Tiffen.—The degrees named confer the right to practise *medicine*. No licence or degree is necessary to enable anyone to practise *pharmacy*. But no one in England can recover for medicines supplied to his patients in Medical cases unless he have the licence of the Apothecaries' Company. It is very unlikely that the Company would ever proceed against a registered Practitioner.

Mr. H. B.—M. Graefe has seized upon the doctrine of Emboli to explain sudden loss of vision in certain cases of amaurosis. He has not verified the fact of the formation of a clot in the artery in such cases; but he founds his opinion of the fact upon the accompanying symptoms, and examination of the eye by the ophthalmoscope. He relates two cases. In both the amaurosis came on suddenly after hæmatemesis, not immediately, but a few days after. In both cases the disease was incurable. M. Graefe, after discussing the causes which may produce such an affection, concludes that the most probable cause is Embolus of the central artery of the retina.

A Lambeth Doctor.—A Medical witness at the trial of Dr. Smethurst, stated on cross-examination that he was a Doctor of Medicine, created by the Archbishop of Canterbury, but that his degree was not conferred upon him as a matter of course, being a very uncommon thing; that he had to get a certificate from two Fellows of the College of Physicians, stating that they had known him for a length of time, and that he was a proper person to have such degree, that having such a certificate he got the Degree of Doctor of Medicine, but it only enabled him to call himself "Doctor." These doctorates do not now, however, qualify to Register, as the Medical Act of 1858 confines the right to register to the holders of degrees granted prior to the passing of the Act. The Archbishop of Canterbury, it also appears, can make a Master of Arts as well a Doctor of Medicine.

Carbolic Acid.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last number, at page 176, your readers will observe that two French gentlemen have just presented to the Academy of France a report of the very discovery which Dr. R. A. Smith, F.R.S., of Manchester, made, and patented in 1854. The carbolic acid of coal-tar which is there described is the very principle of Smith and McDougall's disinfectant. Surely you will not allow those French gentlemen to reap the benefit!

In 1857, a solution of carbolate of lime was used with signal effect by several Medical men at St. Mary's, in cases of foul wounds, gangrene, etc. Mr. James Lane has used it frequently at the Lock Hospital for the last three years as a gargle and as a lotion. Its effect is very good in sore throats, and as a purifier of foul breath. In cases of ill-smelling feet, foul linen—in fact, in numberless cases—it has been used by Medical men, and I, as a chemist, have recommended it for the last four years.

I am, &c. Albert J. Bernays.

Peripatetic Surgery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have just cut the enclosed slip from the advertising sheet of the *Scarborough Gazette*, where it has appeared for two successive weeks. Comment is unnecessary, except to the effect that on reference to the Medical Directory, Mr. Macaulay appears to be Surgeon to the Leicester Infirmary, as well as the holder of several other public offices of importance. Let his colleagues look to the matter.

I am, &c. Turn an Honest Penny.

Scarborough, August 13, 1859.

"Mr. Macaulay, Surgeon, Leicester, will receive or visit any Patient, who may desire it, during his stay with his family at Scarborough.

"4, Cliff Bridge-terrace, August 2, 1859."

Registration.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Mr. Jardine has gone out of his way to sneer at Medical men as unable to understand the Medical Act, probably with the desire that some briefless "Barrister of ten years' standing," in default of being able to earn enough by his profession to defray the cost of his wig, should be comfortably saddled on the Medical Council as legal interpreter. We might advance that Acts of Parliament are usually drawn and settled by lawyers—that frequently their clauses are inconsistent with each other—and generally their language is so obscure that even legal minds of the highest order can seldom agree upon their meaning. Unfortunately the Medical Council or Registrar, or both, have most fully justified your remark, that there certainly has been a want of business-like arrangement in the registration; but that does not make the dictum of Mr. Jardine at the first hearing of Mr. Scott's case good law, viz. that Mr. Scott's name not being on the printed Register, it was still incumbent on the prosecution to prove that he had not been registered since that Register was published. The XXVIIth section of the Medical Act distinctly makes the printed and published Register, "The Medical Register," and says, "A copy of the Register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence until the contrary be made to appear that such person is not registered according to the provisions of this Act." Thus the onus of proving the absence of Mr. Scott's name from the printed published Register, *i.e.* "The Medical Register," lay on the prosecution. They proved this even to Mr. Jardine's satisfaction, and there and then the case was complete against Mr. Scott, of not being registered, "until the contrary be made to appear." That "contrary" it was for Mr. Scott to make appear if he could, and the last portion of the XXVIIth section prescribes how it should be done; thus—"In the case of any person whose name does not appear in such copy, a certified copy under the hand of the Registrar of the General Council, or of any branch Council, of the entry of the name of such person in the General or Local Register shall be evidence that such person is registered under this Act." But the clerk of the Medical Council had deposed, that from the 1st of July to that date no Register had been kept, though he admitted that persons had been registered as certificates of registration had been given; and this afforded Mr. Jardine the opportunity of asking, "How can a man be registered and receive a certificate that his name was on the Register when no Register was in existence?" This is true enough, and shows gross carelessness on the part of the Registrar, and of course was held to absolve Mr. Scott from the necessity of producing a certificate in accordance with the last part of the XXVIIth section.

It is of great importance that the practice in these cases should be settled strictly in accordance with the Act, and now that the omission of the Registrar, (or Registrars,) to keep *de die in diem* a complete Register (or Registers) has been rectified, there can be no question, that on the prosecution having proved the absence of the name of the prosecuted person from the last published Register, he would be convicted, unless he could produce the certificate of one of the Registrars of the General or Branch Councils that he had been registered subsequent to the date of that Register. Were it otherwise, in every prosecution it would be necessary to produce not only "The Medical Register," but the "General and Local Registers," as well as the Registrars or Clerks of the General and Branch Councils, as evidence that the person was not registered, there being no provision that the Registrar's certificates of non-registration should be received instead. Such a consequence will hardly be contended for by Mr. Jardine, who, in his anxiety to give Mr. Scott the benefit of any doubt, has been led into a dictum, not necessary to Mr. Scott's defence directly in the teeth of the express provisions of the XXVIIth section of the Act.

I greatly doubt whether Mr. or "Dr." Scott, notwithstanding the magistrate's interpretation, will tempt another prosecution. Should he afford the opportunity, it must be embraced, or the Medical Act will be nothing better than a legislative *tracasserie*.

I am, &c.

August 16. A. E.

Fees for Certificates of Death.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As an expedient for doing the right thing to the Medical Profession, for reporting the death, &c., of their patients to the Registrar, I would suggest the insertion of a clause, such as the following, into the Act for Registration of Births, Deaths, and Marriages. "That the Registrar shall pay annually on the first day of January, or on any day for one month thereafter, the sum of Five Pounds sterling, as a fee for certifying according to Schedule (G) of this Act, to every Registered Medical Practitioner within his parish or district, who shall demand the same." I cannot imagine what motive the Legislature could have in "forgetting the fee,"—they usually pay handsomely. Perhaps they felt ashamed to offer a very small sum, and feared a higher one might be looked upon as a bribe, for the Medical attendant to expedite the visit of Her Majesty's loving subjects to the *noir rivage*. The above expedient would obviate both these difficulties, it would I think remove the heart-burnings in the Profession anent this matter, which are more due to the feeling of wrong done by the Legislature forcing them to give strictly professional services without remuneration, than aught else.

I am, &c. Justitia.

Glasgow, August 4.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Paget, Cambridge; Dr. F. Hawkins; Registrar-General; Dr. Skinner; Registrar-General, Edinburgh; Dr. Locking; Dr. Smyth; Mr. Hall; Dr. Bernays; Dr. Stone and Mr. Wilson, Manchester; Dr. Ladd; Mr. Eccles; Mr. Stokes; Mr. Colin; Mr. Humphreys; Mr. Fyfe; Mr. Falcony; Mr. Grove; Mr. Williams; Dr. James; Mr. Tiffen; Mr. Guise; Mr. McGreevy; Mr. Tomlin; Mr. Priest.

APPOINTMENTS FOR THE WEEK.

August 20. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

22. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

23. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

24. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

25. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

26. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Amputation of Leg; Removal of Dead Bone from Face; Excision of Tonsil. By Mr. Lee—Deformity of Mouth after Burn.

THE MEDICAL EVIDENCE IN THE SMETHURST POISONING CASE.

The first Medical witness examined in this case was on the second day of the trial, after the general circumstances adduced against the prisoner had been brought forward by the prosecution.

Dr. Julius, of Richmond, deposed that he attended upon the deceased lady from the 3rd of April until her death. The prisoner first applied to him, and told him that the deceased was suffering from diarrhœa and bilious fever. Witness prescribed for her from that time until her death, and all the medicines were made up by his assistant, Mr. Caudle. He was surprised to find that none of the medicines appeared to produce the effect he expected, and they in no way checked the symptoms exhibited by the deceased, and he at length came to the conclusion that some irritant poison was being administered to the deceased. The prisoner proposed that a certain mixture, which contained prussic acid, gentian, and quinine, should be administered to the deceased, and witness did not think it would do any good; but upon the prisoner saying that he was always there, and that he would watch the effects of the medicine, witness directed the mixture to be made up, and it was administered to the deceased, but did not appear to have any effect. The violent sickness and retching continued unabated, and the deceased complained of burning pains in the mouth and throat and all down the stomach, and that even the act of swallowing caused her to vomit. On the 18th of April other and more serious symptoms exhibited themselves, and the deceased appeared to be fast sinking in strength. None of the medicines that were administered to the deceased produced the effect he expected, and the same symptoms continued after taking every one of them. The witness described the dreadful sufferings of the unhappy lady during the time he attended upon her, and said that, in consequence of the suspicions that were aroused in his mind, he requested his partner, Mr. Bird, to see her, but he did not give him any hint of the suspicion that existed in his mind. Witness was satisfied in his own mind that some irritant poison was being administered to the deceased which entirely counteracted the effects of the medicine that was administered to her, and kept up the symptoms that presented themselves. Mr. Bird attended upon the deceased from the 18th of April to the 21st, and on the latter day witness saw her again, and she then appeared very much worse, and all the old symptoms remained with increased violence. The prisoner suggested that other Medical advice should be called in; and on the 28th of April Dr. Todd came to Richmond, and saw the deceased and prescribed for her, and expressed some opinion in reference to the illness of the deceased. Witness did not make any communication to Dr. Todd relative to the suspicions he entertained. Dr. Todd prescribed a pill composed of a quarter of a grain of sulphate of copper, and the same of opium, and witness had advised previously that the same description of pill should be given, but the prisoner objected to the use of sulphate of copper, as he said it sometimes produced symptoms of poison. The witness also stated that he preserved one of the evacuations of the deceased before the pills prescribed by Dr. Todd had been taken by her. In consequence of what he afterwards heard from Dr. Taylor, the witness stated that he applied to a magistrate, and the prisoner was taken into custody on Monday, the 2nd of May. The witness also proved that he was not even aware of the deceased having been visited by her sister until the 30th of April, and that such a subject was never alluded to, and he was never told that the deceased had made a will. Dr. Julius likewise said that he supposed all along that the prisoner and the deceased were man and wife, and had not the slightest idea that any other connection existed between them, and he concluded by expressing an opinion that small doses of any irritant poison would have produced all the appearances that were presented by the deceased; and that no such ingredients were contained in any of the medicines sent from his dispensary for her during her illness. After the prisoner was in custody upon the present charge he wrote to him for the particulars of all the medicines he had supplied, and he gave him full information of everything that had been prescribed for the deceased.

Cross-examined: The prisoner always appeared to make a frank statement of the symptoms exhibited by the deceased during her illness, and he described them correctly according to witness's own observation. To the best of his recollection he was only twice alone with the deceased, but he would not swear that he was not alone with her oftener. It was the prisoner who first suggested that further Medical assistance should be obtained, and witness mentioned the name of his partner, Mr. Bird, who, he told the prisoner, had had great experience in cases of diarrhœa in the Crimea. This occurred on the 18th of April, and at that time witness had formed an opinion that the lady was in a very precarious state, and that his medicines were counteracted by some means or other. He would swear positively that he gave no intimation to Mr. Bird of the unfavourable opinion he entertained before he attended upon the deceased. Dr. Todd came down to Richmond on the 28th April by the quarter to ten train. The prisoner was not aware that he was coming down by this train. He was quite sure that he did not tell Dr. Todd that none of the medicines he had administered had had the slightest effect in repressing the symptoms that were exhibited by the patient. It was a very common practice to administer prussic acid to stop sickness. The medicines witness administered to the deceased were chalk mixture and catechu with compound tincture of camphor, and pills containing two grains of grey powder, and some compound ipecacuanha powder. He also administered quinine, diluted sulphuric acid, diluted prussic acid, chloric ether, and infusion of gentian. This prussic acid was administered under the prisoner's prescription. He never prescribed bismuth, or nitrate of silver, or acetate of lead. Grey powder is a metallic medicine, being a preparation of mercury; and some of the others he had mentioned were also of a metallic character. Witness was present when Dr. Taylor was examined before the magistrates. He never mentioned that the lady was in a state of pregnancy until the last trial. Until the post-mortem examination he had no means of ascertaining the fact, and it would have made no difference in her treatment if he had been aware of it. Vomiting was a very common symptom of pregnancy, and it was also sometimes accompanied by diarrhœa. Witness had never, in his experience, heard of an instance of a pregnant woman suffering from severe vomiting and diarrhœa which would not yield to any ordinary remedies. He had never made a post-mortem examination of the body of a person who had died from arsenic or antimony.

Mr. Sergeant Parry, at the conclusion of the cross-examination, asked the witness if he were a doctor of medicine.

Witness—Yes.

Mr. Sergeant Parry—Is yours a London degree?

Witness—No.

Mr. Sergeant Parry—What degree is it?

Witness—It is the Archbishop of Canterbury's degree.

Mr. Sergeant Parry—What! Can he make a doctor of medicine?

The Lord Chief Baron—Yes; and he can also make a Master of Arts.

Mr. Sergeant Parry—Did you take your degree as a matter of course?

Witness—O, dear no! it is a very uncommon thing. I had to get a certificate from two members of the College of Physicians, stating that they had known me for a length of time, and that I was a proper person to have the degree.

Mr. Sergeant Parry—And having that certificate you got the degree?

Witness—Yes; but it only entitles me to call myself "doctor."

The Lord Chief Baron—But you are a member of the College of Surgeons, and a member of the Society of Apothecaries?

Witness—Yes.

Re-examined—Witness heard of the symptoms of vomiting as early as the 8th of April. At this period the deceased could not have been pregnant longer than a few days, and at that early period witness never heard of pregnancy being accompanied by diarrhœa. The symptoms were also of a totally different character to those generally exhibited by pregnant women. The burning sensation in the throat and soreness of the mouth were quite unusual symptoms connected with the vomiting in cases of pregnancy. The fact of the deceased's pregnancy did not in any way alter his original opinion of the case.

The Lord Chief Baron—Can you account in any other way than you have mentioned for the symptoms that presented themselves in this case?

Dr. Julius—I cannot.

Mr. Bird, of Richmond, partner to Dr. Julius, was the second Medical witness. He stated, that at the request of Dr. Julius, he visited the deceased lady on or about the 18th of April. Dr. Julius did not tell him before he went that he entertained any suspicion in reference to the illness. He saw the prisoner, who told him he thought the deceased had neglected her bowels for some time, and that they were unloading themselves by means of the diarrhœa and vomiting. Witness continued the saline effervescing mixture containing prussic acid, which had been agreed upon by Dr. Julius at the suggestion of the prisoner, for two or three days, and he then changed the treatment. The symptoms of the deceased were not in the least alleviated by any of the medicines that he prescribed, but, on the contrary, they went on increasing in violence. Witness suggested that bismuth should be used, and the prisoner said he thought it was a medicine not likely to do any good. Bismuth in seven-grain doses every four hours made into a mixture with mucilage, was given without good effect. Then four pills were ordered, containing a grain of acetate of lead, and half a grain of opium in each. As these also proved useless, four other pills were ordered, each containing a quarter of a grain of nitrate of silver, made up with crumbs of bread. He was told that one of these pills was afterwards administered to the deceased, and the prisoner said that the nitrate of silver had caused a very injurious effect, and had occasioned a burning pain all through the bowels. The nitrate of silver was certainly not calculated to produce such an effect as he described. After witness had been in attendance upon the deceased for three days, he formed an opinion that something or other was being administered to the deceased which had the effect of counteracting the medicine that was given her, and he communicated this opinion to Dr. Julius. The deceased lady, more than once, in the presence of the prisoner, expressed a wish for further Medical assistance, and it was after this that Dr. Todd was requested to attend. The prisoner subsequently told him that the pill prescribed by Dr. Todd, containing a quarter of a grain of sulphate of copper and a quarter of a grain of opium, had had the effect of causing violent palpitation of the heart, and made it appear to be almost jumping out of the deceased's body. Witness had never before heard of sulphate of copper and opium producing such an effect as this. On the 30th of April he asked the prisoner for a portion of one of the evacuations of the deceased, to be examined, and the prisoner gave him about four ounces, which he placed in a jar and sealed, and he then gave it to his assistant, Mr. Caudle. Another evacuation was afterwards procured, and they were numbered 1 and 2, and were both sent to Mr. Buzzard, of Great Marlborough-street, to be examined and analysed, On Sunday, the 1st of May, witness and Dr. Julius saw Mr. Buzzard, and, in consequence of what he informed them, they applied to Mr. Penrhyn, the magistrate, and he wrote a note to Dr. Taylor, which was given to Mr. Buzzard to take to London. The next day he saw the prisoner at Alma-villas, and he remarked that he thought the deceased was a little better, and he showed him an evacuation, a portion of which witness took away with him, and it was sealed and labelled and numbered 3. The prisoner was taken into custody on Monday, the 2nd of May, and he was admitted to bail on his own recognisance. M'Intyre, the officer, accompanied witness to the prisoner's residence, and he handed him some bottles and pill-boxes that he found there. Witness on this day several times gave the deceased arrowroot and brandy and beef-tea and brandy, and they always remained on the stomach. On the following morning witness was sent for suddenly to the house, and found the deceased sinking and evidently dying, but there were no symptoms of vomiting or diarrhœa.

Mr. Bodkin—To what do you attribute the symptoms you observed?

Witness—I attribute them to some irritant mineral poison given constantly in small doses.

Mr. Bodkin—Would arsenic produce them?

Witness—Yes.

Mr. Bodkin—Would antimony produce them?

Witness—It would.

Mr. Bodkin—When you first formed the opinion as to the cause of death, were you aware that she was in an incipient state of pregnancy?

Witness—I was not.

Mr. Bodkin—Would that fact alter your judgment in the matter?

Witness—Not in the least.

Mr. Bodkin—Would arsenic have been a proper drug to administer to her in her state?

Witness—Certainly not.

Mr. Bodkin—I believe you have seen many cases of dysentery?

Witness—Yes.

Mr. Bodkin—Taking all the circumstances together, are they referable, in your opinion, to a case of acute dysentery?

Witness—No.

Mr. Bodkin—Or to any other form of disease with which you are acquainted?

Witness—To no form of natural disease.

Cross-examined—Witness had been in practice for five years. All his patients in the Crimea were men. He was never present at a post-mortem examination where the death arose from the administration of arsenic in small doses. Witness had certainly formed the opinion that the deceased was the subject of slow arsenical poisoning, but Dr. Julius first suggested the probability of this being the case. Corrosive sublimate would have produced the same results and symptoms as appeared in this case. Salivation would not necessarily be produced by the administration of corrosive sublimate. The prisoner gave him a regular account of the symptoms of the deceased every day. All the jars that had been sealed up and numbered were eventually sent to Dr. Taylor to be examined. The witness then detailed the particulars of the different medicines that he prescribed for the deceased, and the quantities of the several ingredients of which they were composed. Witness's firm purchased these drugs of Messrs. Hearon and Co. of Bishopsgate-street. The prisoner was particularly anxious that witness should be present at the consultation with Dr. Todd, but he was prevented from doing so by another engagement.

Mr. Sergeant Parry—Have you come to the opinion that the cause of death was an irritant poison, partly from your own observation, and partly from the symptoms described to you from day to day by Dr. Smethurst?

Witness—Yes.

The Lord Chief Baron—Did the symptoms Dr. Smethurst described to you differ from those which you saw yourself?

Witness—Not in the least.

The Lord Chief Baron—Did you see the patient vomit?

Witness—I have done so, and I also had her own account of the vomiting.

The Lord Chief Baron—Did her account differ from that of Dr. Smethurst, or from what you saw yourself?

Witness—Not at all.

The next witness was the Dispensing-Assistant of Drs. Julius and Bird, Mr. Caudle, who deposed that he had acted as their dispenser for about a year and a-half, and he had previously studied Medicine. He made up the whole of the medicines that were prescribed for the deceased. He then stated the different ingredients that were used, and also stated positively that there was no arsenic or antimony in any of the medicines that were prepared by him. In one of the prescriptions given by the prisoner, and which contained two drops of prussic acid in each dose, he thought the quantity ordered was very large, and he felt nervous, and reduced the strength. The way he did this was by using the prussic acid of the Pharmacopœia instead of that of Scheele's strength, which the prisoner had ordered. They had none of the latter in the dispensary at the time, but he could easily have procured it, but he preferred using the other, which was weaker. On April 29, in the morning, Dr. Julius brought something to the surgery in a bottle, and gave it to witness, and he locked it up in a cupboard. The next day Mr. Bird brought him another evacuation in a tumbler, and witness placed it in a clean stoppered bottle, and these were both afterwards given to young Mr. Julius to take to Mr. Buzzard. On Monday witness sent the nurse, Chetwood, to Alma-villas, and he took some hydrate of magnesia there for the deceased. Hydrate of magnesia was an antidote for arsenic. There were several preparations of antimony and two solutions of arsenic (Donovan's and Fowler's) in the surgery; but all poisons were kept locked up in a cupboard by themselves, and the

tartar emetic was in a very peculiar bottle, and placed on a high shelf. After the death of the deceased he gave samples of all the ingredients he had used in preparing the different medicines for the deceased, in order that they might be analysed by Dr. Taylor.

Cross-examined—He gave an ample quantity of every ingredient to afford sufficient opportunity for analysis.

After it had been proved that the two sealed bottles containing the evacuations had been delivered to Mr. Buzzard, of Great Marlborough-street, on Saturday, the 30th of April, that gentleman deposed that he took the bottles to Dr. Taylor on Sunday the 1st of May, who after some hesitation agreed to examine them. The bottle numbered 2 was opened, and a portion of the contents taken out for analysis, and the analysis was carried on in his presence, and he took both bottles back to his own house and locked them up. He then went to Richmond and received a letter addressed to Dr. Taylor by a magistrate, and he returned to London and gave the bottles and the letter to Dr. Taylor.

Mr. R. Barwell, F.R.C.S., Assistant-Surgeon to the Charing-cross Hospital, then deposed that on the 4th May he made a post-mortem examination of the deceased. He was assisted by Mr. Palmer, of Mortlake, Dr. Julius and Mr. Bird being also present, but taking no part in the examination. There was much congestion posteriorly from position. The face was of a dull earthy colour, very emaciated, and the lips drawn in. The brain was perfectly healthy; the lungs also healthy; both these viscera engorged posteriorly; heart healthy; liver was firm, of full size, and slightly fatty. The peritoneal coat of the stomach and intestines was here and there injected; at the lower part of the ileum there was peritonitis with effused lymph. The uterus and ovaries were removed; the deceased was between the fifth and seventh week of pregnancy. The liver, stomach, intestines, spleen, and other parts, were placed in a jar without having been cut into, and sent to Dr. Taylor. On the following day Mr. Barwell examined them with Dr. Taylor. There was a large black patch of effused blood at the cardiac end of the of the stomach; rest of the mucous membrane pale, except near pylorus, no ulcers nor perforation; some inflammation at the commencement of duodenum; the other parts of intestines slightly injected; but the lower three feet of ilium, the mucous membrane much thickened by ill-organised granular lymph; that of the cæcum nearly destroyed by inflammation, ulceration, and sloughing; there were many black spots of effused blood; these appearances decreased along colon and rectum. [The witness was interrupted in these details by the illness of the foreman of the jury, who had fainted. After a few minutes the foreman recovered, and the examination of the witness continued.] He said he had heard the evidence as to the symptoms exhibited by the deceased, and taking them together with the post-mortem appearances, he could not reconcile them with any natural disease he was acquainted with; but they were reconcileable with the fact of some irritant having been frequently administered during life.

Cross-examined—Witness had been examined both before the magistrates and the coroner; he had made an erasure in his original notes of the case, but not since those examinations. He had, from the external appearance of the liver, believed it might be in a state of incipient cirrhosis; but this impression was removed on the second inspection, when he cut into that organ. He had not made previously a post-mortem examination in any case where death had resulted from slow poisoning.

Dr. Wilks, Assistant Physician and Demonstrator of Morbid Anatomy at Guy's Hospital, said he was present when Dr. Taylor made an examination of the intestines of the deceased, and he said he agreed with the last witness as to the appearances they presented. He also said that, in his opinion, the death of the deceased was most probably to be accounted for by some irritant, and he was not familiar with any form of disease that would have produced the symptoms that had been spoken of by the different witnesses.

Cross-examined—Severe dysentery would produce great inflammation of the intestines, and also ulceration. Dark spots on the stomach and effusion of blood were also indications of severe dysentery.

Re-examined—Excluding dysentery, witness was not acquainted with any form of disease that would present similar symptoms. He had examined two bodies in which he could not come to any satisfactory conclusion as to the precise nature of the disease or the cause of death, and they had therefore been ascribed to dysentery. The patients had died very soon after their admission into Hospital, and nothing was known of their history.

The next witness was Dr. Todd, who said:—I was called in to see Miss Bankes, and I went with Dr. Julius. I inquired of him what were the symptoms, and what remedies had been applied. I did not ascertain from him that he entertained a suspicion that irritants were being administered. I did not see the lady until late at night. I examined her in the presence of Dr. Julius and Dr. Smethurst. My attention was first attracted by a remarkable rigidity of the muscles of the abdomen. There was a very peculiar expression of countenance—an expression which I can only describe as an "expression of terror," quite different from what Medical men call "anxiety," an expression I have never seen in any one suffering from any natural disease. The condition of the abdominal muscles suggested the presence of some irritant in the abdomen. I was strongly impressed with the inference that she was suffering from some irritant poison. By my desire an evacuation was obtained. I suggested sulphate of copper and opium pills. I have never known them produce a bad effect upon a patient. I don't think it is possible that they could have produced the symptoms which Dr. Smethurst described. The medicines prescribed by Dr. Julius and Mr. Bird were the proper remedies for diarrhœa, and they certainly would not have produced the symptoms which were said to have attended them by Dr. Smethurst.

Mr. Sergeant Ballantine—You have heard the account of the post-mortem examination and the symptoms—what should you say was the cause of death?

Witness—I believe that she died from the administration of irritant poisons.

Mr. Sergeant Ballantine—What do you include within the term irritant poisons?

Witness—Antimony, arsenic, and corrosive sublimate.

Cross-examined by Mr. Sergeant Parry—I did not actually examine the intestines. I said that, in order to arrive at a correct conclusion, there ought to be a strict examination of the intestines by some one more at leisure than I was. I have never made a post-mortem examination of a person who died from small doses of some irritant poison. Cases of slow poisoning are of very rare occurrence. Excessive vomiting and great diarrhœa may be caused by the early stages of pregnancy, and these symptoms may be somewhat like those under which this poor lady died; but it is quite impossible that pregnancy alone, in the early stage, or in any stage, could produce intense ulceration of the bowels. I have never seen an isolated case of acute dysentery. Dysentery occurs in this country as an epidemic. I never before saw such an expression on the countenance of a patient as I did in the present case. It was not anxiety but terror. I observed Miss Bankes for about ten minutes, but long enough to form a judgment of the case. I asked her very few questions, and she said little to me. I have nothing to do with the branch of the profession known as midwifery.

Re-examined—The only natural disease which would account for the morbid appearances is acute dysentery.

Mr. H. S. Palmer deposed that he was a surgeon at Mortlake. He placed portions of the body and some blood of the deceased in a jar and a bottle to be taken to Dr. Taylor.

There was a break in the Medical evidence here, in order that the Police Inspector might state what took place when the prisoner was apprehended, and prove the results of a search of his person, and the bottles, etc., at the lodgings.

Inspector M'Intyre deposed that he was stationed at Richmond. He apprehended the prisoner on a warrant on the 2d of May, upon the charge of feloniously administering poison to the deceased, who was at that time alive. The prisoner was taken before a magistrate, and he said that the poor lady might die during his absence, and that it was very essential he should be there. The magistrate allowed him to go at large upon his own recognizances. Witness took from the prisoner some keys and two letters, and he accompanied him and Mr. Bird to the prisoner's lodging, and Mr. Bird gave him several bottles and other things, which he afterwards gave to Dr. Taylor. The prisoner was at large the whole of Monday night, but upon his hearing on the following morning that Miss Bankes was dead, he took the prisoner into custody upon the charge of wilful murder. After the prisoner was in

custody he searched his lodgings, and found some other bottles, which he also gave to Dr. Taylor. He subsequently went to Rifle-terrace, where he found a lady who was called Mrs. Smethurst, and in consequence of what she told him he made certain inquiries at Kennington Church.

Cross-examined—The whole of the bottles he took away he afterwards handed to Dr. Taylor. When the magistrates admitted the prisoner, they suggested that he should not interfere with the lady any more.

Mr. Buzzard was then recalled. He said he acted as staff-surgeon to the army during the late Crimean war, and a great many cases of bowel complaints came under his observation at that period. He had heard the description given of the deceased's symptoms, and the appearance of her body upon the post-mortem examination, and he knew of no form of dysentery or bowel complaint reconcileable with those symptoms and appearances. He should refer these symptoms to some irritant substance being taken into the system, either by the mouth or by injection. Witness was present when Dr. Taylor began to analyse a portion of the contents of the bottle No. 2. He did so by what was called Reinsch's test, and Dr. Taylor showed him the copper that was used for the test was coated with a dark grey substance. Upon this discovery being made, witness at once proceeded to Richmond, and made a communication to Dr. Julius and Mr. Bird.

Cross-examined—Witness had never in his life attended a patient who died from slow arsenical poisoning. The only test Dr. Taylor used was that known as Reinsch's, by which, where arsenic is present in any substance, it is deposited on copper wire or gauze.

Dr. Metcalfe Babington—I am a Fellow of the College of Physicians. About eighteen years ago I saw six or eight cases of acute dysentery. They were of an epidemic character, and occurred in Lower Chelsea. In 1847 I saw two other cases in the same neighbourhood. I have heard the symptoms described to-day, as well as the appearance which the body presented after death. Taking all those circumstances into consideration, I do not think she died from acute dysentery. I should think she died from the effect of irritant poisons. I have had an extensive Medical practice as an accoucheur, and have delivered more than 2000 women.

Cross-examined—I have known cases of pregnancy in which there was violent vomiting, but not violent diarrhœa, as an urgent symptom in the first weeks of pregnancy. I do not know of a case in which in the early stages of pregnancy life has only been saved by having recourse to abortion. In the early stages of pregnancy violent retching is common, but it is not an unfavourable symptom.

Re-examined—This case differs from the six cases of dysentery I have mentioned, in this—that there was not the same destruction of the mucous membrane.

Dr. Lewis Bowerbank—I was twenty-three years in Jamaica, practising as a Medical man. Acute dysentery is a common disease in that country, and I have had much experience of it. The symptoms and appearances in this case are certainly not referrible to any form of acute dysentery. Some of the symptoms may be traceable to acute inflammation of the intestines. There is no natural form of disease to which I can attribute the symptoms and appearances. I should say the symptoms are those of irritant poison.

Cross-examined—Dysentery is much more frequent in tropical climates. I have only beeen in England since my return from Jamaica six months. My experience of dysentery in Jamaica extended to the white as well as the coloured population.

Dr. Copland—I am a Fellow of the College of Physicians, and the author of many Medical works. I was in Africa in 1817, and then saw many cases of acute dysentery. Soon after the peace in 1815 I saw cases of acute dysentery on the Continent. I witnessed the post-mortem examination of many bodies. I have practised in England many years. In my opinion, viewing the whole evidence in this case, the death of the deceased is not referrible to any form of acute dysentery. In my opinion, it is referrible to irritant poisons, administered either by the mouth or by injection, or by both, at intervals and in small quantities.

Cross-examined—I should expect in a case of slow poison by arsenic to find a certain amount of arsenic in some of the tissues of the body. I should not expect to find much where there was continual vomiting and purging.

The evidence of Dr. Taylor was next heard—on the morning of the third day of the trial.

Dr. Alfred Swaine Taylor, examined by Mr. Bodkin, said—I am Professor of Chemistry at Guy's Hospital; I am also a Fellow of the College of Physicians and a Member of the College of Surgeons, and I have had considerable experience in cases of this description. On Sunday, the 1st of May, Mr. Buzzard called on me at my private residence. He brought with him a parcel wrapped in paper, containing two bottles. I only examined bottle No. 2. It was sealed with a Turkish seal (Mr. Bird's seal). In consequence of a communication made to me by Mr. Buzzard, I undertook to test the contents of one of the bottles. There was no selection made. He opened the parcel, and took the bottle which seemed to come first. Two drachms of the contents of bottle No. 2 were poured out. I tested my apparatus in the first instance. It consisted of copper wire, muriatic acid, distilled water, and an ordinary test tube. The acid and water were boiled, and a piece of copper wire placed in the mixture. I tested the vessels which I used. I then used the same acid and water, and the same wire and tube, in testing the liquid of No. 2. I found a metallic deposit upon the copper wire of a grey, steel colour. That indicated to me that arsenic or antimony was present, but I could not say distinctly what metal, or whether there might not be mercury. I did not proceed further with my experiment at that time. I desired Mr. Bird to get the authority of a magistrate. Bottle No. 2 was re-sealed in my presence by Mr. Buzzard, and it was taken away by him. He also took away bottle No. 1. Application was made to me to make the experiments without delay, as they might be the means of saving the life of the lady; and although it is not my practice to do so on Sunday, I continued the experiments as soon as Mr. Buzzard had left. I tested the same liquid further by boiling some copper gauze in it. I then examined the copper under the microscope, and I saw upon it an appearance closely resembling an arsenical deposit. In the evening of the same day I heated a portion of the coated gauze in a tube, and obtained crystals which I had no doubt were arsenic. Here is the tube (holding up a small glass tube, which the Chief Baron examined). I afterwards ascertained by other tests that they really were crystals of arsenic. On the evening of the same day Mr. Buzzard brought back a letter and the two bottles to my house. Next morning I proceeded to finish the examination of bottle No. 2, and, having taken two ounces of the liquid, I by the same process thoroughly satisfied myself that it contained arsenic. I employed Reinsch's process, and got the result on a larger scale. I calculated that there was less than a quarter of a grain of arsenic in four ounces of evacuation (about one-sixth of a grain). I endeavoured to ascertain whether the arsenic was in a state of solution, and I found that it was. I found it in a dissolved state mixed with blood. On a subsequent analysis I found copper, but only a mere trace of it—just enough to enable me to say that there was copper. I found no indication of antimony, mercury, or bismuth.

The Lord Chief Baron said it appeared that a copper pill was given to the patient on the 29th of April, and that evacuation No. 2 was obtained on the following day.

Mr. Bodkin—If there had been antimony, mercury, or bismuth, would you have discovered it?

Witness—Yes; it is the great feature of the process I used that it is the only one which enables chemists to ascertain at once whether any of those metals are present. I examined the organic matter of No. 2, and found it consisted of fibrous and feculent matter mixed with bile and blood. Having discovered arsenic in the blood, I immediately came to the conclusion that it was the evacuation of a person suffering from the administration of arsenic. I found no arsenic or metallic substance in the other bottle. It consisted merely of feculent matter, mixed with mucus and blood, and was of a greenish yellow colour. On the 5th of May I received a parcel from Inspector M'Intyre, containing a jar. I found in the jar a portion of the viscera, the stomach unopened, the spleen, the large and small intestines, as well as the liver, the gullet and the uterus. On the 7th of May I received a bottle containing the kidneys, and a small bottle containing blood, said to have been obtained from the heart. I also received a number of bottles from M'Intyre—about thirty in all. I examined the contents of all those bottles.

I examined the uterus, and I eoneur in all Mr. Barwell said respeeting it. It was in a pregnant state. I then examined the gullet, the vessels of which were injected, indicating some cause of irritation. The stomach contained a brownish fluid. I found no arsenic or antimony in the stomach. On an analysis I found antimony in the small intestines in two distinct plaees. The middle part of the small intestines eontained the largest quantity. There was some above and below. I also found some antimony subsequently in the cæcum and in one of the kidneys. The other kidney was not examined. There were traces of antimony in the blood of the heart, as well as in the liquid in the jar. I found none anywhere else. I was assisted by Dr. Odling. We ealeulated that the whole quantity of antimony found did not exeeed from a quarter to half a grain. I found a remarkable appearanee in the eæeum. It was much uleerated, and the lining membrane nearly destroyed throughout. The large intestines were uleerated more or less throughout. Therc were patches on the rectum, but the most remarkable appearance was the almost entire destruction of the lining membrane by uleeration. There was some blood in the stomaeh, and it must have been brought there by some great causes of irritation. There was no appearance in the other organs to account for death. I next examined the contents of some pill-boxes which I received from M'Intyre. I found they were what they were represented to be. There were some eopper pills, one of which was taken for analysis. They contained sulphate of eopper with powdered opium. (These pills were preseribed by Dr. Todd.) In the glass piston of an enema syringe I found some cotton, which eontained a white metal, either mereury, silver, or bismuth. There were two bottles of bismuth mixture; one was quite full. From the other about an ounce and a-half had been taken. I found prussic acid and sulphuric aeid in other bottles. The bottles eorresponded with their inseription. I found some sugar and tapioca, but I diseovered nothing in them. I examined bottle No. 5. I produce it. It eontained 355 grains of chlorate of potash. It is a salt whieh was used for percussion eaps, and is employed for explosive mixtures. I also produce bottle No. 21. It eorresponded with another containing quinine mixture. It was about half full of a clear watery liquid of a saline taste. I tested half of it by Reinsch's process, as I had done with the other bottles. I found that the copper I introduced into it was instantly destroyed. This seemed to me a remarkable occurrence. I had never seen it before in my experience in searching for arsenic. I then plunged in some copper gauze, and on removing it after a short time I examined it, and obtained crystals of arsenie. I then put the bottle aside, and went on with my other experiments. As this was something remarkable, I was anxious to have the assistance of another ehemist. At first Dr. Odling, who assisted me, and myself were led to suppose that there was arsenic in the liquid, but from experiments subsequently made we both came to the eonelusion that there was no arsenic nor any antimony in the liquid. We found that the arsenic had come from the eopper gauze. The eopper gauze being dissolved, it set free some arsenic which was contained in the copper. Chlorate of potash is a cooling medicine, and moderately diuretic. The effect of the experiment might have been relied upon if the liquid had not dissolved and destroyed the copper. Chlorate of potash might so aet on the kidneys as to aid in earrying off any irritant matter.

Mr. Bodkin—Have you heard the evidence as to the symptoms whieh the deceased lady exhibited, and as to the appearanees on the post-mortem examination?

Witness—Yes.

Mr. Bodkin—Taking all the eircumstanees into your consideration, to what do you attribute her death?

Witness—I can aseribe her death to nothing but the aetion of irritant poison.

Cross-examined by Mr. Sergeant Parry—I was examined in this case before the magistrate and the coroner; twice before the magistrate, and onee before the coroner. I found traces of arsenie in bottle No. 2—about the sixth part of a grain. The eopper gauze I used was the same kind of copper gauze whieh I employed with bottle No. 21. I unknowingly deposited arsenic with the eopper gauze when I placed it in bottle No. 21, but that was owing to the chlorate of potash dissolving the copper. Dr. Odling made an independent experiment with bottle No. 21, and arrived as I had done in the first instanee at the eonclusion that arsenie was present. Besides Reinsch's process, I employed Marsh's process. When I made the experiment I was not aware that chlorate of potash was present. I had to find that out.

Mr. Sergeant Parry—Did you solemnly before the magistrate and the coroner state, more than onee, that you had discovered arsenic in bottle No. 21?

Witness—Yes; that was my belief at the time.

Mr. Sergeant Parry—Did you not say before the magistrate, "Understand, sir, I tested all my tests before I made this discovery of arsenic?"

Witness—Yes; I had tested them in the usual way. I have used the same copper gauze for fourteen years without arsenic being produced from it in the way I have described.

Mr. Sergeant Parry—You have used it in other cases before?

Witness—Yes.

The depositions of the witness before the magistrate at Richmond on the 20th of May, and also before the coroner on the 25th of May, were read.

Cross-examination continued—At the time I made those statements I firmly believed that the arsenic I discovered in bottle No. 2 was placed there by somebody else, and not by my tests.

The witness's depositions before the magistrate on the 5th of May was here read by the learned judge.

Mr. Sergeant Parry, continuing the cross-examination, asked the witness—When did you find out that you had made, what you now frankly confess to be a blunder?

Witness—I finally came to the conclusion that the arsenic was to be attributed to the copper about the 7th of June.

Cross-examination continued—Acid in the stomach might to a very limited extent dissolve eopper. My tests have on former occasions been disputed.

Mr. Sergeant Parry—Do you remember any occasion when you conscientiously believed that your tests were correct, and when they were found not to be so on further examination?

Witness—Never.

Mr. Sergeant Parry—As a general rule, in cases of slow arsenical poisoning, should you expeet to find arsenic in the tissues?

Witness—Yes.

Mr. Sergeant Parry—Did you not say to Mr. Buzzard, when the lady was living, that she was suffering from arsenic, and that it was being carried off from her body?

Witness—Yes, I said so.

Mr. Sergeant Parry—After you found arsenic in bottle No. 21, did you not come to the conclusion that the arsenic in the body was carried off by the chlorate of potash?

Witness—I was asked by Mr. Sergeant Ballantine what would be the effeet of chlorate of potash, and I said it would tend to carry off through the kidneys any mineral or foreign matter.

Mr. Serjeant Parry—I ask you, when you discovered the arsenic in bottle No. 21, whether you did not form the theory, to aecount for the absence of arsenic in the body, that it was earried off by the chlorate of potash?

Witness—No; I merely said what the effect of that diuretic would be. I went down to Durham at the request of the Government to give evidence in the case of Mr. Wooler, who was charged with the murder of his wife by slow poisoning in 1855. I made myself master of all the details in that case. There was no question as to the poison having been administered, the only question being by whom it was administered. Arsenic was found in the tissues of the lady's body, and also in the liver. Arsenic was discovered in all parts of the body. I found one grain, and Dr. Richardson, of Durham, found half a grain. I admit the liver is the great criterion as a seat of deposit in a case of poisoning.

The witness was then cross-examined as to the appearances which would be presented from poisoning by arsenic and antimony.

Re-examined—I have used the same copper gauze I employed here in 77 analyses in this case, and in 76 no arsenic was produced by it, the exception being in the chlorate of potash liquid.

By the Lord Chief Baron—The test by means of the eopper gauze has always been effectual where it has not been destroyed by chlorate of potash.

By Mr. Sergeant Parry—Arsenic is sometimes found in bismuth. There was no mineral matter in evaeuation No. 3.

Mr. Palmer reealled, and examined by Mr. Sergeant Parry

—I made the post-mortem examination with Mr. Barwell. I found the liver enlarged, hardened, and in an incipient state of fatty degeneration. I found it very much hardened in the left lobe. That might be the effect of continued bilious irritation.

By Mr. Sergeant Parry—I merely judged from the external appearance. I did not see the liver opened.

Dr. Odling, Professor of Practical Chemistry at Guy's Hospital, proved that he assisted in analysing a portion of the intestines of the deceased, and he agreed in the statement made by Dr. Taylor as to their condition, and said he was satisfied that there was antimony in the body. He then gave the same account of what took place with reference to the examination of the bottle containing the chlorate of potash.

By the Judge—Unless the copper is dissolved, Reinsch's test is infallible in the discovery of arsenic, and is the best.

By Mr. Sergeant Ballantine—I agree with the observations that the death of the deceased arose from the administration of some irritant poison, and I do not know of any disease that would account for the symptoms that have been spoken to.

Professor Brande—I was formerly Professor of Chemistry at the Royal Institution, and have been engaged in analytical researches for fifty years. I examined a portion of the liquid of No. 21 given to me by Dr. Taylor. I examined one portion of it by Reinsch's process, and another portion by Marsh's process. I found no arsenic. The chlorate of potash had been removed. Chlorate of potash dissolves copper, but that fact would not affect my opinion as to the safety of Reinsch's process, where chlorate of potash is not present. When the matter does not contain any substance which dissolves copper, the test is in all respects an admirable one. In my judgment the test was properly applied in the present instance to the tissues of the body and to the evacuations. In my opinion the result obtained is correct.

By the Court—The condition of the copper was not supposed, until this occurrence took place, to have any effect upon the test, and if I had made the experiment at the time Dr. Taylor did, I should have come to the same conclusion, that there was arsenic contained in the liquid of No. 21.

Dr. Julius was then recalled, and said he heard the statement made by the prisoner before the magistrate when he was charged with attempting to poison. The prisoner said it was very necessary he should go to his wife—that her death might be occasioned by his absence, and that it was imperative he should go. He also said that everything had been administered to her by himself, and that if any metallic substance had been administered, it must have been in the medicine.

Mr. Sergeant Parry—Did the magistrates request him not to interfere with the patient?

Witness—I don't think that observation was addressed to him. It was said generally, but in his presence, and he might have heard it.

This completed the Medical evidence for the prosecution. That for the defence was begun late in the afternoon, immediately after the address to the jury made by Sergeant Parry, the counsel for the prisoner, had been concluded. The first witness called was

Dr. B. W. Richardson, who deposed that he was a doctor of medicine, a Licentiate of the College of Physicians, and Professor of Physiology at the Grosvenor-place School. He had heard the evidence as to the symptoms of the deceased, and in his opinion they were not reconcilcable with a case of slow arsenical poisoning. There was an absence of several symptoms he should expect to find in such a case. There was no inflammation of the conjunctivæ or nostrils, no excoriation about the lips or anus, or orifices of any of the mucous canals, no *eczema arsenicale*, and no specific nervous symptoms. The result of the post-mortem examination, in his opinion, also was not consistent with a case of poisoning of that description, as the inflammation appeared to be more developed in that portion of the intestines which in cases of poisoning by arsenic generally received the least injury. He should also certainly expect in a case of poisoning by arsenic that arsenic would be found in the tissues of the body. He had tried some experiments with arsenic administered in small doses upon a dog, in conjunction with large doses of chlorate of potash, and after the dog was destroyed he discovered arsenic in the liver, lungs, heart, and spleen of the animal. He administered a large quantity of chlorate of potash with the arsenic, in order to see whether it had the effect of eliminating the poison.

The Lord Chief Baron—How much arsenic do you say you administered to the animal?

Witness—18 grains, and 365 grains of the chlorate, in 16 days.

The Lord Chief Baron—And how much remained in the body, or how much did you find?

Witness—I cannot say.

The Lord Chief Baron—Surely you can tell us whether there was a grain or half a grain?

Witness—I don't think there was so much as a grain discovered. There might have been half a grain.

The Lord Chief Baron—Out of the whole 18 grains that you administered?

Witness—I cannot absolutely say that I detected more than that in my analysis; but I only analysed a small portion of the body.

By Mr. Giffard—Witness tried experiments upon two other dogs, with antimony and arsenic given alternately, one in conjunction with chlorate of potash, and the other without. One of these dogs died at the expiration of eleven and the other of twelve days, and in both cases a portion of the poison passed away in the urine, but he could not say how much. In both cases the symptoms, the pathology, and the discovery of the amount of arsenic in the tissues were identical. In cases of slow poisoning by antimony he should expect to find a softening of the liver and congestion of the lungs. He should also expect to find some of the poison in the liver after death. The liver was generally the great depot for arsenic and antimony. He had seen a great many cases of acute and ordinary dysentery, and it appeared to him that the symptoms exhibited by the deceased more resembled those of the former malady than the result of slow arsenical or antimonial poisoning. He had seen in cases of pregnancy that the patient suffered from vomiting and diarrhœa. From the description that had been given of the deceased lady, he considered she was a very likely subject for dysentery. He had analysed bismuth as it was ordinarily obtained, and he had discovered the presence of arsenic in every instance. The largest quantity he discovered was half-a-grain of arsenic in an ounce of bismuth. There were 480 grains in an ounce. He had upon one occasion prescribed bismuth in five-grain doses three times a-day, from Tuesday morning to Sunday night, and on Monday morning had found distinct evidence of arsenic in the urine. He could not weigh it, but there was enough to produce a distinct coat or mirror in the glass tube.

Cross-examined—He did not prescribe the bismuth to the patient with a view to his giving evidence in this case. He tried the experiment upon the dogs solely for his own information, and from having read in the newspapers a report of the case in which it was stated by Dr. Taylor that he believed the chlorate of potash would have the effect of passing off the poison. Witness was examined on Palmer's trial for the defence. At that time the establishment with which he was connected was called St. George's School, but the name had since been altered to the Grosvenor Place School. He was called to prove that Cook might not have died of strychnine, but of a disease called angina pectoris; and he stated that according to his own scientific knowledge and the opinions of the best authors, he believed that Cook did not die of strychnine, but of the disease he had mentioned. He was not aware how it became known that he had made the experiments upon the dogs. Mr. Humphreys, the prisoner's solicitor, called upon him as a scientific man, and requested him to appear as a witness.

By the Lord Chief Baron—He had only been a witness in a criminal court in the case of Palmer and on the present occasion. He was consulted in another case, and he gave an opinion; but he was not called as a witness.

By Sergeant Ballantine—The dog took the chlorate of potash very well. He mixed it with the poison and gave it him in his food and sometimes it was given to him in milk. He did not once nearly poison one of his patients by giving him an excessive dose of antimony wine, but he did upon one occasion prescribe fifteen minims of antimony wine to a patient, and it had a more powerful effect on him than was anticipated, and he was ill for several

days. Fifteen minims contained about the twelfth part of a grain of tartar emetic. Antimony would undoubtedly cause sickness, and sometimes purging, and it would also be calculated to produce a sensation of burning heat in the stomach, from the mouth all through the body. Sulphate of copper, or any mineral irritant, was likely to produce such a sensation as that he had just described, in any case where there was a previous irritable condition of the mucous membrane.

The cross-examination of Dr. Richardson was resumed on the morning of the fourth day of the trial.

In answer to questions put by Mr. Sergeant Ballantine, he said that he did not think that rigidity of the muscles after death was evidence that the patient had suffered from spasms. In cases of poisoning the patient frequently had spasms. The experiments he made in 1856 were not with a view to being examined as a witness. He was not called on Palmer's trial to give any evidence in reference to antimony. Witness ceased to practise as an accoucheur in the year 1854. He was of opinion that sickness arising from pregnancy, if accompanied by diarrhœa, would have accounted for all the symptoms exhibited by the deceased.

Re-examined—It was at the request of Sergeant Shee that he gave evidence in favour of Palmer, and he refused to receive any remuneration for his attendance. He expressed his opinion that Cook died from the disease of angina pectoris on cross-examination by the Attorney-General. Heat in the abdomen and the other symptoms he had mentioned were symptoms of irritant poison having been taken, but they were also symptoms of violent diarrhœa; and whenever there was an excess of acid secretion in the stomach it was likely to produce a burning sensation. If a patient was suffering from violent irritation of the stomach from any cause, the administration of sulphate of copper would be likely to increase that irritation. Witness was acquainted with many cases of pregnancy, accompanied by diarrhœa, vomiting, and violent pain in the abdomen. It was customary for the greatest toxicologists to make experiments upon dogs and the lower animals, and those experiments were recorded in the journals of science throughout Europe. There were very few cases recorded of supposed death from slow antimonial poisoning. Witness still adhered to the opinion that the deceased might have died from natural causes.

Mr. J. E. D. Rodgers deposed that he had been a lecturer on chemistry for seventeen years at the St. George's School of Medicine, and was also a registered Surgeon. Witness was examined at Palmer's trial. He was acquainted, by reading, with the symptoms of slow poisoning by arsenic and antimony, and was frequently called on by coroners to make post-mortem examinations and analyses of human bodies. He knew the nature of chlorate of potash. It was a perfectly harmless salt, and, in his opinion, it would have no effect in eliminating poison from the system; but, supposing it had that power, the poison would be removed before it had time to act upon the system. He had given chlorate of potash, as an experiment, with arsenic and antimony, and it had no effect whatever. Chlorate of potash was very much used as a wash for the mouth to sweeten the breath. Supposing arsenic and antimony to have been administered to anyone for five or six weeks, he should certainly expect to find both substances in the tissues of the body, and particularly in the liver, and also in the kidneys and the spleen; and if he did not find any poison, he should form the opinion that no poison had been administered. He did not believe it possible to find any trace of antimony in the blood without also finding it in the liver. In every case of alleged slow poisoning, the absence of poison from the tissues would lead him to entertain strong doubts whether the death was occasioned by poison. Witness could state positively, from his own experience, that nearly all the bismuth that was sold contained arsenic, and he should say to the extent of half a grain to an ounce. He did not consider Marsh's test for the discovery of arsenic in bismuth a correct one, as he had himself found it to fail. Grey powder frequently contained antimony, and he should say a greater portion than bismuth would contain of arsenic. Antimony was used in several medicines. Witness had seen many cases of rapid poisoning by arsenic, and the stomach was only ulcerated in one instance. In witness's opinion, the condition of the intestines of the deceased was not consistent with a case of slow arsenical poisoning. There was a peculiar appearance of the lining membrane of the eye that he should always look for in a case of slow poisoning by arsenic, which was absent in this case. In a case of slow poisoning by antimony he should certainly expect to find a clammy sweat all over the body, and also a deathly coldness. He should also expect that the liver would be softened through the action of the antimony.

Cross-examined—Witness was not now connected with the Grosvenor-place School of Medicine, which was formerly called the St. George's School. Witness was examined on behalf of Palmer, to prove that as no strychnine was found in the body, Cook could not have died from strychnine. He made experiments upon animals in order to ascertain the fact he deposed to. Supposing the sixth of a grain of arsenic to be found in an evacuation, he should be of opinion that a large portion still remained in the system somewhere or other. One other gentleman connected with Grosvenor-place School was examined on Palmer's trial.

Re-examined—Grosvenor-place School had been established for thirty years as a separate school of medicine. If he did not find any poison in the body under such circumstances he should be inclined to doubt whether the experiment upon the evacuation was a correct one. There are means of obtaining copper perfectly pure for the purpose of these experiments, and he considered it a most dangerous thing to use copper of any other description, especially where a man's life was at stake. The only evidence witness gave at Palmer's trial was to the effect that if the death had been occasioned by strychnine, strychnine ought to have been found in the body, and witness still entertained the same opinion.

Dr. John Louis W. Thudichum deposed that he was a Doctor of Medicine and Lecturer on Practical and Experimental Chemistry, and he was also a pupil of Professor Liebig. Witness had heard the evidence of the symptoms exhibited by the deceased, and the appearances presented upon the post-mortem examination, and according to his opinion, all these symptoms were consistent with the deceased having died a natural death, and in his opinion she died of dysentery. He also said that from his experience he would state that these symptoms were not consistent with death from slow arsenical or antimonial poisoning. He was also of opinion that in any case of poisoning of this description the poison would be found in the tissues of the body.

Cross-examined — He considered the deceased died of the disease known as diphtheritic dysentery. He had attended two such cases in London. One of them was fatal. The other recovered. These cases occurred about three years ago, when witness was Physician to the St. Pancras Dispensary.

Re-examined—Witness had made an analysis of grey powder, and found that it contained, among a number of other materials, arsenic and antimony, and a larger portion of the latter than the former. He had also analysed bismuth, and found that it contained both arsenic and antimony. He could not say the quantity.

By the Lord Chief Baron—The quantity he found was more than a trace. In one instance in 120 grains of bismuth he found about half a grain of arsenic. He did not weigh it, but he should say that was about the quantity. Witness did not agree with Dr. Rodgers that the quantity of arsenic contained in bismuth did not render it improper to be used as a medicine. In his opinion it was an improper medicine to be used.

By Sergeant Ballantine—He dissolved two ounces of grey powder, and analysed about one-eighth part of that for arsenic. He had not had time to ascertain the exact quantity of arsenic and antimony in grey powder. He was well aware that he was required to make certain analyses on behalf of the prisoner, and that it would be essential to be correct. The grey powder he analysed was the description that was given to children. He was sorry to say that it was a medicine constantly given to children in doses of from half-a-grain to three or four grains. Witness did not think that the arsenic in the grey powder poisoned the deceased.

Sergeant Ballantine—Do you think it had any effect in producing the symptoms you have heard of?

Witness—I think the mercury she took might have produced the aphthous spots in the mouth. I do not think that either the arsenic or the antimony had anything to do with the death of the deceased, but they might account for the results of Dr. Taylor's analyses.

Re-examined—I think that the quantity of arsenic and antimony contained in the bismuth and the grey powder

would account for a small portion of arsenic being found in an evacuation.

Dr. F. C. Webb, Lecturer on Medical Jurisprudence at the Grosvenor-place School of Medicine, and a Physician to the Great Northern Hospital, gave similar evidence to the last witness as to the cause of death, and said it was his opinion, from the symptoms, that the deceased died a natural death. He also expressed an opinion that the pregnancy of the deceased was a material ingredient in the case, and that it would have accounted for many of the symptoms that presented themselves. The witness also stated that he considered the administration of sulphate of copper to the deceased in her condition of pregnancy was improper, and that bismuth also ought not to have been given to her unless it was pure. He considered the deceased died of dysentery, aggravated by her pregnancy, and he had read of many such cases that had altogether baffled Medical skill. A burning pain in the bowels, purging and vomiting, were undoubtedly symptoms attending the administration of irritant poison, but similar symptoms very frequently occurred from natural causes. In cases of slow arsenical poisoning all the mucous orifices would be excoriated. He was of opinion that chlorate of potash would not in any way affect the operation of poison, and he said that if arsenic were administered and caused death, the poison must decidedly be found in the tissues of the body after death. The witness was examined at very considerable length in reference to the appearances presented upon the post-mortem examination, and he stated that all these appearances, and the absence of others, justified him in his opinion that Miss Bankes died a natural death, and that it was not the result of the administration of poison. He said that he had heard the mode in which Dr. Taylor arrived at the conclusion that the evacuation contained one-sixth of a grain of arsenic, and he said it was a mere guess, and ought not to have any weight whatever in the inquiry.

Cross-examined—If he were called in to attend the wife of a Medical man, and her husband told him that she was not in the family-way, if he found that the medicines he prescribed did not have their proper effect, he should still feel it his duty to make further inquiries to ascertain whether she was pregnant or not. He should not expect that any medicines would check such a disease as that to which he attributed the death of the deceased. He should not have dreamed of poison if he had attended upon the deceased and had seen all the symptoms which presented themselves.

Re-examined—15,000 persons died of dysentery in this country from the year 1848 to the year 1854.

Dr. G. F. Girdwood deposed that he had very great experience in cases of midwifery and had seen a good many in which pregnancy was combined with dysentery, and in one case the dysentery was very severe. He considered it highly improper to administer mineral medicines in such a case. The remedy witness adopted in such a case was the application of leeches to that portion of the body where the cæcum was placed. He traced the death of the deceased in this case entirely to the dysentery, and the ulceration and exhaustion consequent upon it. All the symptoms in such a case would be aggravated by the fact that the patient was of a bilious temperament.

Cross-examined—The dysentery of this country was not accompanied by much fever. It was different in its character from the dysentery of hot climates.

Re-examined—Witness had formed his judgment in the present case from the dysentery of this country.

Mr. James Edmunds, Member of the College of Surgeons, and Medical Officer to the H division of police, deposed that, in the early stages of pregnancy there is frequently severe vomiting and diarrhœa, so as to produce very great exhaustion. They arise from sympathetic irritation. He added, "I know a case in which death resulted. The lady was 40, and married ten or twelve years. She suffered from severe pain in the abdomen and burning. She was ill from four to six weeks. I made a post-mortem examination of her body, in consequence of the extraordinary symptoms. Her death arose from dysentery. I think it was a case of idiopathic dysentery, with the addition of vomiting."

Cross-examined—She miscarried at the seventh month, and a week before her death. The symptoms began between the fifth and the six month. I gave her chalk, opium, and prussic acid, and afterwards bismuth. I used sulphate of zinc as an injection, when I knew there was ulceration of the stomach. I used ten grain doses. From five to fifteen grains would be a proper dose. I did not use sulphate of copper because of the vomiting. The bismuth relieved the vomiting. In the lower bowel and the cæcum there was the most fearful ulceration. There were ulcers in which you could lay a penny.

Re-examined—I was engaged in the adjoining court, and felt it my duty to communicate the case I have mentioned to the gentlemen conducting the defence. I have seen many cases of dysentery, but this was the only fatal one. I am acquainted with cases of early pregnancy, in which vomiting and diarrhœa were combined, but vomiting is more frequent.

Dr. Tyler Smith deposed that excessive vomiting was a common disorder of pregnancy, which sometimes continued in defiance of all remedies, until it ended fatally. The death in these cases, was caused by exhaustion, in fact, by starvation. Diarrhœa was sometimes produced by the irritation of the gravid uterus, and pregnant women were liable to dysentery and cholera. It usually happened that abortion was produced by any serious affection of the bowels during pregnancy. He had been consulted in four cases in which the vomiting of pregnancy resulted in death. Heartburn was a very common disorder of the pregnant state, and the amount of acid secreted by the stomach in such cases, was sometimes enormous. Excessive vomiting was very likely to occur in a woman pregnant for the first time at mature age, of bilious temperament, and the subject of uterine disorder, for which an injection of nitrate of silver would be used. Menstruation was not uncommon in the first two or three months of gestation, especially in patients affected with uterine disease. The presence of menstruation would not alone have led him to disbelieve in the existence of pregnancy. He should have suspected it and made the necessary examination, in such a case as that of Miss Bankes. The treatment recognised by the first obstetricians of this and other countries, was to produce abortion as soon as dangerous symptoms set in. In some of the cases he had seen, the stomach retained food for a few days before death. This was the case in the history of the celebrated Charlotte Brontë, who died after vomiting incessantly for six weeks, during pregnancy. The disorder often commenced immediately after impregnation. Dr. Paul Dubois, who had seen twenty fatal cases of vomiting during pregnancy in thirteen years, expressly notices a morbid expression of the features, as one of the symptoms of danger, calling for the induction of abortion. During the last two or three years, especially since the prevalence of diphtheria, he had frequently found pregnant women, and lying-in patients, affected with an aphthous condition of the mouth and throat.

Dr. Tyler Smith was not cross-examined.

A New Cavity, called by its discoverer "preperitoneal," has been announced by M. Retzius. It has hitherto, he says, escaped the observation of anatomists. In examining the disposition of the transverse muscles and their aponeuroses, he found this circumscribed cavity, which serves to facilitate the play, distension, and contraction of the bladder.

Every anatomist will remember the experiments of Magendie upon the cephalo-spinal liquid. He found when this liquid was removed, that the animals operated on fell on one side or the other, and lastly fell down altogether. M. Longet afterwards showed that the same phenomena occurred when the muscles of the spine alone were cut; and that when the fluid was removed, without cutting the muscles, nothing of these phenomena resulted. An observation lately made by M. Jobert confirms the experiments of M. Longet. A young woman received a stab of a dagger from her lover in the cervical region, the blade entering between the sixth and seventh vertebræ, and its point remaining broken in the wound. During two days, the bed of the patient was continually wetted with a transparent limpid fluid; on the third day the broken piece was removed, and at the time of the operation there escaped about a glassful of this fluid. It was analysed by M. Grassi, who found that it was analogous to water, containing in suspension some blood globules. This patient presented nothing extraordinary in her movements, and her mental powers were quite unaffected.

ORIGINAL COMMUNICATIONS.

ON CYANOSIS,

AND

THE NATURE AND VALUE OF TEMPORARY BASIC SYSTOLIC MURMUR.

By WILLIAM TILBURY FOX, M.D. Lond.
University Medical Scholar.

The following case appears to me unique, and of practical import in regard to certain dubious points in the ætiology of cyanotic disease.

The following are the facts of the case:—

A baby which was perfectly healthy in all respects at the time of birth, on the eleventh day became affected with the characteristic discoloration of cyanosis. The nurse noticed that, when the child was being washed, "it turned black," especially about the face. This, the first unusual circumstance, was accompanied by convulsive twitches, which were slight and pretty general, but soon disappeared. The discoloration now became uniform and constant; it was well developed. The temperature of the surface was good (the child was well wrapped up); the nutritive functions were perfect; there was no dyspnœa; the respiration appeared occasionally to be laboured, but was generally quiet, indeed markedly calm. There was no cardiac distress of any kind observed. The veins of the neck were not abnormally full nor visible. The child really appeared to suffer no inconvenience. In forty-eight hours the intensity of the discoloration was lost; at the end of a week all trace of the disease had vanished, its last remnants passing through the various hues incidental to the case of ecchymosis. Slight jaundice appeared to accompany this later part of the attack. During the commencement of the disease, no auscultation was practised, unfortunately; but subsequently, just as the intensity of the discoloration was subsiding, no abnormal sound could be detected over the cardiac region. Vomiting occurred prior to the attack. Hæmaturia was present during the height of the affection, and so large in amount as to give rise to the greatest alarm and anxiety. There was a serious loss. Blood corpuscles were detected in the urine by the microscope. Though the evidence present was chiefly negative, still the child was not expected to survive many hours. The little patient has continued free from ailment of every kind up to the present time (it is now six months old).

What diagnosis could be made? The child was perfectly healthy till the eleventh day; there could be then no serious congenital malformation; and this opinion was corroborated subsequently by the temporary duration of the attack. The most common accompaniment occurring after birth (non-congenital), is endocarditis, according to observers, which through its effects becomes a cause of cyanosis. The existence of such a lesion could scarcely be entertained in the present instance. The time of the occurrence, together with the subsequent history and the temporary character of the attack (in its intensity forty-eight hours), all suggested a cause coming into play at the time the usual complementary changes were being effected between the ductus arteriosus, foramen ovale, and pulmonary vessels. The cause was temporary, and it was also of pretty sudden occurrence, as evidenced by the tolerably rapid onset of the attack, and more particularly the presence of hæmaturia. The affection had, so to speak, a mechanical aspect. Two explanations were entertained to account for the attack:—1. Dilatation of the right auricle. 2. Increased patency of the foramen ovale.

Now, firstly, so far as my reading and limited experience go, I know of no case of dilatation of the auricle as the sole (primary) disease. It is always a secondary lesion. Billard relates a case of what he called "passive aneurism" of the auricle, but in this instance there existed obstructive disease on the left, quite sufficient to account for the lesion found on the right side of the heart. Of course this state of things is not uncommon. That any such conditions existed (even in a minor degree) in the case in point could not be maintained in the face of the evanescent character of the attack, the absence of all detectable or probable cause of dilatation, or of any of the symptoms which invariably accompany auricular dilatation, viz., syncope (prolonged), irregular action of the heart, palpitation, dyspnœa, prominent and enlarged cervical veins, etc.

Secondly, there was no reason to suppose that more free admixture of the blood of the two sides of the heart occurred at the time of the onset of the attack (unless the vomiting prior to the attack might be considered sufficient to unbalance the circulation), indeed, the subsequent course of the case supported the opinion that the proper changes were being effected in the foramen ovale and duct (that they were in progress of closure). Could the vomiting give rise to greater distension or pressure in the right than left auricle, and so reopen or enlarge the foramen ovale? Then, again, could such an amount of patency be produced by the vomiting as to fully account for the severity of the attack, and yet be repaired in two or three days (probably in forty-eight hours), seeing that a much longer time is required for the normal closure of the small aperture existing at birth? But the occurrence of the hæmorrhage in such large amount, as in the present case, remains unaccounted for and unexplained, by the supposition of increased patency of the foramen ovale, for it corresponded entirely in severity with that of the cyanotic hue, and the two seem to be explicable only by the same cause, and that a mechanical one. The clinical history of patent foramen ovale taken in conjunction with the short duration of the attack, will scarcely confirm the diagnosis now entertained.

Thirdly, the hypothesis which best accounts for the cyanosis, and accords with the facts of the case occurring at the time of, and subsequently to, the attack, most perfectly, appears to me to be the following:—The ductus arteriosus and foramen ovale at the time of the appearance of the disease (the eleventh day), had become less and less patent, the changes in them may have been, and probably were, a little later than usual in taking place (the cause will appear directly), and hence the pulmonary artery and branches had become adapted to the particular current which was passing through them. By the closure of the foramen ovale, and the arterial duct (the latter closing first), all the blood of the right side of the heart was compelled to travel through the pulmonary artery and its branches, which now presented some obstruction (congenital perhaps in part—in part perhaps due to the late occurrence of the proper changes in the ductus arteriosus and foramen ovale); after a little time, however, the obstruction was overcome, and the cyanosis removed. The following points confirm such a view.

The time of the occurrence of the affection, the manner of onset and disappearance (after sufficient time had elapsed during which the obstruction could be overcome). The absence of all evidence of disease of a congenital or non-congenital nature to cause more free admixture of the two kinds of blood, or to lead to obstruction to the free circulation of blood through the heart (such a cause would be permanent), the absence of all lung affection (atelectasis, etc.), the absence of murmur, etc.

That obstructive disease existed (or else why the hæmorrhage), and that such obstruction was temporary, is certain; and that the cause of the latter was the disturbance of the balance of normal changes going on in the vessels and openings connected with the heart, is the only feasible hypothesis. Again, though it is uncertain whether in this case there existed congenital obstruction of the pulmonary artery (or branches), or whether this was the result of late closure of the foramen ovale and ductus arteriosus: the fact, that the additional action of the latter process was the culminating point in the causation of the cyanosis, remains unaffected. Was there congenital pulmonary obstruction present? Certainly not to any extent. It is not difficult to suppose that an amount of obstruction existing in the pulmonary vessel (or vessels), and insufficient to cause cyanosis *per se*, may be rendered quite adequate to produce it, by the action of the additional obstruction caused by the closure of the ductus arteriosus and foramen ovale. Now, patency of the two latter, and obstructive disease are so frequently co-existent, that one naturally asks if they be not related to each other as cause and effect. Can we imagine with any degree of probability that any cause was present, inducing late closure of the duct and the foramen?

I have recorded the above case, because being an uncomplicated one, it supports the opinion originally expressed by Morgagni (and which is more generally adopted now-a-days), that cyanosis cannot be produced unless there be obstruction to the free current of blood through the heart. The observations of Dr. Moreton Stille, and the able summing up of Dr. Peacock, are valuable confirmations.

Certainly it must be allowed that cyanosis may result without any mixation of the two kinds of blood, and the most perfect and free admixture may occur, and yet no cyanosis result. I need not quote cases in proof. The objection that in after life you can demonstrate immense and intense obstruction and no cyanosis, is not valid; the structures are in a materially different condition, as pointed out by Dr. Chevers.

The great argument used by those who consider intermixture as the cause of cyanosis, is the frequent concomitance of patency of the foramen ovale or septal deficiency, and the like. Dr. Walshe thus puts the matter: "How comes it, if communication between the two sides of the heart be so unimportant that in five only out of seventy-one cases collected by Stille was such communication wanting?" Is not such communication necessarily present in the majority of cases of cyanosis? Any case fatal within a few days of birth, of course, presents a patent foramen ovale, and arterial duct. (Forty of Stille's seventy-one cases were congenital.) Septal deficiency or patency of any kind is an effect of the cause which produces cyanosis. If arrest of development (or disease) occurs (and obstruction result); it at the same time retards the proper changes ensuing, which would close the communication between the two sides of the heart. The effect of obstructive disease is to favour intercommunication between the two sides of the heart, and patency of the arterial duct (necessary conservative effects).

But, *per contra*, septal deficiency, or too great patency of the arterial duct, or foramen ovale, from arrest of development or other cause, will prevent the proper amount of blood taking its proper channel (the pulmonary artery), which will contract, and if from any cause the septal deficiency, etc. should be rectified, the pulmonary obstruction (which is secondary in this case) might become in consequence a cause of cyanosis.

Various considerations render it probable that pulmonary obstructive disease is the more frequent (if not the constant) primary lesion. It is certainly the most frequent pathological condition. (In fifty-three out of sixty-two cases collected by Stille.)

Pulmonary obstructive disease, secondary to septal deficiency, and the like, must be a curiosity, for since very little blood traverses the pulmonary vessels during intra-uterine life, the deficiency can scarcely influence the condition of the latter, unless it be very extensive, which is decidedly uncommon, and in non-congenital cases its infrequency disallows the supposition of its being a cause of secondary obstruction. In non-congental cases obstructive disease is sufficiently frequent to account for the concomitance of intercommunication. In so far as these two conditions stand to each other as cause and effect, it seems pretty evident that the obstructive disease is the cause of the (secondary lesion) intercommunication, etc.

But, after every argument has been exhausted by the two opposing sides, one cannot but find, after a little reflection, that the dispute concerns a very immaterial matter. The effect of obstructive disease and intermixture of the two kinds of blood, is the same in kind, viz. to cause the presence of venous blood in the capillaries, only in the case of obstruction, the amount is much greater, and there is present the additional effect peculiar to obstruction, viz. capillary distension.

It cannot be absolutely denied, upon the evidence of facts, that intermixture is incapable of giving rise to cyanosis, but such intermixture must be of the most free and perfect kind; obstructive disease is the more powerful cause of cyanosis; the more free the mixation, the less the obstruction required to produce cyanosis. The case I record can scarcely be explained, except upon the supposition of the existence of obstructive disease, either congenital, and made evident in its effects by the closure of the ductus arteriosus and foramen ovale, or of non-congenital, the result of late closure of the two latter; because the subsequent history of the case decidedly disallowed the assumption that the proper changes had not been effected in the foramen ovale and arterial duct. The former, perhaps, is the more probable.

But where was the obstruction seated? There was no murmur to be heard on auscultating the cardiac region during the intensity of the attack, but murmur may have existed at the outset. This is the only evidence upon which to form an opinion. Considering the intensity of the attack, as judged of by the degree of discoloration, and amount of hæmorrhage, it seems probable that closure of the foramen ovale alone was insufficient to account for the result. This, in conjunction with the absence of pulmonary constrictive murmur, would lead one to locate the obstruction at some point beyond the arterial duct. At the same time it must be remembered that the attack corresponded in point of time with that of the closure of the foramen ovale, and that murmur was not sought for at the outset. The hæmaturia indicated severe obstruction, and it was probably in part congenital.

Gloucester-gardens, W.

(To be continued.)

CASES OF DIPHTHERIA,

WITH REMARKS ON

THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF THE DISEASE.

By J. S. BRISTOWE, M.D. F.R.C.P.

(Continued from page 181.)

In this the second part of my communication, it is my intention not to give a detailed account of the pathological condition of all organs, to enter into a minute analysis of all symptoms, and to discuss the various forms of treatment that have been adopted; but simply to dwell on such points connected with the pathology, symptoms, and treatment of the disease as are of real interest or importance, or have appeared so to me in the cases that have come under my observation. And I may here state, that the remarks which follow are not founded on the previously-detailed cases alone; but additionally on six or seven other cases which I have had more or less satisfactory opportunities of watching during life; on one other careful and complete necropsy; and on various specimens of diphtheritic throats, false membranes, and kidneys which have been submitted to me at different times for examination.

Pathology (a).—The most prominent, and probably the most characteristic, feature belonging to diphtheria, consists in the deposition of a false membrane upon the fauces, pharynx, and adjacent parts. This membrane appears very early in the disease, and perhaps generally first on the tonsils, in the form of one or more whitish or greyish circumscribed patches, not unlike those resulting from the application of nitrate of silver. Having once commenced it extends rapidly, so that in the course of a day or two, or even in less time than this, it may have formed a tolerably uniform layer, covering the whole of the tonsils, the pillars of the fauces, the soft palate, pharynx, and base of the tongue; may have involved the posterior nares, and the larynx itself; and may even have spread into the trachea and bronchial tubes, or down the œsophagus possibly to its cardiac orifice. Its thickness increases with its area, and at the same time it becomes of a more opaque, dirty white hue, and more or less fissured on the surface. At the end of several days it ceases to spread, its edges begin to curl up, it becomes gradually detached, and comes away either as a complete membranous cast, or in a more or less softened and fragmentary condition. The deposition of this material is associated with, and no doubt dependent upon, a peculiar form of inflammation in the subjacent mucous membrane, attended by a variable amount of congestion and inflammatory exudation into the submucous tissue; in consequence of which a more or less brawny condition of parts is produced, especially observable in the lax cellular tissue of the larynx, when that organ becomes involved. The local inflammation is commonly neither very severe nor very deep, and disappears with the detachment of the membrane, leaving only a delicate and sensitive, or at most slightly excoriated, surface behind. But, in some instances, the inflammation is of a much more intense character; involves the substance of the tonsils, causing them to swell, soften,

suppurate, and even to slough; includes the lymphatic glands about the angles of the jaws; and may even extend throughout the whole of the tissues of the throat as far down as the sternum, rendering them hard, brawny, and intensely congested. It follows, therefore, that while the faucial inflammation is generally superficial, and the false membrane generally limited to the mucous membrane of the throat, the former may penetrate to any depth and be followed by any of the recognised results of inflammation, and the latter may spread to any of the adjacent prolongations of mucous membrane; either of which circumstances must materially modify the symptoms, and affect the issue, of the case.

The false membrane itself varies in thickness from a line or two downwards, and in consistence from that of ordinary recently-coagulated lymph to a friable or even diffluent pulp. It consists essentially, according to microscopic examination, of a network of coagulated fibrine, in itself not materially different from that deposited on inflamed serous surfaces; but mixed more or less with the proper epithelium of the part, with imperfectly-formed or breaking down cells, and with granular matter. I believe that in the first instance the lymph is effused beneath and among the epithelial structures, entangling them in its meshes; and that the subsequent exudation accumulates beneath the layer thus formed, becoming gradually more and more free from cell-formation, and more and more purely lymph; so that in the fully formed membrane the attached surface will be found to consist of coagulated fibrine alone, the superficial of a certain amount of fibrinous exudation, together with epithelium, and any accidental matters of which may have become adherent to it. It has never happened to me to detect in it any vegetable growths, and it is evident that their occasional presence is accidental only and quite unimportant. The false membrane of diphtheria has no specific character; it is not only not due to any form of parasitic growth, but it differs, according to my own examinations, in no respect from the false membrane of common croup, nor from that occurring occasionally in cases of erysipelas, nor lastly, I believe, in any important point from the exudation upon the pharynx and larynx occurring in the course of small-pox. I have examined the subjacent muscular fibres, imbedded even in inflammatory exudation, and found them to display their normal, striated character.

(b.) The lungs exhibit usually, I believe, a healthy appearance; still they occasionally present conditions which deserve consideration. It is recorded that in some instances the diphtheritic membrane, as in cases of croup, has extended from the larynx and trachea into the bronchial tubes. Further, when the larynx is affected, the tubes become generally loaded with secretion. But the most remarkable condition I have observed is one which in extreme cases affects pretty uniformly the whole of both lungs. These organs become more heavy and solid than natural, in consequence of extensive hepatization; the hepatization occurring in patches of small size, which are thickly and uniformly scattered, and separated from one another by a network of still crepitant tissue. The solid patches are granular, sometimes presenting the characters of red hepatization, sometimes those of apoplexy, and sometimes those of purulent infiltration. The affection, is in fact a well-marked and true lobular pneumonia. It appeared in an early and imperfect stage in the case of T. N.; but was exceedingly well-developed in the case of M. A. F., and in one recently under Mr. Simon's care; both of which latter proved fatal at a comparatively late period of the disease. This affection of the lungs is interesting and important; but is not peculiar to diphtheria. It is, I believe, a not uncommon sequel of laryngeal disease, and is allied to, if not identical with, a condition of the lungs resulting, more especially in children, from capillary bronchitis.

(c.) The kidneys in all cases which I have examined have to the naked eye appeared perfectly healthy; but when tested by the microscope have invariably displayed distinct marks of disease. The disease, which is no doubt inflammatory, manifests itself in its milder forms by a little hæmorrhagic exudation into the tubules, and a granular condition of the epithelial cells. In its more severe forms, the epithelial cells are swelled up so as almost to obliterate the channel of the tubes, are opaque with granular matter and oil, and seem often to have lost their mutual adhesion; cylinders of the diseased epithelium become shed, and in addition transparent fibrinous casts are produced, and traces of intra-tubular hæmorrhage are seen. The malpighian bodies seem generally healthy, but in some instances a little exudation matter may be recognised between the capsule and contained tuft.

(d.) The heart is usually in a normal state, but in one instance in which I examined it carefully, its fibres were in a well-marked fatty condition; and in the same case there had been extravasation of blood into its muscular tissue.

(e.) The blood, so far as its appearance goes, has seemed normal, and has furnished the ordinary forms of coagula in the heart's cavities. But that this fluid is an unnatural condition, at all events in some cases, is shown by the fact of the occasional appearance of a kind of dark measley eruption, probably petechial, shortly before death; and by the occurrence in the case of T. N. of similar extravasations on the surface of many of the internal organs, and in the substance of the heart and supra-renal capsules.

(f.) I have never observed any eruption on the skin, beyond that above alluded to, nor any evidence of desquamation. I have not recognised any traces of dropsical effusion, although from the condition of the kidneys its supervention might reasonably be expected. And, finally, I have met with no pathological conditions in any other organs, sufficiently constant or sufficiently important, to render the details of them worthy of record.

I may add that, as may be seen by comparing the case of T. N. with the others above recorded, diphtheria, like small-pox, scarlatina, and some other fevers, may vary from a comparatively simple and mild disorder, to one of the utmost malignity, attended by that rapid sinking, and by those internal hæmorrhages which characterise such types of disease.

Symptoms.—The symptoms of the disease have been so well described that I ought, perhaps, to apologise for venturing to make any observations on this head. I am desirous, however, before discussing the treatment, briefly to call attention to the more important symptoms, to contrast them with those presented by other diseases with which diphtheria is liable to be confounded, and to review the different modes in which death appears to be produced.

(a.) The usual history of a mild diphtheritic attack is, I believe, the following:—The patient without, or at most with extremely mild, premonitory symptoms, is attacked with slight soreness of the throat—that soreness being associated, even from the first, with the deposition of false membrane, and unattended by the ordinary symptoms of fever. For several days the soreness of throat increases, the membrane extends, and some fulness and tenderness appear in the submaxillary regions. There is still, however, no appearance of fever, no unnatural heat of skin, no pains in the head, back, or limbs, no dryness of tongue, no marked thirst, and no tendency to delirium at night; yet the patient loses strength, and the urine possibly becomes albuminous. After the further lapse of a few days, the soreness in the throat and the external tenderness diminish; the false membrane separates, leaving the denuded surface either slightly excoriated or simply irritable, and but for the probably now confirmed albuminous condition of the urine and the increase of debility the patient appears to be going on favourably. Notwithstanding, however, the disappearance of all those symptoms which in the beginning were looked on with alarm, the patient, with no obvious cause, except perhaps the persistence of albuminuria, still loses strength, becomes anæmic, and finally recovers health only after a very protracted and fluctuating convalescence.

The above detailed symptoms are probably those of nearly all cases of diphtheria; but the most remarkable of these are the affection of the throat, the absence more or less complete of fever, the condition of the urine, and the great debility. They are, however, liable to vary somewhat, according to the severity of the attack and probably accidental circumstances, and occasionally others of more or less importance may be superadded.

(To be continued.)

Tying the Common Carotid Artery. — The *New York Medical Press* states that on June 1 Professor Mott tied the common carotid artery for the forty-sixth time. The operation was for fungoid disease of the left side of the face, for which the Doctor, on October 5 performed a similar operation on the diseased side, which produced only a partial diminution of the tumour.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

COMPOUND DISLOCATION OF THE ANKLE—REDUCTION, AND ATTEMPT TO SAVE THE LIMB.

(Under the care of Mr. BRYANT.)

A VERY complete example of compound disloeation of the ankle was admitted a month ago into Guy's under the eare of Mr. Bryant. The subjeet of it was a healthy lad, aged 14, from Charlton, in Kent. He had "dropped" from the bough of a tree, a height of twenty feet. It appeared that he eame to the ground upright, but with one foot lower than the other, and probably a little bent, and thus the whole weight of the trunk being received on this ankle, the result had been that the ligaments had given way, and the tibia and fibula had been driven through the skin on the outer side of the artieulation. He had been brought to the hospital without any attempt at reduetion having previously been made, and when admitted the foot was turned in at right angles with its normal position, its outer border looking downwards. Thc whole artieular extremity of the tibia was exposed. The tip of the outer malleolus had been knoeked off, and the inner malleolus appeared to have been fraetured at its base. The arteries had not been injured, and the bleeding had been but slight. Mr. Bryant easily effeeted reduetion, and having done so the limb was put up on a baek splint, with a pieee of lint applied over the wound. Iee, or ieed water, was kept constantly applied to the joint during the next week.

Great interest attaches to the prognosis of sueh a case as the above. Sir Astley Cooper, as is well known, reeorded several examples of compound disloeations of the ankle, which had done remarkably well; but he forgot to eolleet any statisties respeeting the lesion, and to reeord the cases whieh had ended fatally. The result has eertainly been that the risks attaehing to this form of accident have been mueh underrated. Speaking from general impressions, founded on observation in the wards of the London Hospitals during the last ten years, we should say that the results obtained have been far from eneouraging. Generally a most profuse suppurative inflammation of the artieulation follows, and seeondary amputation beeomes needful. The instanees of good recovery whieh we have witnessed have been deeidedly exeeptional. In attempting to estimate the kind of danger attaching to this injury, we are obliged to take the ankle-joint by itself, for no other artieulation is liable with any degree of frequeney to compound disloeation, without extensive injury to the soft parts. In London praetice, although the rule is to attempt to save limbs after this aeeident, provided the vessels have eseaped, yet it has many exceptions. About six years ago we well remember seeing a young man brought into University College Hospital under the eare of the late Mr. Statham, with a foot in exaetly the same eondition as that above deseribed in Mr. Bryant's ease. Mr. Statham (although a writer of authority on "Conservative Surgery") performed primary amputation within an hour or two of the man's admission.

In the Liverpool Royal Infirmary, three weeks ago, we saw a young man under Mr. Biekersteth's care, in whom an attempt had been made to save the limb after eompound dislocation of the ankle. Disorganising inflammation had followed, and subsequent reseetion of the artieular end of the tibia had been praetised. The state of things had improved mueh sinee the operation, but there was still at the time of our visit great swelling about the parts, and it was clear that a long time must elapse before they returned to a state of soundness. There was, however, every probability that the limb would eventually be saved; but it must not be forgotten that the man had run considerable risk of his life.

To return, after this long digression, to the facts of Mr. Bryant's ease. At the time of the reduction, Mr. Bryant observed that he had three eourses open,—to reduee, to amputate, or to exeise the artieular faeets of the bones. The early age and good health of his subjeet inelined him to the first of these. The result has proved that his judgment was eorreet. Hitherto no inflammation of the joint whatever has oeeurred, and a month has now elapsed and the external wound is almost healed. Probably the irrigation treatment with iced water has had mueh influenee in restraining the tendency to inflammation. It had at any rate the effect of making the lad very eomfortable, and from the first he sareely lost his rest.

FALSE ANEURISM OF THE ULNAR ARTERY—LIGATURE OF THE ULNAR AND RADIAL—RECOVERY.

(Under the care of Mr. POLAND.)

A man of nearly 30, was admitted the other day under Mr. Poland's eare, on aeeount of pulsating swelling in the front of one wrist, just below the pisiform bone. It was about the size of a bantam's egg, and was plainly aneurismal. The aeeount given was that a month ago the man had reeeived a deep cut with a knife, and that profuse bleeding resulted, whieh was restrained by a tight bandage. The wound quiekly healed, but the swelling soon afterwards formed.

The tumour being so elose to the wrist joint, and to the ligamentous struetures adjaeent to it, Mr. Poland did not ineline to lay it open and seeure both ends of the vessel. At the same time its position, as regards the communieation between the ulnar and radial, made it improbable that ligature of the former only would suffiee to the eure. Ligatures were aeeordingly put on the trunks of both radial and ulnar, at a short distance above the wrist, and with the effeet of entirely eontrolling the pulsation. Thus far the ease has done remarkably well.

ST. GEORGE'S AND THE LONDON HOSPITALS.

TWO CASES OF RECOVERY FROM TETANUS.

(Under the care of Dr. BENCE JONES and Mr. CRITCHETT.)

We have often, in recording eases of recovery from tetanus, had to direet attention to the faet that recoveries oeeur in a very large proportion of instanees in patients whose history of the aeeident is obseure. In not a few the disease is believed to have been idiopathie, in others the exeiting ause has been slight, or even doubtful, or it has perhaps been applied at a period long before the outbreak of symptoms. Cases in whieh the injury has been well reeognised, and in whieh the symptoms have supervened within ten days of its oeeurrenee, reeover with extreme rarity.

A case which has just been under Dr. Benee Jones's care in St. George's Hospital, affords another illustration of the truth of the above remarks. The patient, a girl, aged 7, was admitted with a choking sensation in the throat, and unable to swallow, and complaining also of some stiffness in one of the legs. There was a very doubtful history of her having bitten her tongue ten days before. On the mouth being partially foreed open, a large uleer was seen under the tongue, the latter being mueh furred. Cinchona and ehlorate of potash were ordered, and no material change oeeurred for three days, when she was suddenly seized with a violent tetanie spasm. After this the symptoms developed themselves, and there eould be no doubt about the disease being genuine tetanus. As a usual thing her extremities were rigid and fixed, and her abdomen hard and board-like, while eonvulsions frequently oeeurred. Her pain was not extreme, and the symptoms were in some respeets irregular. Thus, the pulse never beeame rapid, and the masseter museles were not eontraeted. She had, however, for several nights, in spite of opium, almost no sleep, and after the illness had lasted a fortnight, she had beeome emaeiated to an extreme degree. The treatment had been by the free use of various forms of stimulants, and the moderate employment of opiates. It was not until the fourteenth day that any material improvement set in, but from this time it was rapidly progressive, and within a week all tetanie symptoms had passed away, and the museles had no longer any degree of rigidity. After a month's longer stay in the Hospital, in order to regain her strength, the ehild was diseharged in a good state of health in every respeet.

In this case there was no doubt about the existenee of an ulcer under the tongue, though it was uneertain as to what

had been the cause of that ulcer, and whether the ulcer, or any supposed injury from the teeth, which had produced it, had been the exciting cause of the tetanus. The symptoms of tetanus had never been peracute, and when at length they began to subside, the recovery was unusually rapid. The following case, now under care in the London Hospital, is of interest in relation to the same subject.

A healthy-looking boy was admitted on Saturday week, with the statement that he had fallen and hurt his back on the previous day. Symptoms of undoubted trismus had already developed themselves, and were quickly followed by those of general tetanus. Most careful inquiries were made as to any prior injury, but none was acknowledged, nor were there any traces left by the fall of the previous day. A mere bruise of very slight description was all that he had received. We saw the boy at the time of Mr. Critchett's visit (under whose care he was), on the Thursday following his admission, the disease was then well-marked, and moderately acute, although it was reported not to have increased in severity during the preceding forty-eight hours. The abdomen was as hard as board, the limbs rigid, and the jaw clenched. Slight paroxysmal spasms occurred about every five minutes. The treatment had been by conium and stimulants, and on several occasions chloroform had been inhaled, always with great relief. The boy was very quickly affected by the latter agent, and passed into a quiet sleep, during which the jaw relaxed. Mr. Critchett ordered that it should be tried more frequently; and expressed himself as quite hopeful as to the final issue of the case.

At present (August 26) the subject of the above notes is out of danger, and able to take food well. Most of the tetanic symptoms have wholly subsided. Mr. Curling, in his able monograph on Tetanus, has insisted on the importance of ability to swallow as a sign of good omen. In both the above cases the patients were, throughout the illness, able to accomplish deglutition without inducing spasm.

THE ROYAL OPHTHALMIC HOSPITAL.

CORNEAL FISTULA CURED BY CAUTERISATION WITH COUNTER PUNCTURE.

(Under the care of Mr. DIXON.)

An elderly woman, who had been operated on for cataract (by extraction) two years before, was admitted a few weeks ago under Mr. Dixon's care at the Ophthalmic Hospital, with the complaint that her eye was failing her. Only one eye (the left) had originally been operated on, and she had obtained very good sight from it. It was only within a few weeks that her power of vision had been failing. On carefully looking at the eye Mr. Dixon discovered that near the middle of the cicatrix, which was rather broad, was a minute fistula, through which the aqueous humour slowly drained away. The anterior chamber remained nearly as full as usual, and the plane of the iris was vertical, the process of resecretion supplying the loss by the fistula, The latter might, indeed, have been easily overlooked. It was only by absorbing the moisture adjacent to it by blotting-paper, and protecting it from the tears from above, that the welling up of aqueous humour through it could be positively demonstrated. Mr. Dixon remarked that he had no doubt that this fistula had opened only recently. If it had remained from the time of the operation, the patient would not have had such good sight as she had enjoyed until quite latterly. His experience of corneal fistulæ was, that however completely the resecretion of fluid might keep pace with the loss, yet sight was always rendered very imperfect. Probably, in this instance, the cicatrix had from the first been thin and stretched, and now, from some accidental cause, it had given way at its thinnest spot. To cure the fistula was plainly the object of treatment, and its almost invisible minuteness rendered this no easy matter. Mr. Dixon at first tried touching it with a fine probe coated with nitrate of silver. This was done twice; and on the second occasion for a few days it was thought to have been successful; but, ultimately, the little channel again opened itself. On the third occasion, Mr. Dixon made a counter puncture at the lower part of the cornea, and let out the aqueous fluid, having just before again applied the caustic to the orifice. The eye was kept quiet by strips of plaster. It was hoped that during the time the cornea was flaccid, from the removal of the contents of the anterior chamber-union might ensue. The result justified this expectation; and when we last saw the patient, the fistula appeared soundly healed, and the woman's sight was improving.

THE LONDON HOSPITAL.

TERTIARY SYPHILIS PRESENTING VERY UNUSUAL FEATURES.

(Under the care of Mr. CURLING.)

Cases in which difficulties present themselves in the diagnosis between syphilis and cancer are far from infrequent. Hard-edged syphilitic ulcers on the lip, indurations in the tongue, ulcers on the os uteri, etc., often present characters which render the differential diagnosis very perplexing. We rarely, however, recollect to have seen a case in which it was more so, than that of a man now under Mr. Curling's care in the London Hospital.

The reader must imagine before him a thin, wan Irishman, of earthy complexion, calling himself 55, but looking ten years older. On his right leg, above the heel and crossing the tendo-achillis, is a large ulcer with raised, ragged, and somewhat everted edges, with masses of granulations sprouting here and there near its margin, presenting a *tout ensemble* almost equally like an epithelial carcinoma and a cachectic tertiary ulcer. Following the limb upwards, we find the popliteal space filled by a mass which adheres firmly both to the skin and the subjacent tissues, and is almost of stony hardness. In the centre of this lump is a single small ulcer, not larger than a sixpence, with livid edges, and into which a probe may be passed for several inches. From the large cavity in the middle of the mass a fetid discharge proceeds, and every now and then an attack of bleeding occurs. Following the course of the lymphatics still higher, there is found just below the groin another mass of agglutinated subcutaneous glands, the whole as large as the half of an orange, and as hard as a cancer in the breast usually is. This mass, like that in the popliteal space, has softened in its centre, and from two or three points small quantities of thin pus ooze out. The whole of the lower extremity is œdematous, and considerably swollen.

With regard to history, there is no doubt about the man's having had syphilis. He states that he was salivated for it in St. Thomas' Hospital about twenty years ago, and lost several of his teeth. He has lost a considerable portion of his glans, probably by a phagedenic chancre, and in both groins are the scars of ulcerated buboes. He denies, however, having ever had rash or sore-throat. In front of both shins are the scars (now quite sound) of former ulcerations. It does not do, however, hastily to assume that because a man has had syphilis, even in a severe form, that, therefore, every affection from which he may subsequently suffer is necessarily syphilitic.

In the present case, the large indurated masses in the ham and groin are the chief elements of difficulty. They are quite hard enough to be cancer, and the way in which they have glued themselves to adjacent parts closely resembles the habitude of that disease. All observers will probably agree that the affection, or otherwise of the lymphatic system, is one of the most valuable diagnostics between venereal sores of constitutional origin and malignant ones. In syphilitic ulcerations (primary, of course, excepted) it is very unusual to find the group of glands proximal to the sore enlarged, whilst such is usually the case sooner or later if the ulcer be cancerous. On the other hand, supposing the disease in the above case to be cancer, the suppuration of both masses of enlarged glands would become a very unusual phenomenon.

Taking into careful consideration all the facts, both *pro* and *con*, we believe that Mr. Curling has formed a strong opinion as to the syphilitic nature of the disease. The man has been placed under specific treatment. Should anything occur in the future progress of the case tending to show that the heading we have ventured to adopt is erroneous, we shall take care to again ask attention to it.

At one of the religious "Revival" meetings at Comber, Belfast, a woman under the influence, it is supposed, of the excitement, suddenly died. The coroner's jury brought the death in, as from an attack of apoplexy.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE NORWICH HOSPITAL.

STATISTICS OF LITHOTRITY.

A letter from Mr. Williams, the Resident Surgeon of the Norfolk and Norwich Hospital in our last week's Journal demands some notice here. Mr. Williams refers to the fact that in our recently-published statistical list of lithotrity cases, only one case was quoted from the Hospital mentioned, when the fact was that during the period to which the report referred, eight cases had occurred. The mistake is Mr. Williams's, and not ours. In prefacing our Provincial Statistics, we expressly stated that we had not been able to obtain data from several of the Hospital mentioned in our list during portions of the period alluded to (1854 to 1858). In the instance of the Norwich Hospital, the data had been supplied to us only once, *i. e.* for the last of the years mentioned. All the cases given in Mr. Williams's letter occurred in prior years, and it was therefore impossible that we should include them.

The Norwich Hospital probably has as large an experience in respect to stone cases as any in the United Kingdom. Mr. Williams's list of cases is therefore well worthy a few moments' attention. It comprises seven cases, in all of which the patients were adults, and all of which resulted in recovery. Two of them were, however, subjected to lithotomy, subsequent to an attempt to cure by lithotrity, in one the more radical operation being performed several months after apparent cure by the latter. The fatality after lithotrity in the Provincial Hospitals we showed to be one in eight, while in about the same proportion lithotomy is found to be subsequently required. This group of Norfolk cases does not, therefore, materially alter our deductions. It is important as showing the infrequency with which lithotrity is resorted to, since during the term included, forty-six stone patients were admitted into that Hospital, and only seven so treated.

Test for Sugar in Urine.—*L'Union Médicale* has given its readers long scientific details respecting the best method which the Practitioner can use for the purpose of ascertaining the presence of sugar in the urine of diabetic patients; and this conclusion is satisfactory, as it shows that the method in ordinary use is the best of all methods: "It is evident," the report says, in conclusion, "that for the ordinary use of Practitioners, the test by the aid of caustic potash, or by lime is sufficient. A glass tube, a spirit lamp, caustic potash, or a bottle containing milk of lime (*lait de chaux*), are all the articles necessary for the purpose."

Prize Question.—The Société de Médecine de Marseille offers a gold medal, of 300 francs value, for the best essay upon the following subject, to be written in French or Latin, and forwarded prior to the 31st of July, 1860, addressed to the Secretary, M. Roux, 13, Allée des Capucins:—"Examine the action of Anæsthetics, considered as agents producing death. Next determine the circumstances under which they should be employed, the conditions which favour or prevent fatal accidents, and the therapeutical means by which these may be best combated."

The Cholera in Germany. — A letter from the Grand Duchy of Mecklenburg, in the *Augsburg Gazette*, says: The cholera has broken out with great violence in some towns and villages of this duchy, and many of the persons attacked have died after only four or five hours' suffering. In some of the villages the harvest operations have been suspended for want of hands, sixty to seventy persons having been taken ill at the same time. The disease breaks out first in one place and then in another, sparing for a time intermediate villages, and then turning back on them with increased violence. The ports of Rostock and Warnemunde have not escaped the malady which was brought there, it is supposed, by a vessel from St. Petersburg. The cholera continues to rage at Hamburg, carrying off from sixty to seventy persons daily.

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Medical Times & Gazette.

SATURDAY, AUGUST 27.

THE SMETHURST CASE.

It is a disagreeable fact that in two of the trials for poisoning which have attracted the greatest interest in this country in modern times, the accused and convicted poisoners have been members of the Medical Profession. Palmer was a Member of the College of Surgeons; and Smethurst a Licentiate of the Apothecaries' Company, and Doctor of Medicine of Giessen. There may be some consolation, however, to those who follow out their Profession to its legitimate objects, in the reflection that both these men had long wandered from the ordinary paths of Medical life. Palmer took so early to the turf that he can scarcely be said to have practised; and Smethurst diverged into Hydropathy,—as after practising for some time at Stockwell and Camberwell, he went to Ramsgate, and after remaining there some years without success, he went to Gräfenberg, saw Priesnitz's practice, returned to try the water-cure at Ramsgate, and published a work entitled "Hydropathia." Then he established the Water-cure Institution at Moor-park, which he sold to Dr. Lane. For the last six years, according to his own account, he has been travelling about the Continent, and not practising. Still, it is too true, that both Palmer and Smethurst were Medical men. They obtained knowledge of the properties of poisons with the avowed object of relieving human suffering; and, if circumstantial evidence is to be trusted, they prostituted the knowledge so acquired to the basest of purposes.

These two trials are further especially interesting to our Profession, as it was upon Medical testimony that both the prosecution and the defence were chiefly founded. In neither case was direct evidence of fact produced. In both, evidence of circumstance, evidence of science, and evidence of opinion, contributed to satisfy the jury. The circumstantial evidence in both rested on the irresistible strength of a chain of events, explained simply and easily on the supposition of guilt, but hardly to be accounted for on the supposition of innocence. In both, the Medical and Scientific evidence was conflicting; but in both, the influence of authority, of scientific precision and exactitude, and the dictates of common sense, were against the accused.

The chief point in which the two cases differ, was that no poison was traced to the possession of Smethurst. In Palmer's case the purchase of the strychnine was a damning fact; but no arsenic, or antimony, or corrosive sublimate were found in Smethurst's possession. Even if they had been found in the possession of a Medical man, perhaps no great point could have been made of the possession, and it was impossible to do very much for his defence with the fact of their not being found, as the prisoner had the opportunity of disposing of anything he thought likely to be suspicious on the Monday night, when he was at liberty on his own recognisance, after his first arrest, even if he had not disposed of it some

days before, as soon as he saw that death was approaching —which it is quite clear he did from the tenor of his letter to his wife, and from his anxiety to get Miss Bankes's will made on the Sunday.

A great point of resemblance in the scientific evidence in the two cases is the fact that the poison to which death was attributed was not found in the body after death. The defence in both was, that if the death had been due to poison, some of the poison would have been found, and that the deceased died of some natural disease;—tetanus in the one case, dysentery in the other, being most in favour. No strychnine was found in Cook's body; no arsenic, and very little antimony, in that of Isabella Bankes. But the arsenic found in the evacuation passed by Miss Bankes three days before her death supplied a link wanting in the chain of evidence against Palmer.

Let us now, before entering on the discussion as to Smethurst's guilt or innocence as established by Medical opinion and chemical experiment, give a short account of the circumstances, which, when taken together, make up one of those strange stories of actual life in England in 1859, which, if produced in a novel, would be pronounced strained and unnatural, if not impossible.

All that we learn about Thomas Smethurst prior to his acquaintance with the deceased, in the evidence adduced on his trial—and it would be improper now to add to this—is that he is 48 years of age (a); that he married in 1828 a person much older than himself, now 74 years of age; that, according to his own account, he retired from practice six years ago and travelled about the Continent with his wife, living on his own independent property, his wife having none; and that they were living together in a boarding-house at Bayswater, from June to December 1858. In August, Miss Isabella Bankes, an unmarried lady in her forty-third year, went to reside at this boarding-house. Whether she had been acquainted with Smethurst previously did not appear; but the landlady soon noticed what she believed to be an improper intimacy between them, and gave notice to Miss Bankes that she must leave the house. Smethurst said he should leave too. The lady left on the 29th of November, and went to another Bayswater lodging; but Smethurst and his wife remained about a fortnight longer. On the 9th of December he and Miss Bankes met at Battersea Church, and were married, and two days afterwards took lodgings at Richmond, and resided together there as man and wife. Nothing was heard of them, with the exception of two letters written without an address by Miss Bankes to her sister on the 28th of January and the 15th of February, though they continued to live in lodgings in Old Palace-gardens, Richmond, as Dr. and Mrs. Smethurst. The deceased seems to have suffered frequently from nausea and "biliousness." Her sister stated that she had suffered from disease of the womb two years before, and had been in the habit of using injections. One of the Bayswater lodging-house keepers described her as "very delicate," and said her "appetite was very bad;" adding, "She frequently told me that when she attempted to take food she felt nausea." The mistress of the house where she stayed a fortnight before her marriage with Smethurst, described her as "very fragile;" but the mistress of the first lodging-house at Richmond, in which they resided from the 11th of December to the 15th of April, said she "appeared to be quite well" when they came, but "*became poorly*" about three weeks before they left, or about the 28th of March, when her fatal illness commenced. She then began to suffer from diarrhœa and sickness, which continued to be very distressing, and Dr. Julius was called in on the 3rd of April. The account of the subsequent Medical history of the case will be found in our report of the evidence of Drs. Julius, Bird, and Todd. It will be observed that after a fortnight's attendance, Dr. Julius became convinced that some irritant was being administered to his patient. His partner, Mr. Bird, after a few days' attendance, at once adopted the same conclusion, when Dr. Julius mentioned his suspicions to him; and Dr. Todd, the very first time he saw the patient, and without receiving a hint from Dr. Julius, at once suspected poisoning. The fact that the only three Medical men who saw the patient when alive unanimously agreed in this respect, was very strong evidence; while Dr. Wilks, Mr. Barwell, and all those who examined the body after death, or only saw parts of it, were quite as unanimous in attributing the morbid appearances observed to the action of poison. It is rather singular that so many members of a Profession so apt to differ as we are should have been so united; and that of those Medical men who explained the symptoms and morbid appearances by natural disease, not one of them had either seen the patient or her body. They derived their information solely from the depositions of the witnesses whose opinions they were called upon to set aside as valueless.

But we have omitted to notice some of the circumstances of the illness, which independently of Medical evidence told their own story. Smethurst and his reputed wife were living alone in their first Richmond lodging when her illness commenced. They occupied only two rooms—two parlours communicating with each other—one being used as a bedroom, and the landlady said that Dr. Smethurst himself gave the patient all her food. She took arrowroot, sometimes corn-flour, sometimes beef-tea. "I could not say what was the effect, as I was never in the room when she took them. I took them into the parlour which communicated with the bedroom." The daughter of this witness said, "I always left the food in the parlour, and it was taken into the bedroom by Dr. Smethurst." Smethurst removed Miss Bankes from these lodgings on the 15th April, as the landlady wished to raise the terms from 18s. to 23s. a-week, and he took two rooms in another house in Richmond for which he agreed to pay 15s. a-week. Here the same system was pursued. The mistress of the house said:—

"Dr. Smethurst waited upon her. I prepared her food. I sometimes took it into the parlour, and sometimes to the bedroom door. Dr. Smethurst gave it to Mrs. Smethurst. The tray was afterwards brought down by Dr. Smethurst. All the evacuations were placed on the landing by Dr. Smethurst. All the slops were put into one pan, which I carried away. I told Dr. Smethurst that I would act as nurse. He said that I had enough to do in the house, and that he could not afford a nurse. He also said no one could do so well for her as he did himself. The bedroom was never thoroughly cleared out."

Then it appeared that although she constantly vomited what Dr. Smethurst gave her, an egg was given her by one landlady, some tapioca by another, some beef-tea by Mr. Bird, some arrowroot by the sister, and these things were not vomited. She often also complained of the "nasty taste" of what was given her. Then it was remarked that nothing was left of the things she partook of. Lodging-house keepers are apt to finish up what is left; but Smethurst allowed of no such liberty. On one occasion only was some rice taken away, and that he said was sour and must be thrown away. At length he wrote on the 18th of April, asking her sister to come and see her. She went, but "was never alone with her all the time, except for a minute, Dr. Smethurst being always present." She added:—

"I noticed some tapioca in a cup. My sister said it had a nasty taste, and that she would like me to make some. I offered to do so. The prisoner said the milk had not come. I afterwards proposed to make some blanc mange. He said he would rather I should not, as it would interfere with the landlady. He gave my sister some soda-water and a saline draught. The saline draught was white. He said it was to

(a) It has been asserted since the trial that he is 54 years of age; as in the year of his first marriage, 1828, he was a prisoner in Horsemonger-lane Gaol on a charge of obtaining goods by false pretences. His age was then given as 24.

check sickness. He went outside and remained there a minute or two. He then came in and gave her the draught. She was sick immediately. He then gave her some milk. She was again very sick. I left at six o'clock. My sister said she wished very much to see me again."

But Smethurst wrote, making various excuses why the sister should not see her again, alleging that the excitement of seeing her might be injurious; yet, as the Chief Baron said, in the most impressive part of his charge,—

"At the very period when this unhappy woman was lying in agony and misery on her death-bed, and when, according to the prisoner's own statement, she was in such a condition as not to be able to bear the excitement of seeing her own sister, he took into her bedroom, on a Sunday, an entire stranger, an attorney, and there a will prepared by himself was read over to the unhappy woman, who executed it under the circumstances of degradation to which he had alluded, tacitly confessing to this strange man on that Sunday morning that she was not, as all believed, Mrs. Smethurst, but a spinster, one who had sacrificed all that is most prized by woman. He could not contemplate without a display of feeling for which he ought perhaps to apologise to the jury, this scene of suffering and privation, when this poor dying creature had all her relatives excluded from her, and an attorney was thrust into her presence, and she was allowed to pass into the other world without one word of religious consolation, as if she had been a beggar and an unbeliever in a heathen land."

To this painful story must be added the sum of the evidence adduced to explain the *motives* of the crime. They were fear and cupidity—fear of punishment for bigamy, and the bait of £1800 bequeathed by the will, in addition to £400, which the prisoner was insane enough to state in his own address, when called upon to say why judgment should not be pronounced upon him, "with bank receipts, and other things he had belonging to the deceased in his possession." The prosecution seem to have known nothing of this property. Sergeant Parry was very wisely silent about it; for, if the statement be true, it adds a most damning link to the chain of evidence in favour of guilt. All this led to the following very simple theory of the prosecution:—The prisoner decoyed a lady of property away from her friends, quelled her scruples by an illegal marriage, and slowly poisoned her, while acting the part of an extremely affectionate husband; but acting this part so badly that while he was in possession of so much of her money, and had a balance of £150 at his bankers, he moved her from one lodging to another to save five shillings a-week; refused her a nurse, because he could not afford it; kept her sister away to spare her feelings, while he introduced an attorney for his own purposes; and on the last day of her life entered into an unseemly squabble, refusing to pay for a nurse sent by Dr. Julius.—Our readers will see how very strongly this theory was borne out by a number of circumstances, each of apparently little importance when taken alone, but which, when taken with all the others, combine to produce a conviction of guilt almost irresistible.

The theory of the Medical defence may be stated as follows:—"A delicate 'fragile' woman, who had suffered from uterine disease and used vaginal injections—one of a family 'subject to bilious attacks"—herself the frequent subject of nausea and liable to occasional vomiting—marries at the age of forty-three. Between three and four months after marriage she becomes pregnant, and about the same time, or from five to seven weeks before her death, she begins to suffer from vomiting and diarrhœa, which become exceedingly obstinate. Effervescing draughts with prussic acid, astringents, grey powder, with Dover's powder, opiate, enemata, bismuth, acetate of lead and opium, nitrate of silver, and sulphate of copper are tried successively, and all prove useless, while some of them are followed by an aggravation of symptoms. This goes on from the 28th of March till the 2nd of May, when the patient dies exhausted. Post-mortem examination shows a condition of liver which explains the bilious attacks, and a state of intestine closely corresponding with the ordinary effects of acute dysentery. The uterus contains an ovum of from five to seven weeks' development, and there are none of the special lesions of the mouth, œsophagus, stomach, or anus, which are looked for in cases of irritant mineral poisoning. No arsenic is found in the body, and only from a quarter to half a grain of antimony. As there was no arsenic found, it could not have been a case of arsenical poisoning; and the small quantity of antimony found might have been taken long previous to death, or been given unknowingly as an impurity in some of the metallic medicines administered. She could not have died of poisoning, therefore, while her death is explained in the simplest and most natural manner by the aggravation of the ordinary vomiting of pregnancy to be expected in a bilious delicate woman, who had suffered from uterine disease, and becomes pregnant for the first time at the age of forty-three."

It appears to us that if this line of defence had been properly worked out, the prisoner must have been acquitted. What did the jury care whether Dr. Taylor's theory of the elimination of arsenic by chlorate of potash was or was not correct? It was not pretended that any of the chlorate had been given to the patient, and the jury had nothing to do with it. It was thought necessary, however, to shake the confidence of the jury in Dr. Taylor; and *one* experiment was narrated with the view of showing that this theory of his must be false. But the experiment was so loosely conducted that the confidence of the jury was shaken, not in Dr. Taylor, but in the Medical witness for the defence, and in the Medical defence itself. A dog was given 18 grains of arsenic, and 365 grains of chlorate of potash in sixteen days. It was killed twelve hours after the last dose, and arsenic was found in the body. But the witness could not swear that even half-a-grain was found, and he had not estimated the quantity passed off in the excretions of the dog during the time it was subjected to the action of the poison. It was at once shown that if this one experiment proved anything—which it certainly did not—that it supported rather than upset the elimination theory. So with the other two experiments with antimony and arsenic, with and without chlorate of potash. They were conducted in a manner so open to cavil, that they were in the highest degree damaging to the scientific character of the defence. Then, as to the bismuth. One fact of immense importance was cited. Dr. Richardson stated that he found arsenic on Monday morning, in the urine of a patient who had only taken five grains of bismuth three times a-day from the previous Tuesday morning to Sunday night. He and Dr. Thudichum deposed that the maximum quantity of arsenic they had found in bismuth, was half-a-grain in an ounce, or 1 grain in 960. This patient only took ninety grains of bismuth, or less than one-tenth of a grain of arsenic, in six days. Yet arsenic was found in the urine. Believing this to be true—believing that the metallic substance he found was really arsenic, not bismuth—it seems incomprehensible that Dr. Richardson did not carry out an experiment which promised so well. No Medical man would object to take a few doses of bismuth, and examine his urine afterwards. There are patients attending at all our Hospitals who are taking much larger doses than those given to Dr. Richardson's patient. Nothing would have been easier than to collect a hundred observations in place of this one—but only one was narrated, and it fell valueless, because uncorroborated and open to doubt. Then the jury were mystified by accounts of infinitesimal proportions of impurities in grey powder and other drugs given to deceased—evidence utterly useless, as it was not attempted to show for a moment that any of these impure drugs had been taken by the deceased in sufficient quantity to account either for the arsenic found in her evacuation, or for the antimony found in her body. It seems too true that this

failure in the chemical and physiological experiments threw discredit in the minds of both judge and jury upon the character of the scientific evidence for the defence, and that the cogent reasoning of Dr. Tyler Smith and Dr. Webb, and the remarkable fact cited by Mr. Edwards, were not allowed their due weight.

The great point made by the defence was Dr. Taylor's mistake as to the bottle containing, according to his depositions before the coroner and magistrate, a solution of arsenic and chlorate of potash. The facts of the case, and Dr. Taylor's own frank avowal of his error, will be found in our report of his evidence and of that of Professor Brande and Dr. Odling. Notice of the mistake was given to the prisoner long before his second trial, but the argument was too likely to tell with the jury to be passed over: "If Dr. Taylor made this mistake with the contents of the bottle, may he not have been equally in error with the evacuation?" though not one of the witnesses for the defence attempted to show that any organic fluid would have the same effect upon the copper as the chlorate of potash.

The reply of the defence to the circumstantial evidence was that the conduct of the prisoner towards the deceased was really kind—that he waited upon her, gave her food, and nursed her out of pure affection—that the vomiting of the food he gave her, its "nasty taste," and her relish of the food given by others and not vomiting it, was pure accident, or the perverted taste of an invalid, that the will-making on the Sunday was in compliance with her own wish, and that no concealment was used with the Medical men. Then as to motive, there was no fear of an indictment for bigamy, for the old lady at Bayswater was a consenting party to the arrangement; and, as the prisoner delicately hinted in his last speech, it would have been a better plan to poison the lady of 74 who had no property, than the lady of 43 who had £200 a-year. Avarice again would have led him rather to keep alive a lady who was quite willing to give him the interest of £5000 annually; than to poison her for the sake of getting £1800, or only twelve years' purchase of this annuity, all at once.

The prosecution do not appear to have suspected the use of any vegetable or animal irritant. Yet the symptoms and morbid appearances very much resemble those produced by elaterium, colchicine, and savin; and they are not very unlike those produced by veratria, and by croton-oil. They are inconsistent with what is known of the action of cantharides. It would be difficult to give savin secretly, as its taste is so peculiar; but colchicine, or elaterium in small quantities, and largely diluted, are almost tasteless.

We have now placed before our readers our own impressions of this remarkable case, received during an attendance of four days in court, and after a careful perusal of the evidence, and the addresses of the judge and counsel. It only remains to add a few words as to the justice of the verdict. And this impression may be given very briefly.

Is the prisoner guilty? We believe he is.

Was he *proved* to be guilty? Certainly not.

The balance of probabilities was against him, but there is a *possibility* that he may be innocent. Innocent men have been hanged upon circumstantial evidence as strong as that which led to Smethurst's sentence. The very possibility of such a judicial murder is so dreadful that, while retaining the conviction of the guilt of the prisoner, forced on us by a consideration of the whole circumstances of the case, and without a particle of sympathy for him personally, we should gladly strengthen by any means in our power the petition to Government not to carry out the irrevocable sentence of DEATH.

Another article must be devoted to the purely Medical and scientific questions raised by this case.

THE WEEK.

THE following is a summary of the chief doings of the Medical Council, as recorded in our last number. The Council will assist the College of Physicians of London in getting rid of the obnoxious article which stands at the end of the 47th clause of the Medical Act. The Council do not consider that the Licence of the Irish Apothecaries' Hall is equivalent to a Degree or Licence from a recognised University or College; and they state this for the benefit of the Director-General of the Army Medical Department, who it seems has an intention of recognising the aforesaid Apothecaries' certificate as a Licence to practise Medicine. On the 10th instant, the Council gave the Registrar a rap on the knuckles; their Committee "are sorry to be obliged to report that there is too much reason for the complaint that the Register has not been kept as it should have been," etc. The Registrar, in explanation, speaks of hurry and bustle, and first essay at registration. They then pass orders for better regulating the registration. They answer questions put to them by the Poor-law Board, respecting the value, as qualifications, of the Licences and Diplomas of different Colleges, etc. They also, on the 11th, attack the important question of Medical Education; but this year confine their attention solely to one point—that of preliminary education.

A Medical gentleman, in a Belfast journal, suggests, referring to the Medical Charities Amendment Bill:—

"That any attempt to improve or amend our Medical charities will be vain so long as the dispensary doctors are permitted to engage in private practice amongst the gentry and farming classes, at the very time when they ought to be attending to the sick poor alone, for which they are paid a fixed salary. The poor are often left to pine away and die, without medical aid or attendance whatever. No man can serve two masters at the same time; and we need scarcely expect that the dispensary doctor will pay much attention to the sick poor man if he happen to have a number of good rich paying patients on hand. The Medical officers in the army and navy are never allowed to attend to any private practice so long as they continue in the service, because they must be always ready to attend when required, or when called upon to relieve the sick or wounded soldier. So ought it to be with the dispensary doctors."

We think his suggestion is well worthy of consideration. If Poor-law Doctors were compelled to restrict their practice to Poor-law patients, their advice and services would of necessity be rewarded very differently from what they are at present.

The remarkable condition of the press in France at this time has just been illustrated by what has befallen one of the Medical periodicals which appear three times a week in Paris. Our readers will recollect that some time ago there was a discussion at the *Académie de Médecine*, upon M. Bouchut's proposition of passing a tube into the larynx in croup. The proposition was rather roughly handled by M. Trousseau and others; but freedom of speech is as yet tolerated within academical precincts. It is otherwise, however, in the journals; for on the appearance of a *jeu d'esprit* upon the subject from the pen of a Dr. Joulin, M. Bouchut took fire and brought an action for defamation. We have read the article in question (January 18th), and are quite at a loss which to consider most foolish,—the author for printing such trash and calling it wit, or the Doctor for taking notice of what we should laugh at here as excessively diluted *Punch*. However, so it was, and we have the edifying spectacle of a Practitioner pursuing his *confrère* with the terrors of the law, which, in this case, proved no vain terrors, inasmuch as M. Joulin, the contributor, and M. de Castelnau, the editor, have each been sentenced to a fine of £40 and

a month's imprisonment. This, according to the present legislation for the French press, entails the stoppage of the journal, which can no longer appear, at least, under the same title. It seems serious work editing even a Medical journal in Paris, for we recollect two or three years ago the same punishment fell upon the same editor for a somewhat similar cause, at the instance then of M. Briquet.

We find the following paragraph, headed "Strange Conduct," in the *Northern Daily Times*. It has been forwarded to us for publication by a correspondent. The whole affair, as here related, does indeed seem "passing strange." It is difficult to understand whose conduct in the matter is most strange. One man, Mr. Dyke, supplies certificates of death, it would appear, *ad libitum*, to a druggist; sometimes handing them over signed in blank to save trouble. The Coroner, again, does not, according to this report, make any comment upon such an outrageous proceeding. The Surgeon, also, who makes the inquest, seems to have arrived at a queer conclusion. He finds the cause of death to be purely natural; and yet affirms that the medicine—a few drops of aromatic spirits of ammonia—was not proper, and would tend to increase the disease. The whole affair is too strange for us to deal with.

"Strange Conduct.—An inquest was held yesterday before P. F. Curry, Esq., Coroner, on the body of a young woman named Margaret Toole, who resided at 2, Court, Marybone, up to the time of her death. On Friday night the deceased was brought home by an acquaintance, when she was complaining of a pain in her stomach, as she had frequently done during the last eighteen months. She still continued to complain all night; and on Saturday Mr. John Walker, druggist, 34, Marybone, was sent for. He refused to attend till he would be paid one shilling and sixpence; and, after that amount had been paid, he visited the deceased, and sent her a bottle containing medicine. She died about ten minutes after taking the first dose. The medicine was composed of one ounce of peppermint water, and ten drops of aromatic spirits of ammonia. When applied to, he gave a certificate of death, which was signed by Mr. Dyke, Surgeon, Great Homer-street, who, however, had never seen deceased since or before her death, and the cause of death was said to be disease of the heart. He had given similar certificates for Mr. Walker on three or four occasions, though he had never seen the patient. In the case of a child, who died four or five weeks ago, Mr. Dyke supplied Mr. Walker with the certificate in blank form, with his signature attached, and Mr. Walker filled it up. Mr. Ayrton, Surgeon, said he made a post-mortem examination of the body in this case, and found the cause of death to be purely natural. The mixture given by Mr. Walker was not a proper one for the complaint of which the deceased had died. It would tend to increase the disease. The heart was perfectly sound."

We are happy to find that a preliminary meeting has been held, and proceedings commenced, towards the formation of a Medical Registration Society for Birmingham and the Midland Counties. All the speakers united in admitting the great advantage of being furnished with a list of the impostors who impose upon the public by assuming titles to which they have no legal right, and inflict upon the deluded sufferers incalculable loss. This object should be steadily kept in view by these Societies. They must not degenerate into prosecuting Societies for the mere protection of Professional interests. The nonsense talked lately by the magistrates about the interested motives of Medical men in prosecuting quacks cannot be corrected too soon. It is the public we protect, not ourselves. We do do not sell alum and urine at fabulous prices as a certain cure for incurable deafness. The public is not cheated by respectable members of our body, and it is for the national good, not for individual benefit, that the public should know who are legal practitioners, and who are illegal pretenders.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE CHLORATE OF POTASH.

By Dr. FOUNTAIN.

Dr. Fountain states that he became acquainted with the remarkable power exerted by this highly oxygenated salt in mercurial salivation in 1857, and consequently long before this had been observed by Herpin and others. In charge of the Hospital of the Panama Railroad Company at Aspinwall, he often met with ptyalism in consequence of the free use of mercury, the peculiar type of disease met with on the isthmus rendered necessary. Finding the various local applications of little avail, and recollecting Dr. West's recommendation of the chlorate in stomatitis of children, he gave in a bad case twenty grains every three hours, besides using it also as a wash. The effect was almost magical, and subsequent experience has only confirmed its efficacy. And Dr. Adler, engaged in the same service, says:—"Such has been the uniform success following the administration of this salt, that from my own experience I consider it as a specific. It has never failed." In some cases where mercury had to be given for a long time, and danger of ptyalism was feared, it has been given as a prophylactic, and, as Dr. Fountain believes, with good effect. Dr. Fountain also gives an account of the advantage he derived from the use of the chlorate, in Iowa, when, owing to a deficiency in the supply of vegetables, and poor persons living on salted meat, and the cheapest food, a mild form of land scurvy broke out—the manifestation of the disease being confined to its local effect on the gums, without the production of constitutional symptoms. Recovery rapidly took place under its use, even when the diet remained unchanged. In ulcerative stomatitis he has never known the salt to fail.

The author's chief object, however, is not to add illustrations to facts already known, but to call attention to a practical application of the chlorate not yet much noticed. It is as an *oxydising remedy*, capable of coming to the aid of the respiratory process; and of stimulating secondarily the function of absorption, that its agency acquires a vast importance. This was first exemplified to him in a case of cyanosis from heart-disease, in which the blue colour was remarkably removed during the employment of the chlorate; and two cases are also given, one in which respiration was impeded from effusion of blood into the thorax from a wound of an intercostal artery, and the other an example of excessive dyspnœa from hydrothorax—in both of which the recovery seemed to be due to the use of the chlorate, which "supplied the blood with oxygen sufficient to sustain life during the time when respiration was seriously impeded." In a case of pneumonia typhoides, in which the imperfect aeration of the blood was the combined effect of an asthenic fever and a local engorgement of the lungs, the same benefit followed its administration. "The chlorate may answer another and valuable purpose in *promoting absorption*. It readily parts with its oxygen by the influence of a moderate degree of heat, or a weak acid; both of which exist in the body in sufficient amount to effect the decomposition to a greater or less extent. This is the theory; and practical confirmation has been made by the cases herewith reported. If by increasing the amount of oxygen in the blood, we enhance its power of removing deposits, then do we have in the chlorate another property of extensive application and great practical utility. It would render it doubly applicable to all cases where respiration is impeded by effusion within the chest of liquids or solids requiring decomposition for absorption, such as hæmatothorax, empyema, and the hepatised stage of pneumonia. As most of the products of inflammation consist of protein compounds in some form or combination, the addition of one or two equivalents of oxygen render them soluble by conversion into the deutoxide or tritoxide, and permits their absorption by endosmosis into the adjoining vessels. Even tubercular deposits are known to consist principally of protein compounds; and we all know that the most effectual means of retarding or preventing their development consists in active out-of-door

exercise in the pure air of the country, by which the system is more freely supplied with oxygen, and the effete products of interstitial decay more rapidly removed."

"The chlorate of potash has been quite generally used as one of the favourite remedies in *scarlatina*. I think that it is justly so regarded, and has fallen into some disrepute of late by the error of depending too much upon its unaided influence. It has generally been given with the idea, that in chlorine, something like a specific or antidote had been found for the poison of the disease. Now, in truth, the chlorate is a very valuable remedy for meeting particular indications in the treatment of this disease; by arresting the ulcerative inflammation of the fauces, and by its arterialising properties, supporting the recuperative powers of nature when aided by other appropriate treatment. In this connexion I will state, that I have been in the practice of late of giving it in combination with carbonate of ammonia, with the best effects. Other aids must vary according to circumstances; but I will mention two which I have found of great value in almost all cases, the application of pure nitrate of silver to the fauces, and of glycerine to the whole surface of the body. Some considerations induce me to think that it is not the chlorine, but the liberated oxygen which constitutes the chlorate a remedy of value in scarlatina and kindred diseases."—*New York Journal*, July, pp. 1—27.

GENERAL CORRESPONDENCE.

FAILURE OF HOMŒOPATHIC VACCINATION.

LETTER FROM DR. DRUITT.

[To the Editor of the Medical Times and Gazette.]

SIR,—Last week I vaccinated two children, aged respectively three and one years, who were born in New Zealand, and have just arrived in this country. The point of interest is, that these children were vaccinated homœopathically at their place of birth; which operation consisted in making them swallow some globules which were alleged to contain vaccine matter. They were afterwards inoculated with some matter said to be taken from a cow, without any effect; and the failure of this operation was assumed to be a proof that the previous swallowing of the globules had rendered them proof against any further dose of the vaccine poison.

This theory was set at nought, however, by the fact, that my vaccination produced the most perfect vesicles; thus showing that the children were utterly unprotected from that poison, and from small-pox.

I have thought it worth while to make this the subject of a short communication to you, to show, as a matter of fact, the worthlessness of this homœopathic practice. On what experimental evidence, such a proceeding has been adopted, I know not; but unless there is such evidence in existence (which I do not believe), the persons who resort to it ought to be punished for fraud.

It is worth noticing, too, that every eruption in the cow is not cow-pox; and that, as a general rule, it is safest to get the vaccine matter from a healthy child, than to resort to the dairy.

I am, &c. R. DRUITT.

37, Hertford-street, W. August 22.

USE OF SOLID PERCHLORIDE OF IRON.

LETTER FROM J. ZACHARIAH LAWRENCE, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few months ago I drew the attention of the Profession to the powerful local styptic properties of the *solid* perchloride of iron. I have since that time used it with the best effects, and, moreover, have the satisfaction of knowing through the manufacturers of this substance (Messrs. Hopkins and Williams, of New Cavendish-street), that since the appearance of my letter it has been in frequent demand by the Profession generally for the purposes indicated.

Since then I have found a superior method of employing it. If the solid perchloride of iron be kept in a bottle, a small portion of it after a time deliquesces into a thick brown fluid, which is constantly kept in a state of super-saturation by the undeliquesced portions of the salt. This liquid, applied by means of a spun-glass brush to a bleeding surface arrests the bleeding almost instantaneously. This mode of application is particularly valuable in applying the styptic to such cases as excision of the tonsils, bleeding from the deeper-seated gums, &c. I may further remark that I have never noticed any inflammatory action following the use of the solid perchloride.

I am &c.,

J. ZACHARIAH LAWRENCE.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. C. SKEY, ESQ., President, in the Chair.

A Paper by CONWAY EVANS, M.D., was read, on

TRACHEOTOMY IN CROUP.

The author commenced by remarking upon the frequency and fatality of croup as a disease of early life, in illustration of which he observed that out of every thousand deaths of children between the ages of one and ten years, which occurred in England and Wales during the year 1856, sixty were due to this malady. He then proceeded to examine into the rate of mortality from croup, and pointed out the very slight measure of success which has hitherto attended the methods of treatment usually employed in this disease. The following cases—four of croup and two of diphtheria (?)—in which tracheotomy was performed, were then narrated in detail:

Case 1.—A boy, aged 9; attacked with croup of slow accession; temporary amendment in the symptoms, followed by threatening suffocation; tracheotomy; death four hours after the operation; existence of croupous exudation down to the second and third subdivisions of the bronchi.

Case 2.—A girl, aged 3; croup treated by leeches, counter-irritation, tartar emetic, and calomel; tracheotomy on the fifth day, asphyxia being so complete as to render artificial respiration necessary; ejection of false membrane from trachea, and likewise two casts of small bronchial tubes; after-treatment of a freely supporting character; recovery perfect.

Case 3.—A boy, aged 2; croup, between two or three days, treated with emetics; tracheotomy on the third day, suffocation being nearly complete; death during the operation; the croupous exudation found after death to extend down to the first subdivision of the bronchi.

Case 4.—A boy, aged 2½; croup treated by tartar emetic; suffocation imminent on the fourth day from the accession of the croupous breathing; tracheotomy; death from exhaustion sixty-five hours after the operation; false membrane found after death to extend down to the fourth subdivisions of the bronchi.

Case 5.—A boy, aged 5; diphtheria (?) coming on slowly and insidiously; breathing croupous on the seventh day; treated by emetics, counter-irritation, calomel, and compound antimonial powder; suffocation imminent on the eighth day; tracheotomy, followed by supporting treatment; ejection of a piece of false membrane; sudden accession of severe diarrhœa about thirty-six hours after the operation, and death from exhaustion. No post-mortem examination.

Case 6.—A boy, aged 10; diphtheria coming on very insidiously during nearly a month; treated by salines, and the application of a solution of nitrate of silver to the throat; supervention of croupous symptoms, treated by counter-irritation, leeches, antimony, calomel, and chlorate of potash; asphyxia impending; tracheotomy, and stimulating after-treatment; death, apparently from syncope, about twenty-six hours after the operation. After death a thick false membrane, separable from the subjacent mucous membrane only with considerable force, was found to line the larynx and trachea, and to extend to the bifurcation of the latter. It probably, indeed, passed down into the lungs; but an examination of these organs was not permitted.

Observing that, as in a large proportion of the fatal cases of croup, the disease destroys life by asphyxia, the author proceeds to inquire into the reasons why tracheotomy is so rarely resorted to for the relief of this malady in Great Britain, and traces this mainly to the influence of the strong opinions against the operation which have from time to time been pronounced by many great authorities, both British and American, whose views in reference to this point are cited. These opinions the author believes have no valid foundation, and are unworthy of the confidence generally placed in them; and to this conclusion he is led from four classes of considerations, which are examined in detail. These are—1st, the high rate of mortality from croup, both with and without treatment; 2nd, the immediate cause of death in a large majority of the fatal cases of the disease, viz., asphyxia; 3rd, the recorded cases of croup in which tracheotomy has been resorted to in this country when the patient has been all but suffocated, and in which complete recovery has followed the operation; and 4th, the great success which has attended the performance of tracheotomy in croup in France, in which country it has been extensively practised. If to each of these considerations its fair value be assigned, there can scarcely be any other conclusion but that it is incumbent upon the practitioner to give a fair trial to any method of treatment in croup which promises for its results a lower rate of mortality than obtains under the usual plans, and especially to tracheotomy.

The objects to be gained by the performance of tracheotomy in croup are next pointed out, stress being laid upon the fact that the operation affords time for the disease to run its course (which would frequently not involve the destruction of life, except for the occurrence of asphyxia, which ought really to be regarded as a circumstance in the disease in a great measure accidental), and for the administration of such remedies as may be deemed advisable. The physiological effects of the free admission of air into the lungs through an opening in the trachea in a child undergoing suffocation from croup, are then considered, and the immediate cause of death in those cases in which life terminates by asphyxia is also examined; the practical conclusion arrived at being that, while the symptoms of suffocation may be relieved in almost all cases by the late performance of tracheotomy, they may be prevented in many by recourse being had to that proceeding early in the course of the malady. The principal objections which have been urged against the performance of tracheotomy in croup are then considered in the following order. Tracheotomy in croup has been objected to:—*a*. As unnecessary when there is spasmodic closure of the larynx, and as useless when false membrane exists in the windpipe without such spasmodic closure. *b*. As useless when the false membrane extends below the point at which the opening into the trachea would be made, and especially when the croupous exudation passes down into the bronchial tubes. *c*. As tending in itself to induce bronchitis and pneumonia—diseases which in themselves involve considerable risk to life. *d*. As having been actually attended with so little success as practically to render the operation unjustifiable. *e*. As very difficult of performance, and as involving in itself great danger to life. The real value of each of these objections is then carefully and fully examined in the order above given, the answer to the first objection being illustrated by the following case:—

Case 7.—A girl, aged 3; croup treated by the warm-bath and by tartar emetic, in spite of which the case progressed from bad to worse until the third day, when, while symptoms of asphyxia were being gradually developed, and signs of exhaustion were becoming well-marked, the patient suddenly fell back in bed and died with scarcely a struggle. After death, but before the post-mortem examination, tracheotomy was performed. A mass of false membrane was found, almost filling the larynx and quite occluding the rima, and extending downwards to the third ring of the trachea; but the lowest part of the croupous exudation was just above the top of the tracheotomy incision. No false membrane existed in any other part of the trachea. The results of tracheotomy for the removal of foreign bodies from the air-passages are then investigated, as well as those of the performance of this operation for the relief of other maladies than croup. But, as the statistical method of examining this subject is believed by the author to be productive of an impression upon the mind of the practical Physician by no means so lasting as a narrative of the results of clinical observation, the following cases in which tracheotomy was performed for the relief of other diseases than croup are given in detail:—

Case 8.—A man, aged 43, came under observation when nearly exhausted from distressed breathing, dependent on syphilitic disease of larynx (probably ulcerative); tracheotomy, followed by a supporting plan of treatment; recovery; but, though able to return to his occupation (a laborious one), unable to breathe without the tube eight months after the operation.

Case 9.—A gentleman, aged 72; nearly asphyxiated from spasmodic closure of the larynx, associated wtih some disease of that organ (probably of a malignant character); tracheotomy; recovery, as regards breathing; but, though living in a st te of comparative comfort, unable to breathe without the tube nine months after the operation.

Case 10.—A man, aged 36; suffocation impending from œdema of glottis; tracheotomy, followed by a highly supporting plan of treatment; recovery complete and rapid; voice also perfectly restored.

Case 11.—A girl, aged 15; nearly suffocated from œdema of the larynx supervening upon chronic disease of that organ, associated with "*lupus non exedens*" of face, lip, and thigh; tracheotomy; recovery, but inability to breathe on the withdrawal of the tracheal tube two months after the operation.

Case 12.—A lady, aged 28; œdema of glottis supervening upon tubercular disease of the larynx: suffocation imminent; tracheotomy; temporary recovery, the patient continuing to live in a state of comparative ease for five months after the operation, when death resulted from exhaustion consequent on the full development of the pulmonary phthisis.

Case 13.—A woman, aged 23; œdema of larynx associated with syphilitic disease of that organ: treated by calomel and opium, in spite of which suffocation became imminent; tracheotomy, followed by supporting treatment; ejection of complete cast of bronchial ramifications of one lung; recovery complete, except as regards voice.

Case 14.—A girl, aged 19; sloughing of the soft palate and the back of the pharynx, of syphilitic origin; inability to swallow; supervention of œdema of glottis, and threatening suffocation; tracheotomy, followed by supporting treatment; the patient being fed for several weeks by the stomach tube; recovery complete.

Case 15.—A boy, aged 3½ years; foreign body in windpipe; tracheotomy; but no foreign body discovered; incisions in trachea enlarged, and windpipe fully examined on several occasions, but without success; eventually incisions made, not only through several rings of trachea, but also upwards through both the cricoid and the thyroid cartilages, so that a finger could be readily passed from the trachea into the mouth, but still without the detection of any foreign body; ultimate recovery complete, and voice regained.

The conclusion deduced from all these considerations and facts is that tracheotomy, though frequently a difficult operation, is by no means so dangerous a proceeding as is commonly supposed. An inquiry is then instituted into the causes of the want of success which has attended the performance of tracheotomy in croup in this country, and this is attributed chiefly to the following circumstances, viz. 1st. To the fact that tracheotomy has been very rarely indeed resorted to in croup in Great Britain except as a last resort when other methods of treatment have been tried and found unavailing, and when the patient has become nearly asphyxiated. 2nd. To the fact that the treatment employed prior to the performance of the operation has almost always been of a more or less depressing kind, usually consisting in the exhibition of tartar emetic, ipecacuanha, calomel, the abstraction of blood, the use of the warm-bath, etc. 3rd. To the fact that the after treatment has generally not been of that supporting character which nature requires for the due upholding of the patient's strength until the phenomena of croup shall have had time to run their course; and to the difficulty experienced in commanding constant attention in the way of nursing and watching for some days after the performance of the operation. The author then strongly urges the propriety of having recourse to tracheotomy for the relief of croup early in the course of that disease, and immediately that the existence of false membrane in the windpipe can be satisfactorily determined, and emetics have been fairly tried; and for these reasons—(a.) Because tracheotomy tends to prevent the mode of death by which nearly all fatal cases of croup, in which this operation is not

resorted to, terminate, viz. death by asphyxia. (b.) Because tracheotomy facilitates the ejection and removal of portions of false membrane from the windpipe. (c.) Because tracheotomy tends to prevent the exhaustion due to the extraordinary efforts of breathing almost always made by the patient in this malady. (d.) Because tracheotomy, by prolonging life, affords time both for the phenomena of the disease to run their course and for the administration of remedies and of means of support to an exhausted system. (e.) Because tracheotomy facilitates the employment of topical applications to the interior of the windpipe, upon which great reliance is placed by some practitioners. (f.) Because the early performance of tracheotomy in France has been attended with results which are admitted, even by the opponents of the operation, to have been far more favourable than when recourse has been had to this procedure as an ultimate expedient. The physiological and pathological differences between the condition of a child nearly asphyxiated by croup, and that of a man half strangled by some mechanical cause, are then pointed out; and the necessity which exists in the former case for the free employment of a supporting plan of treatment is clearly proved. The cause of death in those cases of croup in which a fatal termination ensues, notwithstanding the performance of tracheotomy, is next examined, and this is shown to depend upon one or more of the following conditions: 1. On some accidental circumstance connected with the operation, such as hæmorrhage into the windpipe, obstruction of the tube, etc. 2. On asphyxia dependent on the extension of the croupous exudation into the lungs, or on the re-formation of the false membrane after its having been once ejected. 3. On complicating diseases (either connected with the operation, or without any reference to it) arising in the course of the croup, such as bronchitis or pneumonia. 4. On exhaustion—death by asthenia. The author believes that croup, when it proves fatal, always tends to destroy life by exhaustion, and that this would be its ordinary mode of termination were it not that the part of the body, in which the most striking alterations of structure induced by malady occur, is one in which the existence of such a mechanical obstruction as is presented by the croupous exudation tends, as well in itself, as in the spasmodic closure of the larynx with which it is often associated, to destroy life by suffocation before the disease has had time, as it were, to run its full course and produce death by asthenia. And he, therefore, strongly advocates the propriety of adopting a supporting plan of treatment in this malady both before and after the operation, but especially after its performance. The value of alcohol, as a remedial agent in the treatment of disease, is then examined, and the method in which it should be given, viz. in small doses at short but regular intervals, is pointed out. Alcohol should be regarded, as has been remarked by Dr. Todd, not as a specific remedy, but simply as a kind of food. It is really a hydrocarbon, very easy of digestion, possessing certain properties of enabling the body temporarily to withstand exhausting influences, and capable, by its undergoing oxydation in the system, of maintaining the animal temperature and of preventing waste of tissue. The *modus operandi* of the remedies usually employed in croup is then discussed, and their real value indicated; and the error of supposing this disease to consist in ordinary inflammation of the windpipe is alluded to. And, while the inefficiency of the remedies commonly used in croup is pointed out to be as theory would lead us to expect, the same fact is shown practically by the results of experience, which clearly indicate that under all plans of treatment, exclusive of tracheotomy, croup is a very fatal malady. The value of emetics is also examined, and the danger which frequently results from the employment of tartar emetic is dwelt upon. The circumstances which tend to diminish the chances of success from tracheotomy, are then referred to under the following heads:—*a*. The age of the patient; *b*. The existence of pneumonia or bronchitis; *c*. The presence of other diseases, such as measles, hooping-cough, etc.; *d*. The employment of depressing remedies prior to the operation; *e*. The postponement of tracheotomy until the patient is *in extremis*; *f*. The extension of the croupous exudation into the lungs. After suggesting a few practical hints in connection with the operation itself, and in regard to the inhalation of chloroform in these cases; and, after briefly glancing at the various points which have been examined in detail, the author thus concludes:—It only remains to warn the practitioner against expecting a large share of success from this operation, inasmuch as in our present inability to ascertain whether the croupous exudation is limited to a small portion of the windpipe, or whether it extends into the minute branches of the bronchial tree, we must necessarily oftentimes recommend its performance in cases in which death must almost inevitably take place. But, while a careful examination of this subject clearly indicates the propriety of making an opening into the trachea in those cases of croup in which false membrane exists, and of not postponing the operation until the last moment; and while it leads to the anticipation of a decided diminution in the rate of mortality from this disease when the early performance of tracheotomy is extensively practised; the student of science cannot but feel that tracheotomy is at best but an expedient of relief, capable by its mechanical action of obviating certain tendencies to death, and, by permitting the administration of support to an exhausted system, of affording time for the due occurrence of certain processes necessary to recovery. Nor can the practical Physician forget that some effectual remedy for croup has still to be searched for, and not to be found, in all probability, until the true ætiology and pathology of the disease are far better understood than at the present day. At the same time, it is impossible to foretell how near at hand the day may be, when there shall be found a man who will do for croup what Jenner did for small-pox, or when there shall be discovered a remedy for this malady, as certain in its power and as efficacious in its action, as is iodide of potassium in syphilitic periostitis, or as is quinine in ague.

A paper by George Southam, F.R.C.S., was read on

A CASE OF VESICAL CALCULUS OF UNUSUAL SIZE,

REMOVED BY THE RECTO-VESICAL OPERATION.

The patient, aged 21, was admitted into the Manchester Royal Infirmary with symptoms of vesical calculus, from which he had been suffering about sixteen years. On sounding him the stone was found to be of large size. He was emaciated almost to the lowest point compatible with life, unable to leave his bed, and suffering from a constant desire to empty the bladder, with severe pains in the loins and the lower part of the abdomen. The urine was loaded with pus, which on standing formed a thick white viscid sediment. It was highly ammoniacal, and a very considerable quantity of albumen was precipitated by boiling and the addition of nitric acid. Operative procedures were deemed unadvisable, until the hectic fever and great debility under which he was labouring were relieved. He was therefore placed on nutritious diet, with eight ounces of wine daily, and the bicarbonate of potash with opium, and large dilution with water, were given to allay the irritation of the mucous coat of the bladder. Under this treatment the patient's strength so much improved, that in a month the question of operation had to be entertained. Judging from the long period of sixteen years, during which the stone had been growing, the grave effects it was producing on the health of the patient, and from the more certain evidence of examination by the sound and the finger introduced into the rectum, I was convinced that the concretion was of large dimensions. The bladder had become so contracted by long inflammation, that only a few ounces of fluid could be injected into it; the general health was still precarious, and to crown the embarrassment there was still a copious deposit of albumen in the urine. The question that suggested itself was the following: did this indicate degeneration of the kidneys? If so, any thought of operation must be renounced. To the solution of this difficulty the microscope now afforded valuable assistance, and by this instrument the urine was repeatedly examined to discover whether any fibrinous casts of the uriniferous tubes were present: none, however, were found, nor any reliable indications of renal epithelia. And on the more accurate comparison of the quantity of pus and blood in the urine, with the amount of albumen precipitated by nitric acid and heat, the conclusion was come to that the albumen came from no higher source than the bladder itself, and was simply deposited from the liquor puris, and small quantity of blood always present in the urine. As the kidneys were considered not to be implicated, an operation was determined upon, and on the 17th of December the calculus was removed by the recto-vesical section. Chloroform having been administered, and about half a tea-

cupful of warm water injected into the bladder, a scalpel guarded by the finger was introduced into the rectum, and the sphincter and lower part of the anus completely divided. The urethra was opened anteriorly to the prostatic portion. and the finger passed through the wound into the bladder. As was suspected, the calculus proved to be of large dimensions. Accordingly, the wound in the prostate was enlarged. By means of the finger, the rest of the prostate and neck of the bladder were sufficiently dilated to admit a pair of forceps. On the introduction of the forceps it was found to be impossible to grasp with them so large a stone, as the contracted and indurated state of the bladder prevented the divergence of the blades. A scoop was now used, but with no better success: the stone could not be disturbed from its original position. Finding it difficult to lay hold of the calculus in the usual way, I had the screw of a straight-bladed forceps removed, that the blades could be separately introduced, one over and the other below the stone. The handles having been brought together and the screw reinserted, the calculus was grasped and slowly extracted, the operation occupying from ten minutes to a quarter of an hour. The calculus measured eight inches in circumference in one direction, and seven in the other. It consisted principally of triple and earthy phosphates, with a nucleus of lithic acid. It weighed 4 oz. 6 dr. and 25 grs. The patient had an excellent recovery; no constitutional disturbance of any amount followed the operation. The bowels were restrained in their action for a week by the administration of opium. Up to the 31st of December, all the urine passed by the rectum; it now commenced to come by the urethra. No inconvenience was at any time experienced from the passage of fæcal matter through the urethra. The pus and albumen gradually diminished in quantity. The fistula was not interfered with until the 18th of February, when as some of the urine continued to pass through the rectum, it was examined. It appeared to be in the membranous portion of the urethra, and about a quarter of an inch long. It was touched once with nitrate of silver, and, subsequently, on two occasions the electric cautery was applied. He left the Hospital on the 28th of April cured, having for three weeks previously been free from all signs of the fistula, during which time he was engaged in assisting the nurses in the wards. Mr. Southam, in his remarks, did not advocate this operation except in especial cases, considering that the lateral method is the safest in the majority of instances. He was induced to resort to it in the above-mentioned patient on account of the presumed large size of the stone, the indurated and contracted state of the bladder, and the unsatisfactory state of the general health. After referring to the risks which attend the lateral method, where the calculus is of large dimensions, he alluded to the objections urged against the recto-vesical operation, the principal of which is its liability to the formation of a permanent fistula. This, he believed, might to a great extent be avoided, if the incision into the urethra were limited to only a part of the prostatic portion. He considered it would be seldom necessary to extend the excision through the neck of the bladder, experience having convinced him that the obstacle to the extraction of large calculi by the lateral method existed more in the surrounding structures than in the prostate, which readily yields to steady and cautious dilatation. In the case now related, there was abundant proof of this: indeed a calculus of much larger dimensions than the one described could have been extracted without difficulty by the same incision. He proposed to call the operation the recto-urethral.

Promotions of Medical Men in France in the Legion of Honour.—On the occasion of the recent *fêtes* at Paris, M. Flourens has been made Grand Officer, M. Velpeau, Commander, and MM. Vernois, Bérard, Dufour, Desmarres, and Devergie, Officers of the Legion of Honour. Twenty-four civil practitioners have also been appointed Chevaliers.

Paleontological Pathology.—The Professor of Geology at Montpellier, M. Serres, informs us that he has found on fossil mammalia traces of pathological affections similar to those observed at the present day—exostosis, periostosis, etc. This seems to prove that there were diseases in the world before the days of Adam, and of course before Pandora's box was opened.

MEDICAL NEWS.

APPOINTMENTS.

The following gentlemen to be Honorary Physicians to Her Majesty:—Sir John MacAndrew, K.C.B. M.D. half-pay Inspector-General of Hospitals; Andrew Ferguson, M.D. half-pay Inspector-General of Hospitals; William Linton, M.D. C.B. Inspector-General of Hospitals; John Forrest, M.D. C.B. Inspector-General of Hospitals; James Brown Gibson, M.D. C.B. Inspector-General of Hospitals; Thomas Galbraith Logan, M.D. Inspector-General of Hospitals.

The following gentlemen to be Honorary Surgeons to Her Majesty:—Thomas Alexander, C.B. Director-General of the Army Medical Department; Alexander Melvin, half-pay Inspector-General of Hospitals; John Robert Taylor, C.B. Inspector-General of Hospitals; Edward Bradford, half-pay Deputy Inspector-General of Hospitals; Thomas Mostyn, half-pay Deputy Inspector-General of Hospitals; John Ashton Bostock, M.D. Surgeon-Major, Scots Fusileer Guards.

DEATHS.

Bell.—On July 27, at his residence, Robert John Bell, of Reedness, Yorkshire, M.R.C.S. Eng., L.S.A. 1836.

Bennett.—August 22, at his residence, in Upper Sussex-place, Old Kent-road, Frederick Debell Bennett, M.R.C.S., aged 51.

Carnell.—On August 7, in London, Clement John Carnell, of Tonbridge, M.R.C.S. Eng. 1859.

Elliott.—On May 22, at Colombo, whither he had been removed from his residence at Kandy, Christopher Elliott, M.D., aged 49, Principal Civil Medical Officer of Ceylon. He was one of the oldest European residents in Ceylon, and was highly esteemed. The *Examiner* (a local newspaper) says:—"We do not recollect a funeral so numerously attended by all classes of the inhabitants. Including those which left the route of the procession, there must have been about 150 carriages."

Fitzgerald.—On June 29th, on board Her Majesty's ship *Cyclops*, in the Red Sea, Anthony J. Fitzgerald, Assistant-Surgeon, Royal Navy, second son of the late James Fitzgerald, Esq. of Lackendurra, County Waterford.

Hawker.—On April 26th, at Clare, Australia, Thomas Drewitt Hawker, M.D. Justice of the Peace, aged 54 years.

Hay.—On July 22nd, John Alexander Hay, of Richmond-terrace, Hunter's-lane, Birmingham.

Hill.—On August 18th, at his residence, aged 69, Richard Hill, of Floregate-street, Worcester, L.S.A., 1826.

Husband.—Recently, John Blake Husband, late House-Surgeon to the North Devon Infirmary, Barnstaple, Devon, M.R.C.S. 1855, L.S.A.

Hutchinson.—On August 11, at Croft-house, Ovingham, George Hutchinson, aged 49.

Johnston.—On July 22, at his residence, Alta Vista, near Augusta, Georgia, United States, Walter Ewing Johnston, M.D., in his 42nd year.

Machin.—On June 14, at Sandhurst, Australia, Edwin Bourne Machin, aged 36.

Morton.—On August 7, suddenly, while taking a walk, Edward Morton, of Hall Cliffe-house, Horbury, aged 60; M.D. Cambridge, F.R.C.P. London.

Perkins.—On August 2, aged 63, Thomas Perkins, of Snaith, near Goole, Yorkshire, M.R.C.S. Eng. 1855, L.S.A. 1857,

Read.—Recently, Joseph Read, Assistant-Surgeon, Royal Artillery.

Sewell.—On August 11, after a short illness, William B. Sewell, of Keighley, Yorkshire, aged 74.

Taylor.—August 20, at the Royal Hospital, Chelsea, Arthur Henry Taylor, Staff-Assistant Surgeon, late of the Royal Horse Artillery, K.L.H.

Thompson.—August 19, at Beaufort-buildings, East Bath, Dr. William Thompson, late of Newark, Notts, aged 60.

Tilsley.—August 21, at North Petherton, Somerset, Horatio Nelson Tilsley, aged 61.

YELL.—August 18, after a lingering illness, William Henry Yell, Esq. M.D., O.D., of Leyden, for seventeen years resident Medical officer and Physician to Queen Adelaide's Lying-in Hospital, aged 54.

M. LONGET has been nominated Professor of Physiology of the Faculté de Médecine of Paris.

M. GEOFFROY ST. HILAIRE has informed the Academy, that attempts lately made of acclimatising the angora, the llama, and the yak, have entirely succeeded.

THE Registrar-General in his annual report states, that during the year, 318,194 persons were married, and that 663,071 births, and 419,815 deaths were registered. He estimates that the increase of the population of England and Wales exceeded 666 daily.

A COMMITTEE has been formed at Berlin, consisting of the most eminent men in every department of science, for the purpose of raising a fund, to establish a "Humboldt Foundation," as a perpetual memorial of their great countryman. The main objects of the Foundation are, the encouragement of philosophic research and of scientific voyages.

POLL ANGUS, a celebrated cow, the property of Mr. Watson, of Keilor, died lately at the age of 35 years and 6 months. She has had twenty-five calves. At 29 she ceased giving milk, and breeding; but she did not fall off in looks until two years ago, and only refused her food two days before she died.

MR. BOTALLA relates the case of a woman, in whom an abscess had formed in the right groin, which after suppurating gave exit to twelve lumbrici. The woman had always enjoyed perfect health, and recovered without suffering from peritonitis, or symptoms of perforation of the intestine, in the course of a few days.

DR. COMPÉRAT has got a cure for ascarides, which has never failed in his hands. It is a simple injection of water, containing five, ten, fifteen, or twenty drops of sulphuric æther, according to the age of the individual, and repeated more or less frequently, according to the number of the animals present. This agent, he says, has a double advantage. By its subtility it readily enters into and destroys the larva; and by its antispasmodic powers it allays the spasmodic and nervous symptoms produced by the animals.

AMPUTATIONS.—We are told that, during the present war in Italy, amputations were practised under very favourable circumstances, and that they were much fewer than in former days. Formerly amputations were practised on the battle-field; but now-a-days they are only performed in the ambulances, after careful examination of the condition of the wounded person. Less Surgery as well as less Physic seems to be everywhere the order of the day at present.

BRITISH MEDICAL ASSOCIATION.—We have been requested to publish the following copy of a resolution proposed by Dr. Radclyffe Hall, seconded by Mr. Wolstenholme, and adopted at the annual meeting of the Council held in Liverpool:—"That the recent proceedings of the Edinburgh College of Physicians in the sale of their Licence, without examination, to gentlemen not already Physicians, was not called for to meet any want in the Profession and that, inasmuch as it tends to lower the *status* of the Physician, without elevating that of the General Practitioner, it is calculated in every way to prove injurious to the body of the Profession."

THE LATE DR. SWANWICK, OF MACCLESFIELD.—We extract the following from a local journal:—"Our obituary last week recorded the death of one of our townsmen, whose place amongst us will not easily be filled up. As a Physician of great talent and experience, Dr. Swanwick was deservedly held in high estimation; his profoundly accurate judgment and discrimination were appreciated both by his Medical brethren, and those who obtained the advantage of his professional advice. As a magistrate, Dr. Swanwick devoted much time and labour to the service of the public, both on the County and the Borough Bench; and his eminent abilities having been directed to the theory of the law, which a Justice of the Peace is called upon to administer, his thorough acquaintance with the subject caused his opinions always to have great weight with his brother magistrates; while his decisions on matters of evidence were uniformly marked by ready discernment, firmness of purpose, and inflexible impartiality. The deceased was in the 69th year of his age. He filled the office of Mayor of Macclesfield in the year 1837; and about the same period was appointed one of the magistrates for the county. We are gratified to learn that Dr. Swanwick has made the handsome bequest of £1000 towards the endowment of the projected Infirmary for the benefit of the poor and afflicted of the town of Macclesfield."

EXTRAORDINARY LUNACY CASE.—A commission *de lunatico inquirendo*, which lasted five days, was concluded on Wednesday afternoon at the Castle of Exeter. The commission was opened on Friday last, before Mr. Commissioner Warren and a jury composed of country gentlemen. The petitioner was Dr. Greenup, of Warrington, in Lancashire, and the lunatic was Miss Phœbe Ewings, an old lady of 80 years of age. Mr. M. Smith, Q.C., and Mr. Karslake were counsel for the petitioner; and Mr. Collier, Q.C., Mr. Coleridge, and Mr. Kingdon were counsel for Miss Ewings. The facts, which were of an extraordinary character, were briefly these:—In the year 1853 Miss Ewings' sister died, and the bereavement much affected her mind. She was afterwards known to moan and to wander in a disconsolate manner through the streets. In October, 1858, she was attacked with paralysis, from which she physically recovered; but it was alleged that her mind was entirely broken down. Shortly afterwards she had an attack of mania, and was confined in Haydock Lunatic Asylum. Here she was said to have delusions and morbid aversions; she said that an attempt had been made to strangle her, and that while in the asylum an attempt was made to convert her to Roman Catholicism, etc. Some of her friends, believing that she would be better if removed to a private residence, took her out of the asylum, and the Rev. H. T. Ellacombe, her third cousin, who believed himself the next of kin, brought her to Exeter, and placed her in lodgings with a Miss Cousens, with whom she had formerly lodged. Dr. Shapter, a physician of considerable eminence, having attended her before, was called in, and he saw the old lady almost daily. He appeared to have acquired great influence over her, for a short time ago he, at her request, took instructions for a will, in which she gave several legacies, and made the doctor the residuary legatee. The amount of the legacies was 1,000*l.*, and the remainder of her property amounted to 13,000*l.* A will was made from these instructions, but was subsequently torn up, and another will, prepared by Mr. Gray, solicitor, of Exeter, was made, in which the bulk of the property was left to Dr. Shapter, and, in the event of his death, to his eldest son, and the rest of his children. Dr. Shapter, however, immediately wrote to Mr. Beamont, Miss Ewings' solicitor at Warringport, stating what the old lady had done, but declaring most emphatically that neither he nor his children should ever take a single farthing under the will, notwithstanding that he thoroughly believed her to be in a sound state of mind and quite capable of executing a will. This Dr. Shapter put in writing, and communicated to several gentlemen, but failed to inform the Rev. H. T. Ellacombe of it, as he had promised to do. It was contended by the counsel for the petitioner that this declaration of Dr. Shapter was a proof that he did not consider Miss Ewings to be of sound mind. Several witnesses were called, who stated that Miss Ewings was of unsound mind. In answer to the petition, it was contended, and deposed to by several witnesses, that Miss Ewings had fully recovered from her attack of mania; that, allowing for the feebleness of old age, she was a lady of average intelligence, of good memory and powers of observation; and that with regard to her bequest to Dr. Shapter, she persisted in making it, saying that she had no relatives that she cared anything about, that none of them had ever taken any interest in her, and that with regard to the petitioner, who had recently discovered himself to be the next of kin, her family had had a lawsuit with his, and that therefore she much disliked him. Dr. Shapter was examined, and positively stated that he would never take any benefit under the will. The Commissioner and jury had an interview with Miss Ewings, and the latter unanimously pronounced her of unsound mind and incapable of managing herself and her property. The case has created the utmost excitement in Exeter and the neighbourhood.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 20, 1859.

BIRTHS.

Births of Boys, 917; Girls, 864; Total, 1781.
Average of 10 corresponding weeks, 1849–58, 1554·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	614	574	1188
Average of the ten years 1849–58	639·7	628·6	1268.3
Average corrected to increased population..	..	..	1185
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	26	21	47

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	4	3	5	5	31	5
North ..	490,396	7	2	12	3	3	35	6
Central ..	393,256	3	3	9	3	4	39	10
East	485,522	2	2	7	1	8	64	6
South ..	616,635	6	3	20	5	3	71	10
Total . ..	2,362,236	20	14	51	17	23	240	37

TO CORRESPONDENTS.

Dr. Stone's case of Chorea shall appear in an an early number.

House-Surgeon.—Write to the Registrar, Soho-square.

Mr. Stokes.—The pamphlet appears so perfectly nonsensical, that it seems to be beneath notice.

M. should address his question to the Director-General of the Army Medical Department.

B.—The infanticide connected with burial clubs shall receive our early attentiou.

An Anxious Inquirer.—1. If the two gentlemen are on friendly terms, it would be the proper course to allow the usual attendant to charge for the neighhour's visit. 2. Tho case should certainly be given over as soon as the usual attendant arrives.

Mr. Tiffen.—The questiou is so much more a legal than a Medical question, and so mueh depends upon the exact words of the coutract, that we do not feel justified in offering an opinion.

M.B.—Suicides and suicidal attempts have been of late very numerous in London. A little girl at Islington, a few days ago, eleveu years old, on being scolded, at once threw herself into the water at the gas foundry, aud was drowned.

M.P.—The Registrar-General's returns of the past week show that deaths are slightly on the decrease in the metropolis, but that the public health is still in an unsatisfactory condition.

Mr. Butler.—M. Roux, Professor of Botany at Rochefort, has since 1851 given much attentien to the cultivation of the Poppy. He is satisfied that the plant may be so cultivated in France as to produce an abundant supply of opium, and even so abundantly as to be exported to China. Let *perfide Albion* tremble for her commerce!

A Student, Mr. J. H. Wells, and several other correspondents have asked: What the Council mean by the "*beginning of Professional Study?*"—In reply we can only state our own impression that when a pupil is articled to a registered Practitioner the professional study begins; but the Council should be required to state distinctly what they mean.

M.D.—We understand that Mr. Knowles is the son of a respectable deceased Practitioner, and is himself qualified; therefore there is no excuse for the following advertisement, copied from the *Cambridge Chronicle*:—"Diseases of the Eye. Mr. Knowles, Surgeon Oculist, may be consulted upon all such cases daily, at his residence, Priory Grange, Newmarket-road, Cambridge. At home from nine to eleven o'clock."

The Dose of Hydrargyrum cum Creta.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Has Dr. Thudichum embraced Homœopathie opinions and principles, or is the Medical Profession labouring under an error with respect to the quantity of Hydrargyrum cum Cretâ proper for administration to children? In his evidence for the defence of Dr. Smethurst, Dr. Thudichum "regretted to say that grey powder was a medicine constantly given to children in doses of from half-a-grain to three or four grains;" whereas a twelfth of a grain was in his opinion, sufficient. Now, being a Medical Student, and having recently attended a course of lectures on Materia Medica, I read such a statement, issuing from him, with surprise, —from one to five grains for children, and from five grains to half-a-drachm for adults, being, as I was instructed, the ordinary doses. I have referred to the works of Christison, Thompson, Philips, Royle, Garrod, and others, all of whom are, I believe, deservedly acknowledged authorities on the subject; and in no case do I find even the minimum dose recommended less than one, and in some of them I find it is two grains. What, then, are myself and others,—and when I say others, I think I may include nine-tenths of the Medical Profession throughout the United Kingdom,—to understand by the above statement of Dr. Thudichum?—That it is constantly given to children, and that, in the doses he speaks of, no one will attempt to deny, it being more frequeutly employed, probably, than any other therapeutic agent we possess, for the various disorders, sympathetic and others, so incidental to infancy and childhood.

That experience has satisfactorily confirmed the impression of its usefulness, will, I think, he generally admitted; and it must also be acknowledged that the quantity usually prescribed in such cases largely exceeds the circumscribed limits laid down by Dr. Thudichum. Such being the case, I naturally feel anxious to hear what explanation Dr. Thudichum has to offer for such a public, and, so far as I am able to judge, unnecessary expression of regret, which amounts to no less, than a wholesale condemnation of the practice of the entire Medical Profession. Even allowing, that he succeeded in discovering traces of antimony and arsenic in the grey powder that he analysed—is it on that account to be assumed that all grey powder is similarly adulterated? I believe that in ninety-nine out of a hundred specimens of the Hydrargyrum cum Cretâ, of commerce, Dr. Thudichum would fail to detect even a trace of the poisons alluded to; mercury, nor chalk, seldom if ever containing them as impurities. If the learned lecturer on Chemistry at the Grosvenor-place School of Medicine can prove that his opinions on this subject are correct, and consequently, that the doses of Hydrargyrum cum Cretâ, so long and still prescribed, are injurious and unnecessary, he will deserve, and doubtless receive the gratitude of the present and future generations of his Profession. Taking into consideration the many diseases in which this drug is employed, and the fact which has been ascertained, that children are less susceptible of its influence than adults—it will be admitted, that this is a subject of no trivial importance; and equally applying, as it undoubtedly does, to the other preparations of mercury, deserves the serious consideration of the Profession; for we cannot but presume that Dr. Thudichum would not so publicly have given expression to such remarks, without having important reasons for believing them to be correct.

I suspect that I am not the only one who will feel anxious to hear what he has to say on the subject; and also to know whether he believes all bismuth to contain such a quantity of arsenic, as to render it advisable to expunge it, another of our most useful and valued remedies, from the list of Materia Medica. I am, &c. J. P.

What is a Legal Qualification to Practise Medicine?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read the report of the Committee of the Medical Council appointed to consider the communication made by the Poor-Law Board to the General Council as to the exact extent and nature of the qualifications obtained by the holders of certain Medical Degrees and Licences, but am greatly disappointed to find so little information upon the subject. I have been unable to satisfy myself what qualification is conferred by a Degree in Medicine, and am very desirous of having some authoritative statement upon this important point. On asking a legal friend, he tells me, in the words of the King's Bench in West's case, "testimonials from the Universities upon taking the Doctor's Degree have the nature of a recommendation, they may give a man a fair reputation, but they confer no right." And he says that the same language has been adopted by the judges in Scotland, who have said "that there is no reason to hold that the law of Scotland differs from that of England with regard to the privileges of the Universities, at least as to the effect of Degrees." Now, if such be the case, what qualification has the holder of a Degree of Medicine conferred by an English or a Scotch University? I wish very much some of your readers would answer this question. Parliament has, no doubt, enabled the holder of such a degree to register, and has also declared that he may, according to his qualification, practise Medicine in any part of her Majesty's dominions; but until his rights to practise medicine are ascertained and defined by some authorised declaration upon the subject, the Profession cannot know what value to attach to a Medical degree as a legal qualification to practise Medicine.

August 23. I am, &c. Not an "M.D."

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Copland; Dr. Taylor; Dr. Babington; Dr. Julius; Mr. Bird; Dr. Richardson; Dr. Thudichum; Mr. Barwell; Dr. Tyler Smith; Dr. Webb; Mr. Rodgers; Mr. Caudle; Mr. P. Chavasse, Birmingham; Dr. Gillespie, Edinburgh; Dr. Druitt; Dr. Barker, Bedford; Dr. Morris; Mr. Ussher; Mr. Lallemand; Mr. Donovan; Mr. Pearson; Messrs. A. Thompson and Co.; Mr. Belcher; Mr. Vernon; Mr. Wright; Mr. Philips; Mr. Tiffen. Letters by Dr. Morris, Mr. Ussher, and Dr. Gillespie, shall appear next week.

APPOINTMENTS FOR THE WEEK.

August 27. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

29. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

30. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

31. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædie Hospital, 2 p.m.; Middlesex, 12½ p.m.

September 1. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

2. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXI.

ON SPURIOUS PREGNANCY, OR PSEUDOCYESIS.

Gentlemen,—The author of the two remarkable dissertations on "Diseases of Women," usually published among the Hippocratic treatises, when at one place treating of displacement and stricture of the os uteri, takes occasion to remark that sometimes under such circumstances "the menstrual fluid is determined to the mammæ, and produces their enlargement; the abdomen swells, and inexperienced patients believe themselves to be pregnant; in truth," he continues, "they present all the phenomena usually seen in women at the seventh or eighth month of utero-gestation; the belly attains a proportional degree of enlargement; the breasts swell up, and milk seems to be secreted. But when this period has passed, and the full term of pregnancy should be complete, the mammæ shrink up and diminish in size, the abdomen likewise collapses; all trace of the milk disappears, and the abdomen sinks in, and all tumefaction is dispelled."

The diseased state described in the preceding quotation is that state usually spoken of as the state of "spurious pregnancy." In his "Nosology," Dr. Mason Good proposed to describe this peculiar affection under the corresponding Greek name of "Pseudocyesis" from *ψένδος*, a lie, and *κύησις*, pregnancy. We have lately had two examples of this disease among patients visiting the female ward. One of the patients, who remained in the ward for a short time, suffered from suppression of the menses, continuing for a period of three or four months, and alternating with a state of menorrhagia; she had occasional sickness; the mammæ were slightly enlarged, and the abdomen somewhat protuberant. She suffered, in short—but not in a well-marked degree—from this morbid condition of spurious pregnancy. In the other patient, who was under the Medical charge of one of the students of the class, not only were all the usual phenomena of pregnancy well-marked for the usual time; but, what is far less frequent, there latterly supervened all the common phenomena of labour; but of labour without any result, as the uterus was quite empty.

There are two varieties of pseudo-cyesis or spurious pregnancy, a *local* and a *constitutional*. The former I have already described to you as seen in those cases of dysmenorrhœa where the patient has occasionally, or even at every monthly period, excessive development of the mucous membrane, which becomes vascular and swollen, and is in part shed off in the form of a separate membrane, resembling in every respect the decidual membrane which is formed in the early weeks of every real pregnancy. In such cases the patients usually suffer a great deal of pain during the expulsion of these uterine casts, and they are sometimes affected with some of the ordinary constitutional and sympathetic phenomena of pregnancy. Thus they frequently are troubled with sickness and vomiting; the mammæ sometimes become enlarged, and the areolæ darkened for one or two weeks both before and after these dysmenorrheal membranes are thrown off. The most striking features of the disease in such cases, however, and the most distressing symptoms depend upon the local changes in the uterus; and as I have already discussed these, both as regards their pathology and treatment in my lecture on Membranous Dysmenorrhœa, I need say no more about that subject now, but pass on at once to the consideration of that more frequent form of spurious pregnancy, of which the more striking phenomena are all of constitutional origin, and the disease true, or

Constitutional Pseudo-Cyesis.

In this constitutional or sympathetic variety of spurious pregnancy, then, there may be no appreciable local change whatever; but the patient suffers from nausea and vomiting, and the other sympathetic phenomena common to pregnant females. The mammæ become enlarged, the areolæ are darkened, and the gland gives forth its milky secretion. The abdomen enlarges gradually until it occasionally comes to assume the form, and size too, of an abdomen which contains a gravid uterus, and the patient feels movements in its cavity, which she unhesitatingly pronounces to be movements of a fœtus. Menstruation is usually pretty methodic, but you will occasionally find it altogether suppressed for a time, or only coming on very irregularly, and with a scanty flow. All these symptoms may arise and go on slowly and progressively for a period of nine months, or longer, and the patient may labour under the delusion that she is in the family-way, until, it may be, symptoms set in resembling the ordinary efforts of labour, and then, when a Medical man is sent for to attend at the delivery, it may happen that she first discovers she has never been pregnant at all.

Frequency of the Disease.

Before I proceed to point out to you more particularly the nature of this disease, and to tell you how it is to be recognised and treated, let me first of all remark that it is a disease which, when you come to practise, you will find to be of far more frequent occurrence than the comparative silence of our obstetric text-books on this malady would lead you to infer. It is not by any means confined to the married, or to those who have borne children, but is seen among the unmarried and childless as well. Among the former, however, it is more frequent; and there are perhaps few women in married life who have not presented more or less marked symptoms of it once or oftener. The disease, as we have seen, was known of old, and is duly noticed in the Hippocratic writings. But in modern times Medical writers have passed it by in almost complete silence; and the only notice of any importance in regard to it that I know of in the English language, is to be found in the admirable and classical work of my friend Dr. Montgomery on the "Signs and Symptoms of Pregnancy,"—a work which I beg strongly to recommend to your careful perusal, as a volume not less remarkable for its great accumulation of original and collated facts, than for its logical statements and reasoning, and its elegant and classic style. Yet, as I say, cases of spurious pregnancy are constantly occurring in practice, and patients often go about from one Practitioner to another seeking relief, or desiring to obtain some certainty as to the nature of their affection, a point in regard to which they are often in the greatest doubt. They fancy themselves, for the most part, to be pregnant; but sometimes they suppose themselves to be subject to very different kinds of disease, as in the case of a patient from the West Indies, whom I have under my care just now, and who, it was there imagined, had some hydatids in the uterus.

To show you how difficult it is to distinguish cases of simple spurious pregnancy from other forms of disease, let me merely tell you one fact. Six different cases have been put upon record, where patients have been supposed to be labouring under ovarian disease; and in these six cases, when the abdomen was laid open with the view of removing the ovarian tumour, there was found to be no tumour there—nothing unusual or abnormal, except, perhaps, a slight degree of distension of the bowels. Such needless tampering with the lives of patients may suffice to impress upon you the dangers of making a false diagnosis, and teach you not to neglect any means by which you are likely to obtain a clearer insight into the nature of this often obscure and puzzling form of disease.

Times of its Occurrence.

As to the period of life when it is most likely to be met with, Dr. Montgomery thinks that it occurs most frequently at the climacteric period, when the catamenial discharges cease to appear, and when the female constitution seems to become more liable to be affected by morbific influences. But I feel pretty certain that the disease occurs at least as often during the first year after marriage as at any later period. At least, you will find, on making inquiries of patients, that they have very often been deceived into the belief that they have become pregnant at the time I refer to, from the temporary suppression of the menses, attended with sickness, and some degree of swelling of the abdomen; but probably from the circumstance that the delusion is not usually kept up for such a length of time in these patients, they do not so often come

under the observation of the Practitioner, and are thus very commonly altogether overlooked. Spurious pregnancy, however, may occur at any period during the catamenial life, and it is often enough developed during the intervals between two successive real pregnancies; and a succession of attacks is sometimes seen in the same individual.

MAY THE DISEASE OCCUR IN THE UNMARRIED?

Certainly, and then it constitutes a very delicate class of cases. When occurring in the unmarried, it is usually set down as hysteria; but sometimes all the characteristic phenomena are most distinctly indicated, and it is then a very difficult and delicate matter to answer the patient's inquiries regarding her disease. No one would choose to speak to the patient or her friends of "spurious pregnancy" under such circumstances, as the mere name itself would be sufficiently offensive. Perhaps the descriptive designation proposed by Dr. Good of pseudocyesis would save sometimes the Practitioner from difficulty—when hard pressed as we sometimes are—to give our patient's affection a proper name. That the affection may occur in the most moral persons, however, and in virgins, is certain; and if any confirmation were needed, it would be found in the fact that it has sometimes been seen among a class of females as to whose morality and state no question can be raised, namely, the females of our domestic animals. Harvey pointed out long ago in his celebrated work on "Animal Generation," that "over-fed bitches which admit the dog without fecundation following, are nevertheless observed to be sluggish about the time they should have whelped, and to bark as they do when their time is at hand; also to filch away the whelps from another bitch, to tend and lick them, and also to fight fiercely for them. Others," he goes on to say, "have milk or colostrum, as it is called, in their teats, and are, moreover, subject to the diseases of those which have actually whelped; the same thing is seen in hens which cluck at certain times, although they have no eggs on which to sit. Some birds also, as pigeons, if they have admitted the male, although they lay no eggs at all, or only barren ones, are found equally sedulous in building their nests." I had a patient in the neighbourhood of Edinburgh, who used to keep a seraglio of female dogs, and was interested in observing their habits and physical characteristics. This person was a careful observer, and told me that every year, and occasionally twice every year, some of these "over-fed bitches" had all the symptoms of pregnancy, although they had been kept secluded from all male society. And the phenomenon so often spoken of, of animals without any offspring of their own, adopting and nursing the young of other animals, belonging sometimes to an entirely different class, is, doubtless, only one of the forms in which this peculiar affection may be manifested.

Mistakes from it among the Married. — But though the disease may thus manifest itself among unmarried females, it is chiefly among the married that the more marked instances of it are met with; and awkward enough are the mistakes into which those sometimes fall who are affected by it. I have repeatedly known ladies make all the usual preparations for confinement, secure the services of a nurse and Medical attendant, lay in a stock of baby-clothes, and, in short, have everything in readiness for the birth of a child, when they were in reality not pregnant at all. They may sometimes even be put to very great inconvenience in consequence, breaking up their large establishments in the country, and coming into town at most unseasonable periods, in order to be under the immediate care of their usual accoucheur. I have thrice had ladies come into Edinburgh to be confined under my care, leaving establishments, who, when they came to town proved not pregnant. A striking instance of this kind occurred in the practice of my predecessor, Dr. Hamilton, who was engaged, not very long before his death, to attend a lady in her approaching confinement. As the expected period drew near, a heavy fall of snow came on and blocked up the roads, and the lady, terrified at the idea of being detained in her country house, had a number of labourers set on to cut a driving-path through the snow; but it was unnecessary work and trouble, as the case was only one of spurious pregnancy. Such mistakes oftenest occur in patients pregnant for the first time, and who are inexperienced as to the phenomena and sensations of pregnancy. But the affection is by no means limited to them. You will frequently enough in practice find women who have previously borne children making such mistakes about themselves, and imagining that they feel every movement of the child just as they have done in real pregnancies. In some cases, but they are much more rare, you may have the phenomena of spurious parturition as well as spurious pregnancy. That is, when the ordinary term of nine months has been completed there may supervene the phenomena of a common labour. The ordinary preliminary symptoms are first seen, the pains set in at first irregular, slight, and resembling the pains characteristic of the first stage of labour, and gradually change into the regular, strong, expulsive pains, characteristic of the second stage. The more complex phenomena of instrumental labours are even occasionally simulated. Dr. Labatt was once called to deliver a child by means of craniotomy, in a case where a Medical Practitioner had been in attendance for two days, and where, when he went, there was found to be no child at all. I myself was once sent for by one of the best Medical students we ever had at this University, to perform the operation of version on a patient on whom he had been some hours in attendance, and which he fancied to be a case of unavoidable hæmorrhage. But turning of the child was unnecessary, as there was, in fact, no child to turn! The patient was suffering from menorrhagia as a termination of spurious pregnancy. There was a striking example of this disease in the Hospital here a few years ago. The patient was sent in from a distance in the country to be delivered of a child, of which she had been supposed to be long in labour. Her Medical attendant had had no doubt as to the reality of the pregnancy and the labour, and her husband who accompanied her to Edinburgh, had as little. Their belief was grounded chiefly on the distinctness and force of the movements of the supposed fœtus, which were so marked and strong, as to lead the husband to maintain that if there was no child within his wife's abdomen, there must be some animal there! The case was seen by Drs. Moir, Weir, and several other Medical men here, and all agreed that the movements were very deceptive; but on close examination they could be distinctly traced to the peristaltic action of the bowels. The uterus was perfectly empty. I have now seen two cases where the propriety of having recourse to the Cæsarean section was proposed in instances of spurious pregnancy. One of these has been fully and ably described by Dr. Keiller, in the *Monthly Journal of Medical Science*. In the other case, I was called to perform the operation on a woman who was dying of some chest disease, and who was believed to have in her womb a living child. But there was no pregnancy whatever.

These symptoms of labour may all recur once and again, even in the same patient, and yet her faith in the reality of her pregnancy may remain unshaken. It is, indeed, most curious to witness with what persistence some such patients, but by no means all, will maintain their belief. The idea that she is in the family way has such a firm hold of the patient's mind, that it looks as if her brain were impregnated and not her womb, and sometimes no kind of argument suffices to make her change her opinion. You may, it is true, succeed in convincing her at times that her hopes are futile, and you may fondly imagine that you have succeeded in utterly dispelling her empty expectations; but two or three weeks, or only days afterwards she will return to you as strongly impressed with the genuineness of her pregnancy as ever. No persuasion or eloquence of yours will almost ever lead her to give up her hope; time alone can prove to her how vain it is, and with some patients it takes a very long time too. I have known the idea obstinately persisted in even for years.

(To be continued.)

THE health of the population has been good during the quarter, being exactly the mean of the corresponding quarter of former years. In a few localities small-pox assumed an epidemic form, and had been fatal in many cases, but in only one case in which the deceased, a child, had been ascertained to be vaccinated. Scarlet fever in several instances had appeared epidemically, sometimes in the form of diphtheria, and had considerably increased the mortality. The weather during the quarter had presented several anomalies, of which the marked deficiency in the rainfall and in atmospheric moisture were the chief. The mean temperature had been slightly below the average.

ORIGINAL COMMUNICATIONS.

ON SYMPATHY BETWEEN THE TONSILS AND THE OVARIES.

By M. PROSSER JAMES, M.D.

Several cases of tonsillitis, accompanied by ovarian suffering, coming successively under my care, led me to conjecture that some powerful sympathy between the affected organs may possibly give rise to frequent complications of the kind.

The following case, from notes taken at the time, will show how far such a theory may be entertained, and may also direct the attention of others to the subject. I am prepared to be told that a series of unusual coincidences may have brought these cases under my notice. On the other hand, it seems to me probable that many similar cases may have been overlooked by observant Practitioners through the throat symptoms absorbing their attention. This would be more liable to occur from the ovarian pain so generally extending into the lumbar region and coalescing, so to speak, with pain in the back. Patients might bitterly complain of "back-ache," and this would be readily regarded as a symptom of the pyrexia incident to the tonsillitis, whereas a more searching scrutiny might elicit the fact, previously unmentioned through female modesty, that pain in the inguinal region was equally, if not more, distressing. Since my attention has been directed to this topic, I have met with cases which I feel sure I should at one time have thus looked at, and which have impressed upon me that close attention even to familiar phenomena will not fail to interest and instruct.

On the evening of February 23 I was requested to prescribe for a single young lady, 22 years of age, of sanguine temperament and robust health, who, through imprudent exposure to damp, was reported to have caught a severe cold. On the 21st she was quite well, but yesterday was seized with rigor, followed by intense head-ache, sneezing, and some coryza. To-day, therefore, may date as the second day of the disease, and she now feels quite unable to remain up from excessive lassitude, headache, and pain in the back and limbs; in fact, she declares she "aches all over." She is thirsty, her skin hot and dry, pulse 90, tongue coated, fauces injected, and bowels rather confined. I prescribed a diaphoretic anodyne, to be followed by a saline aperient in the morning.

3rd day.—The medicine procured some sleep, but she feels no better. Headache somewhat relieved, but is still confused; throat seems dry and sore, and voice somewhat hoarse. On inspection, the whole fauces are much injected, and the tonsils swollen. Pain in the back and limbs exceedingly distressing; thirst and heat of the skin continue; pulse 95; tongue remains coated; bowels open once since the draught.

Towards evening she got worse, the fever being considerably increased, and she is very nervous and excited. The catamenia appeared to-day—one day before she expected—and were attended with great pain; never suffered such pain with a period before. Several doses of a saline diaphoretic have been given during the day.

4th day.—Tonsils swollen to a great extent, and tender to the touch, but no indication that an abscess has formed. Several minute superficial ulcers on the anterior part of the left tonsil were touched with nitrate of silver. She can swallow nothing but a little cold water.

5th day.—The nitrate was freely applied to the left tonsil, on which two specks remained visible. Respiration more impeded; pulse 100. Tongue more thickly coated with dirty white fur; bowels open once. An attempt to swallow a little thin arrowroot gave much pain, and some returned through the nose. A few grains of nitrate of potass mixed with sugar, to be put on the tongue in fine powder at intervals of three or four hours, so as to dissolve slowly, and come in contact with the throat.

6th day.—All specks have disappeared during the night, and the left tonsil seems somewhat less; at any rate the right is by far the larger. Has had no sleep and is very excited and anxious. Respiration much impeded; pulse 120 and weaker; has taken no food; tongue getting brown; bowels not open. Catamenia are passing off, but there is a fixed, dull, aching pain in the right ovarian region aggravated on motion. This was discovered from her dread of moving, on account of the pain in the back, which, on careful questioning, she said seemed to "come right through" to the groin, and when she moved almost made her sick. She lay a little inclined to the left side, with the right leg so drawn up as to take off pressure. On examination the pain is found localized to the ovarian region, which is hot and tender; very gentle, but prolonged manipulation detected a somewhat oval swelling in which the pain was seated. Slight percussion in this spot was intolerable; but at a short distance could easily be borne, and detected a loaded state of the bowel.

The right tonsil (the larger and on the same side as the affected ovary) was freely scarified; and swallowing being so painful, a powder of calomel and morphia was placed on the tongue, and a black draught advised to be taken as early as she feels able. In the meantime poppy fomentations to the groin.

7th day.—Better. The scarified tonsil much less, so that the draught was taken with less difficulty. The bowels have been thrice freely relieved; but the operation of the medicines the first time greatly increased the ovarian pain, which then amounted to agony. This I attributed to the contact of hardened fæces with the ovary. The pain and tenderness are now much diminished. She is much calmer; pulse, 100; respiration easier; tongue covered with thin white fur; urine depositing sediment; has taken some arrowroot and jelly.

8th day.—The right tonsil continues decreasing; but the left has as rapidly enlarged. The ovarian pain is also gone, but only to reappear in exactly the same form on the opposite side. She is more excited, has lost her little appetite again, her throat feels more sore, is intensely thirsty, with a burning hot skin, has severe pain in the back continuing into the left groin and occasionally down the thigh; feels sick; tongue coated and brown; pulse 130 and weak; "has been wandering a little." Cold water and ices were gratefully taken. Free scarification of the left tonsil; a brisk purge, and warm flannels to the groin were employed with the same benefit as before. In the evening she expressed herself much better, and wanted to have the scarification repeated. She was far more composed, but still apprehensive and low spirited. Had taken by persuasion a little beef-tea. The bowels being quite free, a full dose of morphia was ordered.

9th day.—Slept nearly four hours. Disinclined to swallow anything from the extreme soreness of the throat; but having no repugnance to food was persuaded to take some beef-tea. The tonsils are exceedingly tender, superficially, as if from the scarification, but are much less. The ovarian pain continues, but is duller in character. Respiration easy; pulse 100; tongue cleaner; a saline aperient to be followed by an opiate; hop pillows to the groin.

10th day.—Better altogether; more cheerful; tongue clean; urine depositing sediment; pulse 95; complains of pain in shoulder; a dose of calomel and Dover's powder prescribed.

11th day.—During the night the ovarian pain became suddenly worse, and she was nauseated, and at the worst vomited. Still feels sick; pulse 95; weaker; effervescing draughts, with one minim of dilute prussic acid in each, to be given at intervals of two or three hours.

12th day.—Much better in every respect; the sickness has left; the throat feels less sore; the pain in the groin is duller; she got up to-day.

From this time she gradually improved; the pain in the groin soon disappeared; and the tonsils slowly diminished under iodide of potassium, tonics, generous diet, and change of air.

Braintree.

CASES OF DIPHTHERIA,

WITH REMARKS ON

THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF THE DISEASE.

By J. S. BRISTOWE, M.D. F.R.C.P.

(Concluded from page 211.)

In some instances the affection of the throat may be such as of itself to induce dangerous or fatal effects. The inflammation, without being intense, may extend superficially; and,

involving the larynx, trachea, and even bronchial tubes, produce early death, with the usual symptoms of croup; or, extending down the œsophagus, cause serious and possibly fatal dysphagia. Or it may invade subjacent tissues, excite suppuration and sloughing, and hasten death by the superinduction of debility, conjoined probably with a typhoid condition.

It is certain, however, that the greater number of deaths are not produced by the direct operation of any such local causes, but occur, so to speak, as a natural termination to the disease. Thus, many patients sink at an early period, as in the analogous examples furnished by typhus, scarlet fever, and allied affections, not from any tangible cause, but from the degree and intensity of the poison taken into and operating in the system. And again, a still larger number droop and die of sheer exhaustion, after the disease itself appears to have left them, and while congratulations upon their recovery are still ringing in their ears. The progressive loss of strength and deterioration of blood, which lead to this latter termination, are probably in many cases simply due to a tendency inherited with and belonging to the disease itself. It must not be forgotten, however, that these are symptoms likely to accompany albuminuria, which is itself a sequel of diphtheria; and not unlikely to attend that form of lung disease, which was exhibited in two out of four autopsies which I have made or assisted in making. Indeed, I cannot help thinking it highly probable that the condition of lung here alluded to, may frequently, and when least suspected, be an important agent in producing death in the later periods of the disease; for it is scarcely possible that one half of the substance of the lungs can have its function destroyed without dangerous consequences; and at the same time the condition producing this result is one that creeps on without special symptoms, and without adequate auscultatory phenomena.

Among the occasionally superadded symptoms, (none of which, however, are peculiar to diphtheria,) may be included a measley, I believe essentially purpurous rash, which I have known in two instances to appear shortly before death; paralysis of the soft palate accompanied by a nasal condition of the voice and difficulty of swallowing, which clearly arises from the effects of inflammation on the muscular tissue, and in one instance that came under my observation persisted for some weeks after the throat was apparently healed; deafness; impairment of vision, mainly presbyopia, which in the same case as that last referred to continued for a considerable period; and other imperfectly-developed paralytic symptoms.

(b.) The diseases with which diphtheria is most liable to be confounded are scarlatina, tonsillitis, and croup. The chief points of distinction between it and scarlatina, putting the evidence that may be derivable from contagion out of the question, seem to be the more marked febrile symptoms which attend the latter affection, the cutaneous rash with subsequent desquamation, the enlargement of the fungiform papillæ of the tongue, and the usual absence of faucial false membrane; and by weighing these points of difference a correct diagnosis would be probably formed in the majority of cases. Yet it is important to bear in mind that, in some of the most malignant scarlatinal attacks, where the brunt of the affection seems spent upon the throat, the rash may be absent, the characteristic condition of the tongue may be scarcely marked, and febrile symptoms may be replaced by extreme depression and debility; and that if in such a case as this a false membrane be developed on the tonsils, as undoubtedly sometimes occurs, it would be almost, if not quite impossible, to distinguish the case *per se* from one of diphtheria. Simple tonsillitis, however severe in its character, would generally be sufficiently recognized by the presence of high febrile symptoms, so characteristically disproportionate to the danger of the affection; by the absence of false membrane, and by other less important characters, which need not be dwelt upon. There might, however, be some difficulty in distinguishing the ashy surface of the ulcers sometimes arising in such cases from the false membrane of diphtheria. As regards croup, the fact of the false membrane originating in the air passages, and only subsequently and rarely extending to the fauces, is probably an important distinction. Yet I cannot help observing that when one considers that the local inflammation is of exactly the same nature in croup and in diphtheria, and attacks surfaces bordering so closely on one another, that in its progress the boundary line is constantly being transgressed, it must be often almost impossible to distinguish between them; and it is difficult to avoid suspecting that they have a more intimate relationship than is usually in this country admitted.

Treatment.—(a.) It may, I believe, be safely affirmed that we are unacquainted with any specific capable of arresting the course of diphtheria; and, therefore, that our treatment, unless intended to be experimental, must, in the present state of our knowledge, be simply directed to the piloting of the patient in his progress through the disease, to the guarding him from any accidental perils, and, in the event of such befalling him, to the repairing of their ill effects. The main danger in the uncomplicated affection evidently arises from debility, and hence it has been properly insisted on by nearly all Practitioners that stimulants are desirable. And, further, since that debility often manifests itself fatally only at a late period of the disorder, it is obvious that the use of stimulants alone, the action of which can merely be temporary, is not sufficient, and can only be regarded as subordinate to the exhibition of nourishment, the effects of which, if slower, are yet solid and permanent. It is highly probable, I think, that at an early period of the disease antiphlogistics administered with discrimination, may be useful; but if so the period during which they alone should be employed speedily passes away; and on the whole it is manifestly safer to ignore that period, and to adopt from the beginning the stimulant and nutritive line of treatment, than to persist one moment longer than needful in the opposite course. Under these circumstances it seems to me most important that stimulants combined with nourishment, should be commenced with early, and should be systematically persisted in. The amount of both, of course, must depend upon circumstances; but in order to insure a sufficiency they should be judiciously varied, administered in small doses, but at regular and frequent intervals, and if rejected by the stomach, then given in the form of enemata.

(b.) An important question is that having reference to the mode of treatment of the affection of the throat; and I may here at once state, as may have been inferred from the perusal of my cases, that I, for one, disapprove of the application to the diseased surface of strong caustics and escharotics, and should prefer the employment in all cases of mild detergent gargles, or of warm milk, and such-like bland and soothing fluids. The reasons which have led me to discard heroic applications are the following:—1st. That the throat affection is merely a local evidence of a constitutional disease, which is unlikely to be arrested in its progress by any treatment directed to its secondary manifestations only. 2nd. That the throat affection rarely kills, except by involving organs such as the trachea, and deeper tissues of the neck, which are beyond the region of the possible influence of such agents. 3rd. That even if the theoretical correctness of such treatment be admitted, the application of remedies to the surface of a thick false membrane, with the hope that they may affect the subjacent mucous tissue, is not only clumsy, but as regards the object intended, practically useless; and that the prior forcible removal of the membrane from the entire surface, in order to their efficient employment, is unjustifiable in the early stage, even if possible, and is likely only to be followed by increased inflammation, and reproduction of false membrane—by more real mischief, in fact, than the benefits presumably to be derived can possibly counterbalance. 4. That the application of such agents around the diseased tract, for the sake of limiting, should such be the intention, the spread of the disease, must, even if its efficiency be allowed, be an exceedingly difficult, and generally impossible operation; and from the tendency which the membrane has to spread from more than one centre, would probably, even if in the first instance thoroughly performed, become ultimately useless. Of course if a gangrenous state of the tonsils, or any other local complication supervenes, such topical applications as are commonly had recourse to in like conditions of the throat, should be employed; and in all cases, even from the beginning, such treatment should be directed to the exterior, as we usually resort to for the sake of allaying inflammation or relieving pain.

(c.) As I have purposely refrained from going into details of treatment, even in regard to those two points which alone I have made the subject of remark hitherto, I have little to

add in order to carry out the intentions with which I started. There are still, however, a few considerations to which I may refer. I am not disposed to place much reliance on medicinal treatment during the earlier period of the disease; and, guided by general principles, should use such adjuncts only to the plan of practice sketched above as the condition or tendency of the case under observation might indicate; yet, at the same time, should carefully watch my opportunity for commencing the employment of tonics. Opium will sometimes be needful, and so also purgatives; but I should prefer the administration of the latter in the form of enemata. Lastly, any complications, renal, pulmonary, laryngeal, or whatever other they may be, need not, I imagine, any peculiar mode of treatment, but should be dealt with according to the principles which guide us commonly in our treatment of like affections arising under different circumstances; or, to be more explicit, we should endeavour to cure or obviate by ordinary means any secondary lesion which may arise, yet regulate our special efforts according to the general condition of the patient at the period of invasion of the superadded disease.

3, St. Thomas's-street, Southwark.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON

TUMOURS OF THE JAWS AND THEIR OPERATIVE TREATMENT.

During the last six years numerous cases have been mentioned in our Hospital Reports (statistical and otherwise) illustrating the pathology and surgery of tumours of the upper and lower jaw. These we now propose to bring together into a concise summary. We will take first those cases requiring severe surgical operations; and these it will be convenient to divide into two classes; first, those requiring resection of the upper jaw; and, second, those in which large portions of the lower jaw were removed. In both of these we of course leave unnoticed cases of necrosis, as the operations required in them are trivial as compared with those in which morbid growths are present. A third series of operative cases will comprise cases of epulis, and after this we shall, under their different heads, briefly review such other affections as occasionally require surgical interference.

Resection of the upper maxilla is emphatically one of the triumphs of modern surgery. It is but thirty years since its first performance, and during that space of time it has been instrumental in saving many lives. Its victims have besides been very few, experience having proved that it is not really the very formidable procedure which conjecture might suppose. To Mr. Lizars (1827), of Edinburgh, is due the credit of having been the first to suggest and attempt it; and to Mr. Syme (1829) that of having been the first British Surgeon who performed it. In France, however, it would appear to have originated simultaneously, without any knowledge on the part of its proposer, of Mr. Lizars' case. In the same year as the latter was attempted, M. Gensoul, of Lyons, performed it, we believe, successfully. Since then it has been repeated by many Surgeons; among whom we must mention prominently Mr. Syme, Mr. Fergusson, and Mr. O'Shaugnessy. The latter Surgeon, in Indian practice, successfully employed it for the extirpation of an unusually large mass of morbid growth.

The following is a seriatim list of such cases as have been reported in our pages during the last six years:—

RESECTIONS OF THE UPPER JAW.

Case 1.—St. Bartholomew's Hospital, July, 1853.—In this case, Mr. Lawrence, excised the left upper maxilla, on account of malignant disease, commencing in the antrum. The patient recovered well, as far as the operation was concerned, but the disease rapidly returned.

Case 2.—St. Bartholomew's Hospital, October, 1853.—Mr. Stanley extirpated the entire bone with the exception of its nasal and orbital processes on account of a fibroid tumour which had returned after a former excision. The patient recovered well, and the extirpation was, we believe, permanently successful.

Case 3.—Charing-cross Hospital, October, 1853.—Mr. Hancock. In this instance the excision was a complete one, the disease being suspectedly of a malignant nature. The patient recovered well.

Case 4.—Guy's Hospital, November, 1853.—A man, aged 50, under the care of Mr. Cock, on account of malignant disease involving the antrum and upper maxilla. Almost the entire bone was removed, and with a good result, inasmuch as the man quickly recovered. We believe, however, that the disease recurred within a short period.

Case 5.—St. Thomas's Hospital.—A married woman, aged 53, was admitted into St. Thomas's Hospital on November 29, 1853, under the care of Mr. Le Gros Clark. Her disease was a large malignant growth involving right upper jaw. The growth had been excised by a Provincial Surgeon about five months before, but had rapidly reeurred. The whole duration of the disease was two years and a half. Her general health was still pretty good. Mr. Clark performed excision of the affected maxilla, only the floor of the orbit being left. There was but little hæmorrhage. The woman made an uninterruptedly good recovery. She was still quite well when she came under notice again, six months afterwards, but we believe that eventually the disease returned. (See detailed notes, page 171, August 16, 1856).

Case 6.—The Derby Infirmary, 1854.—The patient was a man aged 49, in tolerably good general health. He was under the care of Mr. Fox, of the Derby Infirmary, for a tumour which had distended the antrum, and which had existed for nearly a year. The tumour was believed to be malignant, and it had grown forwards so as to protrude the cheek, and backwards so as to depress the soft palate. The case had been roughly treated by a quack doctor, prior to the man's admission at the Hospital, who had made incisions into it from the mouth, and had applied caustics. As no fungoid growths had followed these measures, it was hoped that the disease was not of the most malignant type. Mr. Fox excised the entire maxilla, adopting the plan of operating advised by Mr. Fergusson. After removal of the bone, such portions of the growth as had passed upwards or backwards were carefully removed by the scoop. The characteristics of medullary cancer were well marked in the tumour. The incisions in the skin soon healed, and the chasm left was rapidly filled by granulations, which were, however, of somewhat suspicious character. At the time the man left the Hospital there was reason to fear that the disease was already returning.

Case 7.—King's College Hospital, 1856.—A girl, aged 13, in good health, was admitted under Mr. Fergusson's care, on account of an osseous growth distending the left antrum. It had been observed to be increasing for three years. Excision of the greater part of the left upper maxilla was performed, the cheek having been dissected up after a single incision through the upper lip. In the osseous mass was one of the incisor teeth. The girl recovered well, and with very little resultant deformity.

Case 8.—King's College Hospital, 1856.—A man, aged 56, under the care of Mr. Fergusson, on account of a very large osteo-encephaloid growth in the left upper maxilla. It was of twelve years' growth, and he was much reduced in health. An incision, which involved the upper lip only, having been practised, the cheek was dissected up, and room enough gained to permit of the removal of the entire maxilla. No great amount of blood was lost. Death, with symptoms resembling those of commencing pyæmia, occurred on the fifth day. At the autopsy pus was found in the glands and cellular tissue of the neck.

Case 9.—King's College Hospital, 1856.—A girl, aged 16, under Mr. Fergusson's care for a large osseous growth, involving the right upper maxillary and malar bones. The whole maxilla and part of the malar bone were removed, the only external incision being through the upper lip. The girl recovered well, and left the Hospital about a month afterwards.

Case 10.—King's College Hospital, 1856.—A girl, aged 10, under Mr. Fergusson's care. The entire right upper maxilla was excised by the usual operation. The disease proved to be tuberculous deposit in the antrum and surrounding bone. The child, we believe, recovered well.

Case 11.—The Liverpool Royal Infirmary, 1856.—A healthy married woman, aged 23, was admitted under Mr. Bickersteth's care, on account of a solid and hard growth under the left cheek, which caused general enlargement of that side of

the face. It was of seven years' growth, and had increased painlessly. In the mouth the left side of the palate was found to be pushed downwards. The case had all the features of an osseous tumour of the antrum and maxilla, and the entire bone was accordingly removed by the usual operation. In extricating the bone profuse hæmorrhage suddenly occurred, from the tearing of a large artery (probably the internal maxillary), but it was arrested by ligature, the carotid having meanwhile been compressed. The patient had an attack of erysipelas afterwards, but she ultimately recovered well. The tumour when sawn across proved to be a bony growth, occupying the interior of the antrum, the whole of which it filled with the exception of a small space capable of holding a pea.

Case 12.—King's College Hospital, 1857.—A robust-looking man of middle age, in whose left upper jaw a tumour had been growing for upwards of four months. The growth extended across the mesial line in the palate, and also involved the malar bone of the opposite side. The whole of the involved maxilla and parts of the malar bones were resected in the usual manner. The man recovered quickly, and was discharged well six weeks afterwards, but Mr. Fergusson expressed himself as having grave fears that the disease would recur.

Case 13.—The Leeds Infirmary, 1857.—A woman, aged 22, was admitted under Mr. Teale's care on account of a large fibrous growth, originally developed within the right upper maxilla, but which in its growth had also involved parts of the left. Excision of the entire right bone was performed, a considerable portion of the left being also removed. The operation involved the loss of much blood, and the patient sank exhausted and died the following day.

Case 14.—The Queen's Hospital, Birmingham, 1857.—A woman, aged 55, under Mr. Langston Parker's care, on account of malignant disease of the right upper maxilla. Excision of almost the entire bone was performed on April 21st. The growth was found to occupy the cavity of the antrum. A good recovery resulted, and at the date of report (four months after) there was no evidence of return of the disease.

Case 15.—The Salford Royal Hospital.—A healthy-looking woman, aged 42, under the care of Mr. Thomas Windsor. The right cheek was distended by a firmly-fixed tumour, which had been growing for four months, and had ulcerated through the palate. On April 15, 1857, Mr. Windsor excised the entire bone, which, however, broke into fragments during the removal. There was but little bleeding, and the woman did well for the first twenty-four hours. Subsequently diffuse inflammation of the cellular tissue of the neck followed. From this and from erysipelas of the face she sank on the fourteenth day. The disease was soft cancer, and had begun in the antrum.

Case 16.—St. Thomas's Hospital, July, 1858.—A lad, aged 18, under the care of Mr. Simon, on account of a large polypoid tumour developed in the left upper maxilla. Malignancy was not suspected, but it was evident that the base of the growth could not be got at without extirpation of the bone. The entire maxilla was accordingly resected, and the polypus, which had an exceedingly broad base of attachment to the cranium itself, was got away. The lad recovered well, and, as usual, with but little deformity. (For details, see *Medical Times and Gazette*, July 10, 1858.) (a)

Case 17.—The London Hospital.—In this case a man, aged 43, under the care of Mr. Adams, had his left upper maxilla excised, on account of a polypoid growth filling the antrum. He made a good recovery.

We have arranged the above seventeen cases in the subjoined table.

It will be seen that out of the seventeen only three ended fatally. In several others, there was, however, the disappointing sequel that the disease was malignant, and quickly returned.

(a) We have omitted from this list a case of resection of the entire upper maxilla, performed by Mr. A. G. Field, of Brighton, in June, 1858. It is not clear from Mr. Field's report of it (which appeared as an original communication in the *Medical Times and Gazette* for August, 1858), whether the case occurred in a Hospital or not. The age of the patient is not stated, nothing is said as to the real nature of the disease, as disclosed after the operation, nor is it quite certain whether or not the man recovered. The case is, therefore, too incomplete for our purpose.

TABULAR STATEMENT OF RESECTIONS OF THE UPPER JAW.

Number.	Sex.	Age.	Bone affected.	Nature of Disease.	Result.	Cause of Death.	Remarks.
1	..	..	Left	Malignant.	Recovered	..	The disease rapidly returned.
2	..	..	..	Fibroid.	Recovered	..	Believed to be permanently well.
3	..	..	..	Malignant.	Recovered	..	
4	M	50	..	Malignant.	Recovered	..	The disease rapidly returned.
5	F	53	Right	Malignant.	Recovered	..	
6	M	49	..	Malignant.	Recovered	..	The disease was believed to be returning.
7	F	13	Left	Osseous.	Recovered	..	Permanent recovery.
8	M	56	Left	Osteo encephaloid, 12 years.	Died.	Commencing pyæmia fifth day.	The tumour was very large.
9	F	16	Right	Osseous.	Recovered	..	Permanent recovery.
10	F	10	Right	Tuberculous	Recovered	..	
11	F	23	Left	Osseous, 7 years.	Recovered	..	
12	M	45(?)	Left	Malignant, 4 months.	Recovered	..	
13	F	22	Right	Fibroid.	Died.	Exhaustion 1 day.	The tumour was very large.
14	F	55	Right	Malignant.	Recovered	..	
15	F	42	Right	Malignant.	Died.	Erysipelas, etc. 2 weeks.	In good health at time of operation.
16	M	18	Left	Polypoid.	Recovered	..	The polypus grew by a broad base from the skull itself.
17	M	43	Left	Polypoid.	Recovered	..	The polypi occupied the antrum.

OTHER CASES OF MALIGNANT DISEASE OF THE UPPER JAW.

At page 476 of this Journal, for November 7, 1857, the reader will find some particulars of a case in which there was little doubt that the upper jaw was involved in a cancerous growth. The patient was a healthy-looking young man of 23, under Mr. McWhinnie's care, in St. Bartholomew's Hospital. The performance of excision was declined on account of the growth having advanced too far upwards to permit of it. The right side was affected, and the disease had existed only seven months.

In September, 1854, a man, aged 25, was under the care of Mr. Richard Hey, in the York Hospital, for a malignant tumour occupying the antral cavity. Mr. Hey cut away the front wall of the antrum and scooped out the morbid growths. The parts healed, but we do not know the final result of the case.

An especially interesting case has also been recently under notice, in which a boy from the country, under Mr. Critchett's care at the Ophthalmic Hospital, had cancer of both upper jaws. The disease appeared to have developed itself symmetrically, but from quite distinct points in the two bones. In each instance it grew upwards and displaced the eye. The boy died within a year of its commencement.

RESECTIONS OF PORTIONS OF THE LOWER JAW ON ACCOUNT OF TUMOURS.

Case 1.—The Winchester Hospital, 1853.—In this case Mr. Butler excised the right half of the lower jaw on account of a malignant growth from the periosteum. The tumour had been growing for two months, and after removal presented the characters of epithelial cancer. In the course of a month after the operation, and before the wound was quite healed, the disease had returned. Death resulted three months later.

Case 2.—St. Thomas's Hospital, June, 1854.—A man, aged 28, cachectic and of very nervous temperament, was under Mr. Mackmurdo's care for malignant disease developed within the bone. It was growing rapidly and expanding the bone on its exterior. The left half of the jaw was excised; the operation being attended with but little loss of blood. The patient did well for about ten days, when he was attacked by erysipelas, under which he sank about a fortnight after the operation. The tumour after removal proved to be of the fibro-plastic or myeloid class. No examination of the viscera after death was permitted.

Case 3.—A Provincial Hospital, 1854.—A woman, aged 40, in very feeble health had excision of the right half of her lower jaw performed on account of a large fibrous tumour, which had been developed within it, and had been steadily

increasing for upwards of three years. Soon after the operation a severe attack of diarrhœa with menorrhagia came on, and occasioned much exhaustion. Symptoms of pyæmia subsequently developed themselves, and death followed on the thirty-third day. At the autopsy pus was found beneath the scalp, and there were deposits in the lungs and muscular substance of the heart.

Case 4.—King's College Hospital, April, 1855.—A healthy man, aged 31, was admitted under Mr. Fergusson's care on account of a large tumour in the left side and front part of the lower jaw, which had been slowly increasing for more than three years. The excision involved the removal of the bone from the anterior edge of the left masseter, as far forwards as the canine tooth on the right side. On dissection the bone was found occupied by cysts which contained a gelatinous fluid, its external layer having been expanded until as thin as parchment. The patient recovered well after the operation.

Case 5.—Addenbrooke's Hospital, Cambridge, 1856.—A healthy-looking man, aged 28, was admitted in November, 1856, under Mr. Humphry's care, with a large tumour, resembling an epulis growing from the lower jaw. It was of a year's duration, and involved nearly the entire depth of the bone from the first bicuspid to the second molar. In the operation an incision was carried from the angle of the mouth downwards and backwards nearly to the angle of the bone. The saw was next used, and the tumour, with the whole of the tract of the bone involved, excepting a mere rim at its lower border, was removed. The wound quickly healed, and the man was discharged in about three weeks. Under the microscope cells resembling those of cancer were found.

Case 6.—The Liverpool Royal Infirmary, 1856.—A healthy-looking man, aged 25, was admitted, under the care of Mr. Bickersteth, with a tumour growing from the lower jaw of nine weeks' duration. It had during that period been twice excised by a Surgeon under whose care the man had formerly been, but on each occasion a rapid recurrence took place. During the few days he was under Mr. Bickersteth's observation prior to the operation, it increased in size very rapidly. The horizontal ramus of the jaw was excised to within a short distance of the symphysis. The patient recovered well, but a return of the disease was much feared.

Case 7.—The Liverpool Royal Infirmary, 1856.—A spare man, aged 62, for six months the subject of a firm tumour in the left side of the lower jaw. It was about the size of a walnut, and had been painful. Excision of the portion of jaw from which it grew was performed, and the man recovered well. At the time he left the Hospital, however, the disease seemed to be returning.

Case 8.—King's College Hospital, 1857.—The subject of this interesting case was a woman, aged 23. When 16 years old, she had first observed a tumour forming in the right side of the lower jaw. This was excised together with part of the bone by Mr. Pettigrew. The disease soon returned, and for some time the patient declined to permit any further surgical interference. When admitted, under Mr. Fergusson's care, into King's College Hospital, she still presented the aspect of good health; but the tumour was of large size, involving the angle and ramus of the bone. Mr. Fergusson resected the whole from the first molar tooth to the articulation. The bleeding at the time was very free, and it returned in the course of the evening. Death from collapse followed the next day. The disease proved to be of myeloid structure, and the fact of its recurrence became therefore of especial interest.

Case 9.—The Leeds Infirmary.—In this case the portion of the lower jaw resected was not very large. The patient was a man, aged 33, who had had an epithelial cancer excised from his lower lip about nine months before. Although the cicatrix remained quite sound, he noticed about four months after the operation that the jaw was enlarging. The tumour slowly increased, and became painful. Excision of the affected part of the bone was performed, and with a good result, as the parts healed soundly.

Case 10.—Charing-cross Hospital.—In this instance no distinct tumour existed; but the operation required was the same. The bone was much enlarged, and carious at parts, as the result probably of constitutional syphilis. The patient was a sailor, aged 32. Mr. Hancock cut away the left half of the bone from its angle posteriorly to near the symphysis in front. The parts healed well.

Case 11.—The "Great Northern" Hospital, June, 1859.—A girl, aged 17, was admitted for the second time under the care of Mr. Lawson. About eight months before, a fibrous-looking tumour growing from the periosteum of the left side of the lower maxilla had been removed. The disease had recurred, and now involved the ramus of the jaw in a tumour of considerable size. The ramus of the jaw was exarticulated, and removed together with the tumour, which grew from its surface. It was found impossible to get away the whole of the growth, as it had spread into the adjacent structures. The girl did well afterwards, but Mr. Lawson had but little hope that the disease would not rapidly recur. It appeared to be of fibroid recurrent character.

TABLE OF RESECTIONS OF PORTIONS OF THE LOWER JAW.

Number.	Sex.	Age.	Bone affected.	Nature of Disease.	Result.	Cause of Death.	Remarks.
1	M	..	Right	Malignant, 2 months.	Recovered	..	The disease returned, and he died in four months.
2	M	28	Left	Myeloid.	Died.	Erysipelas, 2 weeks.	The man was in bad health.
3	F	40	Right	Fibroid, 3 years.	Died.	Pyæmia, 33rd day.	The woman was in very feeble health.
4	M	31	Left	Cystic, 3 years.	Recovered	..	
5	M	28	..	Malignant, 1 year.	Recovered	..	
6	M	25	..	Malignant, 9 weeks.	Recovered	..	
7	M	62	Left	Malignant.	Recovered	..	A return was feared.
8	F	23	Right	Myeloid, 6 years.	Died.	Exhaustion, 1 day.	The tumour was very large.
9	M	33	Left	Malignant.	Recovered	..	It was secondary on cancer of the lip.
10	M	32	Left	Syphilitic enlargement	Recovered	..	The bone was enlarged and carious.
11	F	17	Left	Fibroid recurrent.	Recovered	..	The tumour grew from the periosteum of the ramus.

CARTILAGINOUS AND FIBRO-CARTILAGINOUS TUMOURS.

Tumours consisting only of cartilage, and resembling those so often developed in the phalanges of the fingers, occur occasionally in connexion with the jaws. They are, however, decidedly infrequent. Mr. Fergusson exhibited to the Pathological Society, in October, 1854, a specimen of this form of tumour, about the size of a hen's egg, which he had removed from the jaw of a woman aged 39. It had existed most of her life, and occupied the interior of the bone between the symphisis and the mental foramen, being encapsuled by a thin, osseous shell. Mr. Fergusson remarked that the disease was undoubtedly rare, and that he had never before seen so good a specimen of it. The reporters upon this specimen (Dr. Beale and Mr. Gray) considered it to be more of fibrous than true cartilaginous structure, but Mr. Fergusson describes it "as resembling enchondroma, as seen in the phalanges of the fingers." At a meeting of the Pathological Society during its last session, Mr. Hutchinson showed a fibro-cartilaginous tumour, about the size of a pigeon's egg, which he had excised from the canine fossa of the right upper jaw. The tumour had been movable, occupying a depression in the bone, but not growing from it. The tumour consisted largely of true cartilage. The patient was a girl of about 15, under care at the Metropolitan Free Hospital. Mr. Fergusson, who was President of the Society at the time, remarked that such growths in connexion with the jaws were, according to his experience, very unusual. But the best example of cartilaginous tumours growing in the jaws with which we have recently been made acquainted, is one, the particulars of which Dr. Adams, of the Richmond Hospital, Dublin, recorded in this Journal for April 11, 1857. In it "the whole body of the lower jaw was expanded into a bony cyst, or shell which enclosed within it a cartilaginous-like material." The excision required, involved the removal of the articular head as well as the body and ramus. The patient was 36 years of age, and the disease had followed a blow received three years before. These tumours are, of course, perfectly innocent. They usually commence in early life and grow very slowly.

EPULIS.

In the following list of examples of Epulis which have been operated on in our various Hospitals, and recorded from time to time in our statistical reports, we have included several in which there was much doubt as to whether the tumour was not really malignant. But in truth, in respect to these tumours of the gum and alveolus, it is often very difficult to estimate their degree of deviation from the benign standard. The fibrous epulis is certainly not malignant, but it often returns after free excision. The myeloid epulis stands on more questionable ground, will ulcerate and fungate, and now and then may cause enlargement of glands, whilst a third class presents itself which is more suspicious, whilst yet not by any means possessing clear and positive characteristics of cancer. Our data have not enabled us in the following list to distinguish between Fibrous and Myeloid, but we have mentioned the circumstance, whenever the disease was believed to be malignant.

TABULAR STATEMENT OF TWENTY-EIGHT CASES OF EPULIS.

No.	Sex	Age	Duration.	Position	Result.	Remarks.
1	F	35	..	Upper.	Recovered	
2	M	39	15 months	..	Recovered	
3	F	60	7 months.	Upper.	Recovered	
4	F	50	3 months.	Upper.	Died.	Rigors followed the operation, and death from pyæmia on the 15th day.
5	M	16	3 years.	Lower.	Recovered	
6	F	60	20 years.	Upper.	Recovered	Very large indeed. It had returned after removal 8 years before.
7	F	26	9 months.	Lower.	Recovered	Large, ragged, and fungating. It was fibro-cartilaginous.
8	M	36	..	Upper.	Recovered	It was thought after removal to be of cancerous nature.
9	M	27	7 years.	Upper.	Recovered	The tumour was thought to be cancerous after removal.
10	F	28	6 years.	Lower.	Recovered	The tumour consisted of hardish bone, and had encapsuled completely the stumps of two teeth.
11	F	11	..	Lower	Recovered	
12	F	36	18 months	Lower.	Recovered	Caused by a decayed tooth.
13	M	24	..	..	Recovered	
14	F	30	..	Upper.	Recovered	
15	F	23	14 months	Lower.	Recovered	Two bicuspid teeth were buried in it. It was of myeloid structure.
16	F	22	2 years.	..	Recovered	It involved two teeth.
17	M	16	1 year.	Lower.	Recovered	It involved the last bicuspid and first molar.
18	F	31	..	Lower.	Recovered	The tumour was soft and fungoid.
19	F	30	..	Lower.	Recovered	
20	M	9	..	..	Recovered	
21	F	22	..	Lower.	Recovered	
22	M	40	..	..	Recovered	
23	M	40	..	..	Recovered	It was ulcerated, and considered to be malignant.
24	M	10	..	Lower.	Recovered	As large as a walnut.
25	M	51	..	Upper.	Recovered	
26	F	47	5 months	Upper.	Recovered	
27	F	24	..	Lower.	Recovered	The bleeding which followed required the actual cautery for its arrest.
28	F	73	..	..	Recovered	The tumour was pedunculated, and was removed by ligature.

Of these 28 cases in which tumours growing from the gum, were of the character usually designated as "Epulis," we may make the following summary:—In but one instance did the operation cause the death of the patient, whilst in all the others the parts implicated are stated to have healed soundly. It would appear that the female sex is more liable to this disease than males, in the proportion of 5 to 3, the numbers in the list being 17 females and 11 males. This may perhaps be explained by reference to the fact, that stumps of decayed teeth are by far the most frequent exciting causes of these growths. Now, women are, for several reasons, more likely to retain useless stumps of teeth than men. They are far more patient as regards severe, unavoidable pain, such as that of toothache, and at the same time much more afraid of surgical pain, as that of tooth extraction; besides, it must be remembered, that the conditions either of pregnancy or lactation prevent many women from having their decayed teeth taken out at the times when they ache.

As it regards *age*, we find that the youngest patient was a boy of 9, and the next to him a girl of 11, whilst the oldest was a woman of 73, and the next to her another woman of 60. Five were under the age of 20; eight between those of 20 and 30; seven between 30 and 40; three between 40 and 50; two between 50 and 60; and three above 60. The average of the whole is 33.

The lower jaw seems rather the more frequent seat of epuloid tumours. In twelve out of twenty-one cases in which we possess information on this point, the growth was from the lower gum, and in nine only from the upper.

It is a curious fact, that epulis tumours are hardly ever seen in the front gum, but almost invariably at one or the other side. Of course, the greater extent of the lateral regions, and the fact that for each central tract there are two lateral ones, explain this to some extent. The increased irritation of the many-fanged molars, as compared with the incisors, must be taken also into the account.

MULTILOCULAR CYSTIC DISEASE.

In Case 4 of the above series of excisions of parts of the lower jaw, the disease is stated to have consisted of numerous cysts filled with gelatinous material, which occupied the body of the bone. The osseous shell was, in many parts, as thin as parchment. A parallel case to this has also been recorded by the Dublin Surgeon just alluded to (Dr. Adams), and will be found (with a good woodcut) at page 485 of this Journal, for May, 1857. The patient was a man, aged 36, and the disease had existed for three years. As in Mr. Fergusson's case, the cysts were developed in the body of the lower jaw, and almost a similar operation was required. In the same report Dr. Adams refers to (and figures the specimen) a third case of cystic disease of the lower jaw, which had been recorded by Mr. Cusack many years before.

FIRM FIBROUS TUMOURS.

In January, 1858, Mr. Cock had under his care, in Guy's Hospital, a boy, aged 9, in whom a tumour was embedded in the left side of the lower jaw, near to its symphysis. The growth had followed a blow received two years before. It was excised, and proved to be a firm fibrous tumour, of about the size of a walnut. It was not encapsuled in the bone at the time of the operation, but occupied a depression in its surface. It surrounded the mental nerve, and had probably been originally developed in its canal. Respecting several of the cases in the above series in which the term "fibroid" has been used, we are at some loss how to class them. Some so described were possibly truly fibrous; others probably of myeloid nature; and others, again, very closely allied to cancer, or, at any rate, to the recurrent fibroids. The above is the only undoubted instance of an ordinary fibrous tumour developed in connexion with either jaw, that has recently come under our notice.

EXOSTOSIS FROM THE LOWER JAW.

In one instance Mr. Erichsen removed from near the symphysis of the lower jaw an exostosis of moderate size, which had been increasing several years. The patient was a woman, aged 22. This is, we believe, the only example of exostosis developed in this situation which our lists contain.

RECURRENT FIBROID TUMOUR DEVELOPED IN THE ANTRUM.

The only example which we have to quote of recurrent fibroid tumour developed in connexion with the jaws is one in which the diagnosis of that variety of tumour and true cancer is by no means positive. It is that of a woman, aged 34, under Mr. Cock's care, in Guy's Hospital, at different times for two or three years (1854 and 1856). The growth occupied the right antrum, and extended into the nose; on several occasions Mr. Cock dissected up the cheek in front, laid bare the cavity, and gouged out the tumour and the bone to which it was attached. The parts always healed quickly, but the disease soon returned. The tumour had the microscopic features of a recurrent fibroid, as distinct from those of a true cancer, and the fact that it continued to recur in the same place, but did not cause disease of the glands, is confirmatory of that diagnosis. The woman was very palid and cachetic, but her cachexia did not exactly resemble that of cancer. We lost sight of her towards the end of 1856, and do not know the final result of her case. Probably she has since died of her disease.

CYSTIC DISTENSION OF THE ANTRUM.

Several good examples of cystic distension of the antrum have been recorded in our pages during the period now under review. In this curious affection the antral cavity becomes filled with a glairy mucous fluid closely resembling that of ranula, the outer wall is distended and thinned, and the cheek becomes visibly full and swollen. Often on touching the cheek, a sensation of crackling as of paper is produced, owing to the extreme thinness of the external osseous wall. On opening the antrum it is found of great capacity, but not containing any morbid growths, either solid or membranous. The disease is, therefore, rather a distension of a natural cavity than a true cystic formation. It would appear that women are more subject to this affection than men.

The following are examples of it:—*Case* 1.—A woman, aged 31, was admitted in October, 1855, into Guy's Hospital, under the care of Mr. Cock. Her right antrum was so distended that the osseous wall in front had been wholly absorbed. Mr. Cock dissected upwards between the cheek and gum, and cut away with strong scissors as much as possible of the front wall of the cyst, which was tough and fibrous. The glairy contents having been evacuated, the cavity was stuffed with sponge and left to suppurate. When the woman left the Hospital the cyst appeared to have been obliterated.

Case 2.—Under the care of Mr. Teale, in the Leeds Infirmary. It was necessary to employ bone forceps in cutting away the front wall of the dilated antrum.

Case 3.—A girl, aged 14, under the care of Mr. Hilton, in Guy's Hospital, on account of a large prominent swelling of the left upper maxilla. Mr. Hilton diagnosed a cyst, either in or connected with the antrum. The operation consisted in dissecting up the gum and soft parts, and then with a strong pair of scissors opening the front wall of the swelling, which consisted of thin and expanded bone. Nearly two ounces of thick, glairy fluid escaped. Some lint was afterwards introduced into the wound. After some slight suppuration, during which a lotion of the sulphate of zinc was used as an injection, the cavity filled by granulation, and the wound closed. The cure was complete, and all deformity of the cheek subsequently disappeared.

Case 4.—The patient was a woman of about 35, under Mr. Hutchinson's care in the Metropolitan Free Hospital. The cyst had been opened several times, but always when the puncture closed it refilled. On one occasion, at another Hospital, an attempt had been made to prevent the opening from healing, but unsuccessfully. In front was a thin shell of bone. Mr. Hutchinson laid the cyst freely open, and stuffed it with sponge, which was left in for four days. After the removal of the sponge, injections of chlorate of potash were employed to correct the fetor of the discharge. It is believed that the obliteration was complete.

CYST IN THE UPPER JAW, ENCLOSING A TOOTH.

Of this peculiar class of cases we have but one example, which is as follows:—

A young woman, aged 18, admitted into Guy's Hospital under the care of Mr. Cock, having for some time suffered from a painful swelling of the gum of the left side of the upper jaw, over the incisor teeth. An incision had been made into it by a Surgeon who had previously seen her, and a portion of gum removed, but without benefit. It was found that the permanent lateral incisor tooth of that side had not appeared, and that its position was still occupied by a small deciduous one. Mr. Cock's diagnosis was that the tumour was probably connected with some mal-position of the permanent tooth. Mr. Salter, the Dentist to the Hospital, saw the patient, and extracted the deciduous tooth, which was found firmly fixed, and its fang unabsorbed. No further information as to the nature of the swelling in the jaw was gained by this measure. Mr. Cock determined, accordingly, to open the swelling and examine. This was done by means of small bone forceps, by which, after the gum had been detached, a portion of the anterior part of the jaw, just above the alveolar process, was cut away. A cavity of irregular shape, and about capable of containing a large marble was laid open, and after some search the wanting tooth was found at its further extremity. The tooth was a large, fully-formed, permanent incisor, beautifully white, and complete in every respect, excepting that its fang terminated abruptly in a rounded end at about its middle. The wound was left to heal by granulations, which it rapidly did without any inconvenience. It is intended, by the aid of the Dentist, to have the tooth fixed in the position it should have occupied.

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Medical Times & Gazette.

SATURDAY, SEPTEMBER 3.

WHAT IS THE MEDICAL ATTENDANT'S DUTY IN A CASE OF SUSPECTED POISONING?

The conduct of Dr. Julius and Mr. Bird, and to some degree that of Dr. Todd, in the case of Miss Bankes, has excited much attention and some sharp criticism both from members of their own Profession and in non-professional circles; and a point of very great practical importance in Medical ethics, which was raised in the case of Wooler in 1855, has been again discussed, and must receive from the Profession generally the most attentive consideration.

The various charges against the Medical attendants on Miss Bankes have been put very strongly by Mr. Edmunds, one of the witnesses for the defence, in a very able letter which he has addressed to one of the daily papers. He says:—

"Dr. Julius says his suspicions were aroused more than three weeks before the death, and Dr. Bird says that a week later they were corroborated by his own; yet these two allow their patient to go on for two weeks without taking any step In a quarter of an hour they might have tested the patient's urine, and without any overt act of suspicion they might have displayed the poison or dispelled their suspicion; yet they do nothing. No, not even introduce a new person into the sick room, nor even call in another Medical opinion; but after two weeks Dr. Todd is summoned, and not at the instance of these doctors, but at the reiterated request of the prisoner.

"Accepting their statement, was this conduct in accordance with common sense? Common sense repudiates it. Does their treatment bear out their opinions, and prove them to have been the convictions of the time? No; it disproves them. They treated her with metallic medicines, proper for the disease of which (if not poisoned) she died, but aggravatory for a case of poisoning.

"Dr. Todd sees her for a few minutes, notes an expression of countenance in no way associated with poisoning, but distinctly referrible to disease. He says she is suffering from irritant poison, prescribes for dysentery, and leaves for town. Why did he not treat her for poisoning? Why did he not prescribe an antidote?

"Dr. Taylor is the only man who seems to have believed in poison, and he, acting on his belief, naturally prescribes an antidote."

We do not propose at present to enter into the questions here raised as to diagnosis and treatment. In a case of suspected mineral poisoning it is clearly the duty of the Medical attendant to have the urine analysed by a competent chemist, if he has not the means at hand for applying Reinsch's process or the modification of Marsh's process proposed by Berzelius; and the fœcal evacuations should be treated in the same manner. It is equally clear that if poison be detected, the treatment should be modified accordingly. Our attention

now must be directed to the ethical question—What are we to do in a suspicious case—a case where suspicion has not ripened into certainty?

The Judge (Baron Martin) in his charge to the jury at Wooler's trial, not only blamed the Medical attendants of the deceased, but he pointed out what their conduct ought to have been in his opinion. He said that, "when the *idea of poisoning struck them*," if they did not suspect the husband, they ought to have communicated their suspicions to him; but if they did suspect him, "they ought to have gone before a magistrate, and not have gone on from the 8th of June to the 27th, *seeing the woman murdered before their eyes*." Sergeant Wilkins, the prisoner's counsel, had previously indulged in far more bitter, and therefore less telling, censure. In a most scurrilous attack on the Medical attendants, he said their conduct was "infamous in the extreme," and "but for that infamous conduct the poor woman would now be alive."

In the Smethurst case Sergeant Parry, in the course of his very able argument, animadverted in a more dignified style, but with a similar purport, upon the conduct of Dr. Julius. But the Lord Chief Baron in his charge completely exonerated the Medical witnesses. He said "he thought they could not have acted otherwise, and that it would have been very wrong to make known their suspicions until they had been confirmed. The expression of an unfounded suspicion might bring the most serious legal consequences upon the incautious Doctor. An action for slander, or, if the charge were written, for libel, might entail heavy damages: while the distress of the patient's family, of the accused person, and the injury to the professional reputation of the suspicious man, would be beyond all calculation." We give these words from recollection, having heard the charge. They have not appeared in any report we have seen, but they express the spirit and very nearly the exact words of the Judge.

Thus one Judge thinks suspicion should be expressed as soon as "the idea strikes;" another thinks it should not be expressed until it has been "thoroughly confirmed." When two men so learned in the law differ so widely, a poor Doctor surely should not be treated very harshly for differing with either, or with both. But we do not wish to escape from a difficulty on any such plea as this,—let us meet it fairly, and determine the important questions:—1. When are we to declare our suspicions that a patient is being poisoned? 2. To whom are we to declare them? and, 3. What steps can we take, in a case of mere unsupported suspicion, to stop the further possible administration of poison, and thus save the life of our patient?

1. When are we to declare our suspicion that a patient is being poisoned?—On this point we must quote a passage from Dr. Christison's admirable commentary on the case of Mrs. Wooler:—

"There are various degrees of suspicion. A Physician being puzzled with the nature, grouping, and course of the symptoms in a case, suddenly the question starts up unbidden before him—Might not poison produce them? But, for a time, he thinks no more of it. This is suspicion, in the lowest degree—'the first motion'—but suspicion, nevertheless. Presently the same idea crosses him again, shaped now by the farther progress of the case into the fact, that arsenic might explain all. Natural disease, however, or a combination of natural diseases, might equally supply an explanation; and so he dismisses the idea a second time from his mind, or, for a moment, thinks merely of the fact at which he has arrived as a curious coincidence in the manifestations produced by quite different morbid agents. But he has arrived at suspicion of a deeper shade. By and by, casual observation, which, with his very peculiar opportunities, he cannot elude, forces on his notice non-medical incidents, which point at a guilty agent, probably among those who minister to his patient's wants and helplessness, possibly a relative, and very possibly even the nearest in life. His heart, however, revolts at the supposed atrocity, and for a time he repels the thought as too odious. Thus at length suspicion truly possesses him; still, however, 'like a phantasma, or a hideous dream,' vague and possibly altogether erroneous. Closer observation, new facts, medical or moral, or both, embody the phantasm into a substantial shape. He is now thoroughly roused; he resolves to turn his fears to certainty, or banish them entirely; he therefore proceeds to examine the urine. Suspicion exists no longer: arsenic is there; and his patient has been positively poisoned."

Such was the situation of the Medical attendants on Mrs. Wooler when Dr. Christison found arsenic in her urine. Such was the situation of Drs. Julius and Bird when Dr. Taylor found arsenic in the evacuation of Miss Bankes. The second question then arose,

2. To whom should the suspicion be declared?—When chemical evidence has confirmed a previous suspicion, there can be no question as to the propriety of applying to a magistrate. This Dr. Julius did. The more delicate question is, how to act before suspicion has become so thoroughly confirmed. According to the Lord Chief Baron Dr. Julius did quite right in "waiting for further evidence." According to Baron Martin he stood inactive while a poor woman was being "murdered before his eyes." The case is one of acknowledged difficulty. Supposing Dr. Julius had divulged his suspicions to Smethurst himself, what might have been the consequence? The purpose might have been abandoned for a time; a monstrous criminal might have escaped for a time without punishment; and the victim might have been removed to some more retired spot, and her end accelerated at some more favourable opportunity. If, adopting the other course, Dr. Julius had applied to a magistrate earlier than he did—if the suspicion had been erroneous, his character and fortune might have been lost; while, if well-founded, as the criminal could not have been imprisoned on mere suspicion, he would have been liberated on bail, or as he actually was when first apprehended, on his own recognisance, and thus have had the opportunity of removing all traces of poison. Neither of the judges, or any of the newspapers, or their numerous correspondents, seem to have thought of a third course which was open to Dr. Julius, and which is always open to any Medical man in a similar difficulty. Dr. Julius might have communicated his suspicion *to Miss Bankes herself*. There might have been some danger of the alarm so excited proving very injurious to her; but in a case where there is so much difficulty on all sides, no course of action can be entirely free from objection. Once her own suspicion had been aroused, the repetition of poisoning would have been most surely prevented. Indeed, as Dr. Christison says in the paper we have previously quoted:—

"In cases of poisoning it will be commonly found that the patient is not unaware of the real state of things, and that he has been concealing his own convictions of poisoning. And not only so. It may farther appear that he suspects the guilty agent, and can fasten the crime upon him, and will do so on finding that his Physician has penetrated his secret. We have an example in the remarkable case of Mr. Blandy. When his Physician, Dr. Addington, had convinced himself that the old gentleman was dying of the effects of arsenic, he broke the truth to his unfortunate patient, who, thereupon disclosed his whole domestic horrors, by fixing the agency on his own guilty daughter."

We think it may be laid down, then, as a general rule, that in all cases of suspected poisoning, the Medical attendant should first communicate his suspicions to the patient.

3. This leads us to say a few words as to other measures which may be adopted to preserve the patient from possible danger. (a) The possibility of all supplies of poison should be cut off. This might be done even before any suspicion is divulged. It would be quite possible to *insist* that a confidential nurse or relative should be placed in attendance on a patient, and that all food, drink, and medicine, should be prepared and administered by this person. Strong objections

to such a course would lead to more or less explicit explanation. It might give the alarm to the guilty person; but the first duty of the Medical man is to protect his patient. (b) Chemical analysis of the excretions should be undertaken without delay, and (c) Any previous treatment should become subordinate to that rendered necessary by the effects of the poison, and the administration of an antidote.

None of us can tell how soon he may be placed in circumstances similar to those which have proved so trying to our brethren at Richmond. Let each one be prepared beforehand to act upon the lessons taught by this case, and to pursue a course of conduct which will protect the patient, and will neither interfere with the course of public justice, nor throw unfounded suspicion upon an innocent person.

THE WEEK.

An unsophisticated person, who is untrammeled either by official ties or who is not committed by previous assertion to any one particular course of action, would, after perusing the different facts which have been made public in reference to the purifying of the Serpentine, be necessarily driven to the conclusion, that the only right way of doing the business is to do it thoroughly. It must be clear to every man, who is not already committed to any given course, that the plan proposed by Mr. Hawkesley is a "thing of shreds and patches." It takes no notice of one most grievous defect in the Serpentine—its unfitness as a suitable bathing ground for the multitudes. This part of the subject has been very well exposed by Mr. Chadwick. He shows that a considerable annual income would be saved to the Humane Society, by preventing the necessity of the Society keeping up their establishment in Hyde Park, if bathers and skaters could follow their avocations without danger. Besides, Mr. Hawkesley's plan does not provide for the removal of the animal and other materials, which are dissolved in the water; and what a scheme it is which requires the occasional sprinkling of the banks with lime to keep down the weeds! It is impossible to say what absurdity may not be committed by a man in office, who has not the courage to confess himself guilty of an error; but we do sincerely hope that Mr. Fitzroy will allow his own good plain common sense to prevail in this matter, and not allow such quackery to be practised merely for the sake of keeping up an appearance of governmental consistency.

As the Election of Fellows of the Royal College of Physicians (which, as our readers will remember, has been adjourned for a time) must shortly take place, we would again venture to call the attention of those concerned in the selection of fit and proper men, to a suggestion which has been already made in this Journal. It is, we think, tolerably evident, that, however anxious the Council of the College may be to dispense justice in this matter, they may nevertheless fail in doing so; and for the reason that it is scarcely possible the claims of all the different Licentiates of the College can be fairly brought before them. There may be many gentlemen, whose names are scarcely known to the Council, and who may notwithstanding be men every way fitted for sustaining the honour of the Fellowship. Now how is the Council to be made acquainted with these gentlemen? We would suggest what seems to us a most simple and efficacious means, by which the Council might be greatly assisted in their selections, and the wishes of the great body of the Fellows fully carried out. The suggestion is, that Fellows of the Council should privately and by letter recommend to the Council for selection the names of those Licentiates whom they consider worthy of the honour. If this were done by the body of the Fellows, the Council would be at once surely directed in their choice. A proposition having no doubt this object in view was proposed as one of the new Bye-laws affecting the Fellows. According to this proposal six Fellows might sign a paper recommending any Licentiate to the Council for the Fellowship. This proposal, however, was rejected, and for the obvious reason that it would have undoubtedly opened the door to the canvassing of Fellows for their signatures by Licentiates; and everybody knows how hard it is to refuse a paper of this kind when placed before him by a friend. Now what we propose gives all the advantages which might be derived from such recommendations by the Fellows; and we may be sure that the recommendations would in this way be a real test of the candidate's merits, for they would be given voluntarily, and not under the pressure of friendship. We cannot but think that the Council would do well to invite the Fellows thus to assist them. It must be remembered that, in the Election of Fellows, the Electing Body of Fellows must take or reject those Licentiates who are proposed to them for election by the Council; no other names can be substituted for those which may be rejected. And for this reason therefore it is especially desirable, and above all times during this period of grace, that no Licentiate should be unduly neglected by accident.

The Royal Orthopædic Hospital held its half-yearly meeting of governors last week. The report speaks of immense benefit rendered to the crooked-legged and footed; and tightness and deficiency of funds. The expenditure, in fact, exceeds the receipts; 24,652 patients have received the benefit of the institution since its opening. What good it does, may be judged of from the following report in the *Times*:—

"Patients from all parts of the world entered the wards cripples, and were sent out cured, and many, very many, who had never walked before, had walked out of this Hospital perfectly cured. Among several cases of this description, three adults had been discharged with straight and useful limbs, after having been unable to walk or even stand for more than twenty years. Two of these were country patients." We are reminded of the days of miracles:

> "The Dumb shall sing; the Lame his crutch forego,
> And leap exulting, like the bounding roe."

A fortnight ago, we alluded to a "'cute Yankee dodge,' practised upon the "Britishers." A patient who addressed a letter to the "Institute," in compliance with the terms of the advertisement, sends us the following delicious specimen of benevolence as the reply he received:—

American Botanic Institute, Liverpool,
August 14, 1859.

Sir,—For deafness take two pills every night (as per enclosed recipe), and use as follows:—1 ounce ox gall; ½ ditto pale brandy; ¼ ditto essence of wintergreen; well mixed: drop 4 drops into the ear night and morning.

If you cannot get the wintergreen at your chemist's, you can procure it from the Apothecaries' Hall, or from here for fourteen postage-stamps.—Yours obediently,

J. P. Harrison, *Secretary*.

DR. BEAUMONT'S SPECIFIC

For all Diseases arising from Indigestion, such as Flatulency, or Wind in the Stomach, Bilious or Liver Complaints, Dimness of Sight, Nervous or Sick Headache, and all Disorders arising from a weak and debilitated state of the Digestive Organs and Liver.

Extract of gentian, 2 drams; extract of camomile, 2 ditto; extract of dandelion, 4 ditto; extract of the root of vacilica, 5 ditto; powdered Turkey rhubarb, 3 ditto; oil of aniseed, 10 drops; oil of peppermint, 10 drops.

Make the above into 3-grain pills, and take two pills every night at bed-time. They will not interfere with the general routine of business, inasmuch as they do not cause sickness or nausea, and no particular dietary is requisite.

The "Vacilica," which was discovered by Dr. Beaumont while on a tour in the back-woods of America, is little known

to the Medical Faculty or to Chemists, in consequence of which there may be some difficulty in procuring it; and to obviate this, the Directors of "the South Lancashire and Cheshire Botanic Society," at a great cost, procured a quantity direct, which is made into pills as above, a box of which will be forwarded to any address on receipt of an envelope, with two stamps, to cover the postage, and twenty-four stamps, the cost of the pills. To very poor persons, they will be forwarded gratis; but it is hoped that those who can afford, will forward to the Secretary the amount named, that being the first cost of the ingredients used.

Persons also in indifferent circumstances, but not so poor as to require the pills gratis, will, it is expected, forward whatever they can afford, towards assisting the Directors in their humane undertaking. And all classes are requested to make known to the Secretary, by letter, addressed to the Institute, the effect produced by this medicine.

American Botanic Institute, 152, Park-lane, Liverpool.

Two shillings' worth of Vacilica, or one shilling's worth of Wintergreen, may be had at prime cost, by any deaf person, from the kind American Doctor, who is *not registered* in this country!

The glorious 32nd Regiment, of Lucknow celebrity, last week returned to England from India; and on Saturday last were inspected by the Queen at Portsmouth. The regiment came home in charge of Dr. Boyd, who so greatly distinguished himself during the siege. At the inspection her Majesty desired that the Lucknow men should be called to the front, and expressed her wish to see Dr. Boyd, who was accordingly presented to her Majesty by Colonel Bell, commanding the regiment. Her Majesty expressed her gratification at seeing Dr. Boyd again returned to England from India, and also at the appearance of the men in general

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The Medical officers of the East London Union have lately presented to the Board of Guardians a memorial for increased remuneration for their services, but the Guardians have peremptorily refused to comply with the demand. The Medical officers consequently issued a circular on the 12th ultimo, calling attention to the facts on which their memorial was based, and expressing a hope that the subject may be reconsidered, and that their request may be ultimately granted. The memorial states that the total amount paid by the Board of Guardians as annual salaries to the district Medical officers is, both relatively and actually, unremunerative and inadequate, and this assertion is supported by a comparative view of the Medical statistics of the three London Unions. The East London Union is densely crowded, for there are 290 persons to every statute acre, compared with 240 in the West London, and 106 in the City Union. The yearly number of sick poor in the East London Union, on an average of three years, is 7003; while in the City Union the number of sick averages 2939, and in the West London, 3672. Being reduced to proportions, the City furnishes in Medical cases to the Union officers 1 in 19; the West London, 1 in 7⅔; and the East London, 1 in 6¼ of the whole population. It is admitted that this last-named Union pays more than the others to the Medical officers, but it is maintained that the sums paid are not *in proportion* to the duties performed; for that, comparing the salaries with the number of persons attended, the Medical officers of the East London Union receive only 10¾d. per case, and each case is said to extend, on an average, to more than fourteen days, and to include both attendance and medicines. A further complaint is, that by the employment of midwives in the East London Union, the amount received as extra fees is proportionately very much less than the similar items received in the other two City Unions. Of these extra fees, the City Union pays, on an average, 9d. per case; the West London, 9d. per case; but the East London pays only 2½d. per case. Thus, by every comparison, the East London Union pays much less than the other two Unions, although the Eastern district is the most densely crowded of the three, and entails consequently much more labour on the Medical officers. Such are the representations which have been made to the Board of Guardians and to the rate-payers, and it really appears that the remonstrances of the Medical officers of the East London Union deserve more consideration than has hitherto been bestowed upon them. The Guardians will probably think it expedient to reconsider the question.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, August 15th, 1859.

In your number of July 23rd there appears a letter from Dr. Handfield Jones, containing some remarks on my report of the treatment of a case of acute peritonitis by the sulphate of quinine in large and continued doses, as I had seen it carried out by M. Beau at the Hôpital la Charité. The tendency of these remarks is to show that Dr. Jones has no great faith in the medication employed by M. Beau, in the treatment of this formidable disease, particularly as occurring in connection with "English peritoneums." He further hints, that in registering cures following on the quinine treatment, there is just a possibility "that M. Beau may have been deceiving himself" in committing the too common error of confounding the *post hoc* with the *propter hoc*—the invariable stumbling-block in the reasoning of common minds.

As the Correspondent of a leading Journal like the *Medical Times and Gazette*, I do not conceive it my duty to defend every new theory which I may record, or every new-fangled practice which may by chance come under my observation; it is my part, rather, to give an impartial account of such theory or practice, leaving their merits to be discussed by the Profession, and their defence, in case of need, to those who desire to promulgate them. For these reasons, I do not mean to constitute myself the advocate of M. Beau on the present occasion. But M. Beau, being a foreigner, the remarks of Dr. Jones may never meet his eye; hence I deem it expedient to exculpate him so far from the charge implied in one portion of Mr. Jones's letter, viz. that which refers to the possibility of his having deceived himself in his estimate of the part which the quinine played in the case in question, as recorded in No. 470 of the *Medical Times and Gazette*. I have followed the practice of M. Beau sufficiently long to enable me to form a tolerably accurate judgment, both of his observing and his reasoning powers, and of both I have formed a very high opinion; and if it can in any way enhance the value of his practice, or give weight to his views in the estimation of those who may be disposed to cavil at them, or reject them as absurd, I have much pleasure in recording my conviction that I do not consider him a man likely to seek for the verification of any theory he may hold, in the mere sequence of coincident and unconnected events. On the contrary, although like many of his professional brethren here, he is full of zeal and ardour, leading sometimes almost to hobbyism, I believe him, nevertheless, to be under the influence of a strictly rational logic; basing his conclusions on a careful and conscientious observation of facts.

While watching the progress of the case in which these remarks have originated, I was as incredulous of the efficacy of the quinine treatment as anyone possibly could be, and it was only on remarking the rapid and decided impression made on the disease during the exhibition of the drug, and the ultimate recovery of the patient, that I was constrained to inquire whether the recovery was not a mere fortuitous occurrence, and independent altogether of the medication employed. My first inquiry was addressed to M. Beau's intelligent chef de clinique, and by him I was assured that a similar result, under the same circumstances, was not of uncommon occurrence; and that the powerful curative effects of large doses of quinine in peritonitis, as well as in inflammation of serous membranes generally, are by him too frequently observed to admit of any doubt on the point. This statement was besides amply corroborated by M. Beau himself, in his

lecture, a few days afterwards, in which he stated that he had tried all the different systems of treatment vaunted in the management of peritonitis, and that he had found none so effectual as the exhibition of quinine in large and continued doses, regulated according to the tolerance of the patient and the violence of the malady. For several years past he has employed no other, either in cases connected with the puerperal condition, or apart from that state. With him it is no expectant treatment, but one in which he recognises a powerful instrument for good, and in no case has he seen any ill effects follow it. It may be true, as Dr. Jones remarks, that all, "nerve toners are tissue irritants," and that quinine given in what he styles the sthenic form of peritoneal inflammation might, from its property as a general tonic, prove injurious. This can only hold good, however, when the quinine is given in small doses. If it be given in doses of from one to two grains, or thereabouts, at moderately distant intervals, it produces a tonic influence, imparting vigour to the system generally; but the experience of late years has proved beyond a doubt, that in doses of eight or ten grains administered every eight hours, it produces a very powerful sedative influence on the entire nervous system, and especially on that portion of the ganglionic system which presides over the functions of the circulation and the production of calorie. In this respect, according to M. Briquet, who has experimented largely with the sulphate of quinine, it should be classified with opium and digitalis, both of which it resembles in its stupifying and sedative action.

If this view of the physiological action of the sulphate of quinine in large doses be correct, then this medicine must prove, if not useful, at least not injurious, in the treatment of the sthenic form of peritonitis to which, if I have understood him aright, Dr. Jones considers it inapplicable. The object which in all cases of general inflammation should be steadily kept in view, is its subjugation by such means as are least likely to be followed by reaction. Now, we all know that when bleeding has been had recourse to, reaction almost invariably takes place, and the re-establishment of the inflammatory process, which for a moment may have been interrupted, reappears often in an aggravated form. If bleeding be an evil even in the sthenic form of inflammation, a doctrine which is held by not a few in the Profession at the present day, how much more is the practice to be deprecated in those forms known as asthenic?—and it is especially as regards this latter type that the treatment pursued by M. Beau is deserving of attentive consideration. His theory is, that in the great majority of cases of peritonitis, there is found, prior to the outbreak of the disease, an impoverished condition of the blood, manifested in the diminution of its red globules, and in a proportionate increase of its fibrinous element; and that where such a condition of blood exists, there is a manifest tendency or predisposition to peritonitis, or to any of the other phlegmasiæ. A moderately strong exciting cause, such as exposure to cold, or undue fatigue, is under these circumstances calculated to call it into activity. The anæmic condition is, so to speak, according to this practitioner, the almost invariable *cachet* of the phlegmasiæ. By way of more thoroughly understanding M. Beau, and for the purpose of testing the sincerity of his views, I, in the course of conversation with him, asked him whether he believed in the existence of the purely sthenic form of peritonitis. He replied, "If such a form exist, it must be very rare, for I have seldom if ever met with it." "But," I rejoined, "we can imagine peritonitis occurring in the case of an individual strong, vigorous, and healthy, in other words, in a man whose blood is in a perfectly normal condition and abundant in quantity, as the consequence of a bayonet wound penetrating the peritoneal covering; would you not in such an instance expect to find the inflammation assuming the sthenic form?" "In such a case," he replied, "I would hardly expect peritonitis at all, inasmuch as the person receiving such an injury would be in the very best possible condition to resist the inflammatory process; at all events he would not be so liable to it as an individual previously debilitated, and in whose case there is an excess of fibrin as compared with the normal quantity of this material in healthy blood. Let but such an accident happen to the latter, and peritonitis is almost sure to follow." It would thus appear that so far, M. Beau and Dr. Handfield Jones agree, inasmuch as the latter, while attending to the conditions or grades of inflammation, admits that the sthenic form is rare, and that the asthenic, together with a form intermediate between the two, are by far the most common. I have thus given as complete an *exposé* of M. Beau's views as the limits of a letter will admit of. With such views, it is hardly necessary to add that he considers venesection altogether out of the question in the treatment of peritonitis.

The disease being one of debility, such a practice can but tend to increase it, and would really be tantamount to pouring oil on a fire for the purpose of putting it out. His sheet-anchor is the sulphate of quinine, with which the system of the patient must be invaded as near the commencement of the disease as possible. To effect this, from twenty to thirty grains of the drug must be administered in the twenty-four hours, taking care always to proportion it to the sensibility of the patient and the gravity of the symptoms. The state of "quinism," or quinic intoxication, generally follows the second or third dose, and consentaneous with this the heart's action becomes lowered, the heat and other febrile symptoms disappear, and the local pain ceases. M. Beau considers it essential that the patient be apprised of the very peculiar effects which the medicine is likely to produce, in order that he may not be alarmed in mistaking these for an aggravation of the original disease; the deafness and ringing in the ears being in some cases so great, that in the absence of this precaution, a bad moral effect might be the consequence. It sometimes happens that the local symptoms continue after the fever has disappeared, and the case then becomes one of a chronic kind. When this takes place, the treatment of M. Beau is exceedingly simple, consisting in the application to the abdomen of a series of blisters; the quinine, he believes exercises no influence whatever over the local morbid products. During the stage of convalescence he endeavours to correct the anæmic condition of the patient, not by the administration of iron, but by supplying the system with nutritious food. In closing my remarks on this subject, I may mention that M. Beau treats all cases of acute rheumatism which come under his care on the same principle, and by the same medications. The treatment is purely substitutive in its character, consisting in the displacement of pathognomonic symptoms by others of a strictly physiological kind, the one class being incompatible with the existence of the other.

For the last three weeks the Profession here has been much occupied with the discussion of a new discovery for the treatment of gangrenous sores, and others characterised by abundant and fetid suppuration. A number of experiments have been made with it on the human subject in the Hôpital la Charité, under the auspices of MM. Velpeau and Manec, as well as on animals at the Veterinary School of Alfort, the results of which have been communicated to the Académie des Sciences, and to the Académie de Médecine, before both of which learned bodies they have been warmly discussed, and, on the whole, very favourably received. The authors of the discovery are MM. Corne and Demeaux, the former a Medical Practitioner in the South of France, the latter a Veterinary Surgeon. This disinfectant, or absorbent, is composed of two very simple substances in given proportions, viz. 100 parts of common plaster of Paris, with from one to five parts of coal tar. These two substances are triturated in a mortar, or by means of some other suitable mechanical apparatus, the result being a greyish powder, having somewhat the appearance of prepared chalk, and possessing a moderately strong bituminous odour. It may be applied to the surface of sores simply in the shape of powder, or it may be used in the form of an ointment produced by combining the powder with a certain quantity of olive oil, the consistency being determined by the greater or less quantity of oil employed in its preparation. The oil (unlike water, which would set the plaster,) causes the particles simply to cohere in such a manner that it, by the gradual elimination of the oil, still retains the property of absorbing the pus so long as it remains in contact with the suppurating sore; a certain portion of the ointment is spread over a piece of rag proportioned to the dimensions of the sore, and is applied to it either directly, or a layer of some thin texture is made to interpose, according to the nature of the case or the object contemplated. Its direct application to a sore does not produce the slightest irritation. According to Velpeau, this application besides absorbing the pus and other morbid products engendered on the surface of sores, possesses the double advantage of disinfecting them, and so favours cicatrization. I have followed

MM. Corne and Demeaux in their experiments at La Charité, and have carefully observed the effect produced on different kinds of sores by their new mode of dressing; and on the whole, I have been very favourably impressed with it. I do not, however, wish to be rash in forming my opinion as to its merit until it shall have been more severely tested. One thing I have remarked, viz., that its application to sores of the most unhealthy and fetid description, is immediately followed by the disappearance of all smell; but whether this is owing to its chemical action on the morbid product, or simply to its absorbent power, or to its bituminous odour predominating over every other, I cannot say, this being a question which remains to be settled by practical chemists. I have seen the powder applied to anatomical specimens in an advanced state of putrefaction, and the consequence has been the apparent arrest of the putrefactive process, together with the destruction of the peculiar odour which accompanies it.

GENERAL CORRESPONDENCE.

THE COLLEGES OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—May I venture to offer a few remarks on the proceedings of the two Colleges of Physicians since the passing of the Medical Act, and point out what, according to the views of many well-informed persons, must be the influence for good or ill on the Profession of what has been already done, or what may yet result from the preponderance of the conservative or the reforming spirit in the resolutions which they may adopt for the future? The London and Edinburgh Colleges, though alike in name, and intended to comprise the same class of persons, have stood in very different relations to the Profession and the public, in consequence chiefly of the exclusive privileges conferred on the London College, by which it was penal for any man to practise as a Physician within seven miles of London, except he had received their licence. And although it be true that the penalty has not been inflicted for very many years, that no attempt even has been made to enforce compliance with the statute, yet every man who wished to stand well with his own Profession felt himself bound to submit to the law, and to unite himself to this body. In Scotland there was no such monopoly granted, and consequently no one cared to apply for the licence, or to place himself in the lower grade, except with the certainty of being afterwards made a Fellow. In process of time Licentiates ceased to exist, and that College practically became merely a Fellows' club, exercising scarcely any appreciable influence on the character of the practitioners of medicine in Edinburgh, and maintained simply by the feeling of respectability which attached to the membership of a select body from among one of the best-educated classes of Scotland. I think it important to remember this result, when the London College is spoken of, because if they proceed on the same general plan on which they have acted hitherto, they must as the necessary consequence of their privileges being abolished, become the exact representative in London of their Scotch prototype. It will always be an honour to be a Fellow in common with all the distinguished Physicians of the metropolis; and probably men of a certain calibre will always be found who will submit to the licence examination, however severe, with a view to being ultimately elected Fellows; but with the exception of such persons, the class will almost cease to exist, unless some new motive can be found to induce men to become simply members of the College: and thus its influence will be restricted to a very small section of the Profession.

It is much to be regretted that such a state of things has become law; that the Universities can now confer along with an honorary title a licence to practise, while the Colleges of Physicians can only give the latter, and have no power to create Doctors of Medicine, or allow them to add the mystical letters M.D. to their names. This result was not owing to any want of energy or representation before the law was passed: it was then urged, and not urged in vain, that the honorary title should be kept as distinct from the licence as the M.A., the B.D., or the D.D. were kept from admission to holy orders in the Church. The Colleges of Physicians had lost their prestige, partly perhaps through their own fault, and we cannot now go back to the *status quo* before the Act was passed. It must be accepted by the Profession as the rule by which they are to be guided for the future; and as it is the duty of every licensing body to require a standard of qualification calculated to fit the man for the place he is to fill, the Universities will make their examinations such as soon to dissipate any distinctions which may still be traced between a Graduate who belongs to a College of Physicians and one who does not. Each year the M.D. will be more and more recognised as the Physician, and what will then be gained by being a Member of the College? It has been the practice with many to find fault with this body, and to speak of their want of liberality and exclusiveness, and it seems to me impossible for them to act as they have hitherto done without a rivalry being set up between their own class and all the discontented spirits who are ever ready to arrogate to themselves the glory of being alone the supporters of liberal views; and such a result is very likely to drive the College ultimately into the very course which they have always sought to avoid, viz., making the Fellowship a mere question of a canvass and a ballot, and, as the College of Surgeons has already done in their department, throwing down to a great extent the barrier which yet exists between the Physician and the General Practitioner. It may be questioned by some whether this barrier ought to be maintained,—whether there is any advantage in the distinctions which now exist,—whether it would not be better that we should be all Physicians, all Surgeons, and all General Practitioners at the same time? My answer to this is very simple:—If the M.D. implied such an education as Oxford, Cambridge, London and Edinburgh combined could produce,—if all Surgeons had passed the London Fellowship Examination,—if all General Practitioners combined these two merits, and such a condition of the Profession could be hoped for or expected here below, by all means have but one Faculty. But if life be too short, and the powers of man too limited, to attain such an ideal standard,—if every examining body admits a different degree of proficiency in conferring their licence to practise, it becomes of importance that a separate race of Hospital Physicians and Surgeons should be encouraged to elevate their respective departments to the highest possible level.

What then constitutes a Physician? The Colleges would fain answer, The possession of our diploma. Parliament replied to this with a direct negative; the Executive Medical Council reply, That they cannot sanction such a prerogative; and it is vain for these bodies to endeavour one moment longer to maintain the paradox that they alone can make Physicians, when the only power ever possessed of this kind has been ruthlessly swept away. The name, which through means of the existence of the London College has been better defined here than elsewhere, simply means, one who has applied more than the ordinary time to the study of Medicine; who has very generally had such an education as entitled him to take the degree of M.D. (when it was worth having); who has, or hopes to have, large opportunities of studying disease, and teaching others in a public hospital and school (a Doctor in the true sense); who, moreover, is entitled to and receives larger remuneration for his services than other practitioners, and from his known acquirements is considered competent to advise them in difficult cases; and for the sake of enabling the public to discriminate between himself and the less distinguished grades, he agrees not to supply, directly or indirectly, medicines to his patients, but to leave them to be provided by the ordinary attendant or to be purchased from the chemist. The more clearly the College of Physicians limit themselves to this class in the selection of Fellows, and the more comprehensive that selection is, so that no creditable Hospital Physician is left out, the better will be their position in the Profession. Except in the details of the mode of election, and the attempt to secure this object more thoroughly than has yet been done, it does not appear to me that any great change is to be expected in the feelings of real Physicians, or the class whom it is desirable to elect as Fellows, in consequence of the late changes in Medical politics. There are a great many so-called Physicians, who are merely costly General Practitioners, and no one wishes to see that class increased, or if they place themselves among the Members of the College by passing the examination, to see them raised to the honour of the Fellowship.

I cannot doubt that the list of "Members" will decrease, and that some changes will need to be made, if it is desirable to keep up their numbers; but what these changes ought to be, I am not prepared to say. At the same time, I cannot help expressing the opinion that the London College acted wisely in determining to call them "Members," to give them certain privileges (which I hope will not be few), and to add to their numbers by admitting, during one year, all who were practising as Physicians in England without their licence. For, by whatever rules this admission may be criticised, the intention of the College is unmistakeable; their object was not to confer any honour, not to raise to a new dignity without examination; but merely when this dignity had already been assumed with any show of justice, and no *fama* attached to the man's name, to endeavour to embrace all such persons under one common title, as Members of the College of Physicians.

A far different object has been pursued by the Edinburgh College, and it cannot be denied that the English General Practitioners, who have sent their money to Edinburgh, have done it under the false impression that they would be created Physicians without examination—Physicians belonging to perhaps a less distinguished College, but Physicians all the same. This has been a great misfortune, because it has so greatly complicated the proceedings of the London College. It was evidently recognised as their intention, in the published outline of their proposed new Charter, to provide for a third class, or one corresponding to the General Practitioners at present licensed by the Society of Apothecaries, who should for the future hold a licence from themselves; when suddenly they have found themselves face to face with a body of highly respectable gentlemen no doubt, but gentlemen who, not pretending in any way to be Physicians, have still received a sort of brevet rank from the Edinburgh College, which, according to the provisions of the new Charter of the London College, would be entitled to rank on a level with the best of their "Members" on mere payment of two pounds. In this consists the essential difference between the action of the two Colleges: the one was willing to take into its membership all *bonâ fide* Physicians; the other sought to confer the dignity of Physician upon General Practitioners. Both have failed in their object, because the purpose of the movement has not been defined or understood. The Physicians of England have grudged ten pounds to place themselves avowedly in a separate class, and have distrusted the management of the self-elected body of Fellows. The General Practitioners do not see that an indiscriminate conferring of the title of Licentiate of the College of Physicians of Edinburgh will add dignity to their position; and they know full well that the appellation of Physician will not be accorded to them,—a name which the Edinburgh College, indeed, never meant them to take, or attached any importance to. It will be a great misfortune for the Profession and the public if this premature step leads to the abandonment of the purpose that the ordinary class of Medical men should receive their licence to practise Medicine from the College of Physicians, as they do that to practise Surgery from the College of Surgeons. In this matter there will be plenty of competition: the M.B. Lond. will especially put in its claim for the second qualification; the Society of Apothecaries do not yet retire from the field,—perhaps they may come forward with increased vigour, and make still further improvements upon the scheme of instruction, which they have already raised much above its original standard. The College of Physicians will only do real good in entering the list of competitors, if they stick to those principles which have always characterised their examinations—viz., the variable nature of the Board of Censors, which renders examining so difficult; the position of the men selected to fill that office,—men still in the prime of life, and yet distinguished by their literary and scientific attainments; and last, not least, the practical character of the study required. Based upon such principles, a licence for ordinary Medical practice emanating from the College of Physicians will do much to elevate the Profession, and will be acceptable to all.

But I must say one word on the opposition which it is known some Physicians make to this innovation. The whole force of the objection resolves itself into this, that it is feared that the distinctions raised between the different grades will be swept away, that all will claim to be on an equality, and so the dignity of the Physician will be lowered, and the rank ultimately disappear altogether. Now, while I fully admit that it will be difficult for unprofessional people on consulting the new Register to distinguish the relation which each person may hold to the College, it is to be remembered that this state of things has been forced on Physicians by law: they have no legal status as Physicians at all! So far as registration goes, it merely affirms that a man is legally qualified by having certain diplomas, and if the Register is to be made, contrary to the letter and spirit of the Act, a means of distinguishing Physicians from non-Physicians, the only course for the College to pursue, would be to remove all distinction between Fellows and Members, and take upon themselves to register as of their number every practising Physician in England, without payment and without examination! This, of course, they are not prepared to do, and it is perfectly vain for the Fellows to imagine that the public will discern in that mystic name a something which constitutes a Physician, while such a highly-distinguished country Physician as Sir Charles Hastings never belonged to the College in any way, and the eminent adviser of Her Majesty declined the honour of the Fellowship. The standing of every man in public estimation must ever depend upon himself. No respectable Physician has ever felt aggrieved that the General Practitioner whom he meets in consultation has got a St. Andrew's degree, and calls himself Doctor, nor is he lowered one jot in the estimation of the public; how then can it possibly lower him if the same Practitioner, in place of receiving a licence from the Society of Apothecaries, has one from his own College? On the contrary, it appears to me that the higher the standing of the General Practitioner, the higher necessarily must be that of the man whose advice he seeks in consultation. It may be more difficult in such a case to distinguish between the Apothecary G.P. and the Physician G.P.; but the latter is an anomaly which ought not to exist, and if the public cannot see the difference, except in the fees they charge, I do not believe that the science of Medicine will at all suffer from the change. As to the Profession, I think no man will seriously maintain for a moment, that the new grade can in any way be confounded with the Fellowship or the Membership. Let the College but be true to itself; let them be careful that every new Fellow adds lustre and dignity to their body; that the standing of Physician is not lowered by the men on whom they confer the name, and they need entertain no doubt that the Profession will recognise their status in spite of Acts of Parliament, and that as the honour is coveted, so Medical men will strive to obtain it in the only legitimate way by making their own position such that the body of Fellows will gladly hail them as colleagues and fellow-labourers in the same field. We could all of us point to names which have been elected without any such qualifications—to names which have been passed over although they possessed them in an eminent degree; but of this it is not my purpose to speak, any further than to say that the selection of their Fellows is the sheet-anchor on which the fame of the College must rest, and that if they are guided by right principles in this, they may do all that they can to elevate the very lowest grade connected with medicine—the very shop-boy in the Druggist's shop, without any fear of compromising their dignity or lowering their standing.

I am, &c.

A Physician.

IMPURITIES OF GREY POWDER.

Letter from S. R. Pittard, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—Nobody who knows Dr. Thudichum can ever doubt his veracity in a matter of fact. At Dr. Smethurst's trial he stated that he had found arsenic and antimony, and other abnormal ingredients, in grey powder. Are these frequently present in the grey powder commonly sold in London? In reply to this I beg to state that for several years before I gave up practice (four years ago) I had abandoned the use of grey powder entirely, because I found that it invariably made the patients who took it sick. I tried numerous samples, bought of various druggists, but they all alike produced vomiting. This used not to be an effect of the grey powder of former days, and last winter a friend gave me some manufactured by himself, which I used in the illness of some of my children, and it did not make them sick.

My friend, Mr. Steet, of Myddelton-square, without my having communicated the above to him, informed me that he also had found that all the grey powder which he bought produced vomiting, and that therefore he manufactures it himself.

This goes far to show that antimony and arsenic—one, or both—are often present in ordinary grey powder. I have learnt from a person who has often been employed by manufacturing druggists, how, most probably, they get there. The mercury used to make grey powder, etc., is often the refuse of the silvering of looking-glasses—sold at about eightpence the pound. The mercury is used in this "silvering" process in conjunction with a foil,—said to be tin-foil, but really consisting of tin, lead, arsenic, and antimony,—which is dissolved by, and forms an amalgam with, the mercury. The mercury is used in great excess, and the surplus is rapidly squeezed out by pressure. It may be used over and over again several times, but at length it becomes thick (no longer quite fluid), and then it is no longer useable in the process. The thickness is of course due to the foil dissolved in it. My informant tells me that it is often used for making hyd. c. creta thick as received from the looking-glass makers; but it is manifest that even if it were distilled off, the tin and lead, the arsenic and antimony, being volatile, would pass over with it.

I saw Dr. Thudichum a few days ago, and he told me that the twelfth-of-a-grain doses was a mistake of the reporter's. I had believed that to be the case before I saw him.

I have sent the above twice to the *Times* newspaper, in answer to the letter signed "James Bird," in the *Times* of August 20; but, as I anticipated, it was not inserted. I am on the "Taboo" list of the *Times* on account of a strongly-worded remonstrance against its insertion of "Cholera" letters in 1854. I am not a little vain of this "Taboo," because the late Sergeant Talfourd enjoyed the same distinction. For years, whenever he appeared in a law suit, the *Times* was seized with a fit of want of space.

Surely they won't hang Smethurst.

I am, &c.,

21, Hans-place, August 31, 1859. S. R. Pittard.

A Homœopathic Practitioner, Mr. W. Rae, has been committed for trial on a charge of manslaughter, with reference to the death of a Mrs. Poole, of Hendon-street, Pimlico, whom he attended in her confinement, and who died from hæmorrhage. It appeared that the friends of the deceased doubted his qualification, and repeatedly requested to see his diploma, which he refused to produce. She died after violent suffering. At the inquest Rae still produced no diploma, and the inference drawn is that he has none.

Another of the Watters Gang committed for Trial—William Charles Allen, a young fellow who described himself as a Medical Student, and who appeared in discharge of his bail to meet a complaint preferred against him on a former day of assault and riotous and disorderly conduct in the Westminster-road, at an unseasonable hour of the morning, was charged before the Hon. G. C. Norton with being concerned, with two persons named Watters and Edwards, in defrauding several persons by representing themselves as doctors, and undertaking to cure all conceivable diseases, while, like their former associates, the Bennetts, the stuff they dispensed as medicine was of the most disgusting description. Mr. Benjamin Thomas Jones, of 75, Mount-street, Grosvenor-square, who had been the prosecutor in the case of Dr. Watters and Edwards, his confederate, identified the prisoner Allen as one of the persons he had seen at Dr. Watters's, in Mount-place, Westminster-road, and as the individual to whom he had paid 5s. on his first visit. On the apprehension of Watters and Edwards, the prisoner absconded, and, though Inspector Young had spent much time in endeavouring to trace and apprehend him, he managed to keep out of his reach. He was, however, included in the indictment with his companions, and a true bill was found against all three; and on the 8th of July last Watters and Francis were tried at the Old Bailey, convicted, and sentenced to eighteen months' hard labour each. The prisoner, who offered nothing in defence to the charge, was remanded, to give time to obtain a copy of the bill of indictment, as found by the grand jury, preparatory to his being sent to take his trial at the Central Criminal Court.

THE SMETHURST CASE.

This case is so certain to occupy an important position in the annals of poisoning, that we think it will be acceptable to our readers to be put in possession of the letters, or of the more important portions of the letters, which have been addressed either to the Home Secretary, or to some of the daily papers, by Medical or scientific men. As a general rule, we deny the propriety of discussions of Professional subjects in newspapers by Medical men; but in a case where a question of life or death may depend upon the delay of a day, exceptions to all rules must be granted. Under any other circumstances we should protest against the propriety of the appearance of some of the following letters in any but scientific journals.

In arranging the extracts we shall give first those relating to the Medical history of the case, and the question whether the deceased might not have died from natural disease; and then those commenting on the Chemical evidence as to the existence of arsenic in the evacuation, the fallacies of Reinsch's test, and the non-existence of arsenic and the presence of antimony in the tissues of the body. It is also necessary to premise that the observations made by Drs. Richardson, Thudichum, and Webb, form part of a memorial addressed by those gentlemen to the Home Secretary.

I.—THE MEDICAL HISTORY.

Dr. Tyler Smith says:—

First, as regards the actual pregnancy of Miss Bankes. This was first discovered at the post-mortem examination by Mr. Barwell, but such little consequence was attached to it that the matter was scarcely heard of until the recent trial. It must be remarked that the duration of the pregnancy corresponded as nearly as possible to the length of the illness of the patient. Mrs. Robinson deposed that Miss Bankes was taken ill three weeks before she left her house. She went from Mrs. Robinson's to Mrs. Wheatley's on the 3rd of April, and on the 3rd of May—seven weeks from the commencement of her malady—she died. Mr. Barwell gives seven weeks as the limit which the pregnancy might have reached at the time of death.

Was the illness of Miss Bankes such as could possibly have been caused by pregnancy?—Obstinate and irrepressible vomiting, with violent purging, were the chief symptoms detailed at the inquest, and at the trial. It is an undoubted fact, recognised by every obstetric authority, that women are often reduced to great peril, and sometimes killed, by the vomiting of pregnancy. Obstinate diarrhœa is also met with as a disorder of pregnancy, either alone or in connection with vomiting. It is in the early part of pregnancy that vomiting is most severe and dangerous, and it often begins at the very commencement of this state. It is most likely to happen in the case of a woman such as Miss Bankes is described to have been, pregnant for the first time in mature age, of bilious temperament, and the subject of previous internal disorder. Stress was laid by some of the witnesses on the burning sensations complained of in the stomach and throat. Pregnancy is constantly accompanied by heartburn, and in certain cases there is an enormous amount of acid secretion and eructation from the stomach.

The sickness of pregnancy is commonly most distressing in the morning on first taking food, or on moving the body. This was spoken to as the fact in the case of Miss Bankes by one of the witnesses. In the worst cases, the vomiting is wholly intractable. The remedies which arrest ordinary sickness are of no avail. Food and medicine are alike rejected, and the patient dies of starvation. For the last two days of her life Miss Bankes was under the care of her sister and a nurse provided by Dr. Julius. It told very forcibly against the prisoner that at this time, although the stomach rejected medicine, it retained food. In two out of four fatal cases from this kind of vomiting in which I have been consulted the patients were able to take food for a short time before death; the sickness ceased when fatal exhaustion had set in. The same is related to have been the case in the history of Charlotte Brontë. Her biographer states that towards the close

"she begged constantly for food, and even for stimulants. She swallowed eagerly now; but it was too late." Her illness is described as having lasted six weeks.

Is it possible that the Physician in attendance upon Miss Bankes made an error of diagnosis in assigning poison as the cause of her illness and death?—It was strongly insisted on as a proof of poisoning, that Dr. Todd, Dr. Julius, and Mr. Bird, should, either individually or concurrently, have formed the opinion that their patient was suffering from slow irritant poisoning. Against this it is only fair to place the fact that they did concurrently overlook the existence of pregnancy, although it was before them, and marked by one of its most common and distinctive symptoms. It cannot but be considered as remarkable that three Medical men should have been in attendance upon a woman 42 years of age, living for the first time as a married person, who had been suddenly seized with an illness of which vomiting was a prominent symptom, without detecting pregnancy. They appear to have been misled by the information given to them by Smethurst as to the absence of one of the common symptoms of pregnancy, and they made no examination. Smethurst himself appears not to have suspected pregnancy. As regards Dr. Todd, it may be accounted for by the circumstance that, however undisputed his great eminence as a pure Physician may be, he is not accustomed to treat the disorders of pregnancy. However the fact may be, the Medical attendants certainly formed a conclusion while they were without the knowledge of a very important element of the case.

Do the symptoms of a fatal case of vomiting from pregnancy so far resemble poisoning as to be liable to be mistaken for them?—There is no limit to the reflex irritation which the pregnant uterus may excite in various organs of the body, especially the stomach. In my "Manual of Obstetrics," published in 1858, I state that "an almost poisonous influence seems to be exerted by the gravid uterus in some constitutions." Several years ago I knew of a case of this kind in which poison was actually suspected.

Dr. Todd laid considerable emphasis on an extraordinary expression of Miss Bankes's countenance, such as he had never observed in a case of natural disease. Dr. Paul Dubois, the present Physician-Accoucheur to the Empress of the French, who related that he saw twenty cases of death from the vomiting of pregnancy in thirteen years, refers to "a marked change in the features," as one of the signs indicating a state of danger, and calling for the induction of abortion to save the patient's life.

Drs. Richardson, Thudichum, and Webb.

After quoting cases corroborating the views advanced in Dr. Tyler Smith's letter, these gentlemen say:—

"On June 3rd, 1857, the prize for the best essay on this subject was awarded to Dr. David Hutchinson, of Mooresville; and the essay, at the request of the Rhode Island Medical Society, was published in 1857. In this essay Dr. Hutchinson has brought together a weight of information which explains all that may appear anomalous in the case of Miss Bankes, and in cases similar.

"We will transcribe Dr. Hutchinson word for word in his recapitulation of the nature, symptoms, and course of the disease:—

"'Diagnosis.—This affection may be distinguished from other forms of stomatitis by a burning sensation in the mouth, as if it had been scalded, which is greatly aggravated by hot drinks; attended at first with redness of the mouth and tongue, and followed by aphthæ and ulcerations of the buccal cavity. In some cases there is a diffused redness of the mucous membrane of the mouth instead of ulcers. These symptoms are generally attended, and often preceded by a burning sensation in the stomach, pyrosis, indigestion, and occasionally vomiting. The bowels are either constipated, or obstinate diarrhœa attends. The disease is confined to pregnancy and lactation, although it has been said to attack those that were not in those conditions, and even the male subject; yet we have seen it in no other conditions but those of pregnancy and lactation, and would infer that it had been confounded with some other form of stomatitis. In addition to the foregoing symptoms, its migratory character is highly diagnostic, and also the frequent and painful micturition which frequently precedes the affection of the mouth or diarrhœa.

"'Prognosis.—Always uncertain as to the final result. Although there is generally not any immediate indications of danger, yet such is the liability of the mucous structures to inflammation that the condition of the patient may always be considered precarious while the disease persists. When the disease extends to the larynx, trachea, or bronchial tubes, the patient may either die from the intensity of the inflammation, or at a remote period consumption ensues, usually in one or two years. But the patient is more apt to perish from the intestinal affection; when the diarrhœa persists, in despite of judicious treatment, and the discharges are mucus, tinged with blood, indicating ulceration of the bowels, a fatal result may be anticipated.'"

In an essay entitled "Vomissements incoercibles pedant la Grossesse," M. Cartaya has collected fifty-eight cases of uncontrollable vomiting, twenty-four of which proved fatal to the mother, without producing the abortion of the embryo, despite the most varied and energetic treatment. Professor Stoltz, of Vienna, records not less than eleven cases in which the vomiting of pregnancy terminated in death. Nay, so important has this disease been considered in Medical science, that in 1855 a discussion took place in the Academy of Medicine in Paris, as to the propriety of producing abortion in extreme cases of this nature. If, then, to a condition in itself so dangerous, dysentery be superadded, what surprise is to be expressed at a fatal termination? For it is not only that the vomiting itself exhausts, but that it insures starvation; and that by such starvation the dysenteric disease and the destruction of the coats of the intestinal canal are of necessity favoured.

Dr. Herbert Barker, of Bedford,

records the following case singularly analogous to that of Miss Bankes:—

"Mrs. C., aged 42, the wife of a respectable tradesman in this town, became for the first time pregnant in the end of May, 1857. Immediately after conception she was attacked with the vomiting of pregnancy, which continued with unceasing violence until the time I was first consulted, August 15. She had already received various medicines, such as magnesia, carbonate of soda, and Gregory's powder, but without any effect in arresting the vomiting; and she was considerably reduced, partly from the vomiting and partly from the inability to retain food. A few days before I was consulted the symptoms were aggravated by the supervention of diarrhœa.

"When I saw her I found the following symptoms: she was suffering from extreme thirst, emaciation and exhaustion, and was confined entirely to bed. The vomiting was intolerable. Whatever was taken was returned, sometimes with bilious fluid and mucus, while in the intervals between food there was a persistent loathing and nausea. The vomited matter gave an acid reaction with litmus. She was purged seven or eight times each day, and the matter ejected by the bowels contained no true feculent matter, but mucus, tinged with blood. Accompanying this there was painful tenesmus. The tongue was creamy in the centre, with red tip and edge; the pulse small, quick, and feeble. The whole symptoms, in fine, indicated an acute dysenteric attack, coupled with the vomiting.

"Detecting the pregnancy, and believing that all the phenomena of disease had their origin in sympathetic irritation commencing in the uterus, I prescribed, first, an effervescing mixture, with an excess of alkali, to each dose of which were added three minims of the diluted hydrocyanic acid of the London Pharmacopœia. This gave no relief. After trying this for a day or so, I prescribed a mixture containing, in each dose, the trisnitrate of bismuth, five grains; diluted hydrocyanic acid, three minims; and five minims of the solution of hydrochlorate of morphia, in water. This mixture, continued every four hours for four days, produced no alleviation in the symptoms. I therefore moved a point in practice, paying more decided attention to the dysenteric symptoms, which had become more urgent. By this time not only was mucus, tinged with blood, still excreted by the bowel, but false membrane, resembling diphtheritic exudation, began to be thown off in considerable quantity. I now prescribed chalk mixture, with ten minim doses of laudanum, three times daily, and a pill night and morning containing two grains and a half each of Dover's powder and hydrargyrum eum cretâ. This treatment, with the addition of catechu to the mixture, suppositories of

opium, and enemata of starch and laudanum, was continued until the last day of August, but with no relief. The case now became of serious import, owing to the extreme exhaustion necessarily induced. On the last day of August my anxiety was somewhat relieved by the discovery of symptoms of threatened abortion. These symptoms continued, and, fortunately for the life of the mother, a fœtus was thrown off on September 1st. Immediately afterwards the more urgent symptoms, namely, the vomiting and dysentery, began to subside, but were replaced for a few days by retention of urine, for the relief of which the catheter had to be used at stated intervals."

ANONYMOUS.

A Correspondent, who sends his name and address to the *Morning Star*, says:—

"In the spring of this year I resided with my family at Richmond, very near to the house lately occupied by Dr. Smethurst. During the time, my daughter was seized with dysentery and sickness, accompanied by extreme prostration. The symptoms were, as far as I can judge, similar to those of Miss Bankes. Her life was, at one period, despaired of.

"Dr. Hassall attended her, and attributed the attack to the effect of the impure gasses that escaped in the house from imperfect drainage, and also, possibly, to the bad state of the water. In this insidious way poison was conveyed to the system.

"So important a case did Dr. Hassall regard it, that he requested me to memorialise the town authorities on the subject, which I did. I removed from the house as speedily as the state of my daughter's health would permit."

Dr. Hassall's testimony as to the existence of such an epidemic at Richmond during the illness of Miss Bankes might be of the greatest importance.

DRS. RICHARDSON, THUDICHUM, AND WEBB.

Was the death of Isabella Bankes compatible with the hypothesis of poisoning by arsenic, antimony, or by both?—To this question we conceive a negative answer is justified by facts—symptomatic, pathological, and chemical.

It is justified by the symptoms. While it is true that the symptoms of vomiting and purging, and other symptoms observed in the case of Isabella Bankes, have been also observed in cases of arsenical poisoning, there has been no case known, and we challenge the production of the history of a case, in which death resulting from the administration of arsenic in small and long-continued doses has not been preceded by a train of other symptoms, specific in their nature, but absent altogether in the case before us.

The symptoms thus absent are, moreover, not obscure in character; they are symptoms which must have attracted notice; they are symptoms as peculiar to the effects of arsenic as a poison, as the scarlet rash to scarlet fever, or the pustular eruption to small-pox. These absent symptoms are:—

1. Irritation and inflammation of the conjunctivæ of the eyes. (This symptom is common to men and animals, and is considered by Mr. Hunt, a Practitioner who has had very large experience in the administration of arsenic, as the true criterion of the system being under the influence of that metal.)
2. Irritation, inflammation, and ulceration of the lining membrane of the nostrils.
3. Irritation, inflammation, and ulceration, or excoriation of the lining membrane of the lips.
4. Excoriation of the anus, and of the vagina in the female.
5. Hacking cough and spitting of blood.
6. A cutaneous eruption, called "eczema arsenicale."
7. A train of peculiar affections of the nervous system, viz., tremors of the limbs, tingling of the fingers and toes, spasms of the muscles of the limbs, convulsions, paralysis, delirium, and coma.

We would not state dogmatically that in a case of slow arsenical poisoning every one of these symptoms must needs be present; but we assert that the entire absence of the whole series is decisive against the hypothesis of slow arsenical poisoning.

THE POST-MORTEM.

But the evidence against the arsenic hypothesis is doubly strengthened by the post-mortem inquiry. We have shown before, that the morbid appearances are acknowledged to have been those of dysentery. We say, as an addendum to this admission, that they were not those of arsenic. In slow arsenical poisoning, the stomach is the organ which first receives and suffers from the local irritant, when it is administered by the mouth; and we can add, that this irritant, however introduced into the system, exerts its primary and specific action on the lining membrane of the stomach. After the stomach, the small intestines are the parts influenced. The large intestines, with the exception of the rectum, either escape, or are the seat of lesions secondary to those of the stomach. In the case of Isabella Bankes these conditions were reversed. The stomach and small intestines, post-mortem results excluded, were scarcely affected; they were firm, and absolutely free from ulceration and abrasion. The large intestines were virtually and admittedly the seats of the disease. Now, as we have no right to assume that the known pathology of arsenical poisoning was in this single example utterly subverted, we are compelled to arrive at the only possible conclusion, viz., that the pathology of the case of Miss Bankes was not that of chronic arsenical poisoning, and in this conclusion we are supported by the records of all experiments and experience.

Again, to take up the hypothesis of antimonial poisoning,—while it is admitted that the symptoms of vomiting and purging are such as characterise poisoning by tartarised antimony, we are convinced that various symptoms specific of this poisoning were absent in the case of Isabella Bankes. These absent specific symptoms are—

1. Sweating and cold clammy condition of skin without febrile excitement.
2. A pustular eruption. The characteristic tartar-emetic pustule occurring on the skin, on the palate, or on both; or a red rash much resembling the eruption of scarlet fever.
3. Symptoms of congestion of the lungs.
4. Watery choleraic discharges from the bowels, alternating with or succeeded by constipation.

The hypothesis of poisoning by a combination of the two poisons, arsenic and antimony, is equally at variance with facts, symptomatic and pathological. It is true, that in regard to this mode of poisoning, we have only the results of experiment on the inferior animals to guide us. But we can speak authoritatively from such results. In four animals, dogs, treated by us with arsenic and antimony, we observed symptoms and appearances after death, strictly in accordance with the specific effects of both poisons. All the animals had irritation of the conjunctivæ and nervous tremors; one had tartar-emetic pustules of the mouth, while ulceration of the stomach and congestion of the lungs were leading post-mortem results.

II.—THE CHEMICAL EVIDENCE.

MR. HERAPATH.

I find in the *Times* of May 21 that Dr. Taylor deposed that "bottle No. 21 he found half full of a clear fluid," that he tried Reinsch's process on it, and "found that there were seven grains of chlorate of potash in an ounce of it, which was 1 6-10 per cent., and that there was a grain of arsenic to every ounce;" he further said that it was of the sort we call white arsenic, and that he had previously tried the tests (materials) and found them pure. Here was evidence of the most positive and distinct kind; not only was arsenic found, but the weight estimated, and its nature (white) ascertained. Upon the trial this was stated to be a mistake; that, although the former evidence was given so boldly and so particularly, it was now found that there was no arsenic in it, but that the arsenic found was in the copper, although the copper had, with the other materials, been previously proved to be pure. The witness went on to say that he had at first operated upon an evacuation, and found arsenic in that, but admitted that he had used the same copper for many years, consequently all proof of the presence of the poison either in the body, or in the evacuation, or in the bottle in the possession of the prisoner, was destroyed by the witness himself, and the jury must rest upon the symptoms and physiological appearances in the opinions of the Medical witnesses called, which are about equal for and against the prisoner. But the mischief does not end here, for if the same impure copper "has been used for twenty years," and evidence given upon it, what shall be said of the justice of the convictions and execu-

tions which have taken place during those years upon Dr. Taylor's evidence?

But was the arsenic said to be found in bottle No. 21 really in the copper used to prove its presence? Could the copper wire gauze dissolved by seven grains of chlorate of potash and its associated hydrochloric acid deposit one grain of arsenic? In the face of all England I say it could not; the hundredth part of a grain of arsenic in that quantity of copper would render it so brittle that it could not be drawn into wire at all, much less into fine wire fit for gauze; the fact is, the whole set of operations were a bungle. Reinsch's process is not applicable where nitrates or chlorates are present.

Next, where his admirable process is resorted to, the mere discoloration of the copper does not prove the presence of arsenic; it only proves that one or more of the inferior metals—arsenic, antimony, tin, lead, bismuth, mercury, &c., are present.

To individualise arsenic among these, four more experiments are necessary. The first is sublimation in a stream of air, when crystalline arsenious acid is produced from the black deposit. Next, that sublimate must be dissolved in water, and tested by three methods: first, ammonia, sulphate of copper; next, ammonia, nitrate of silver; and, thirdly, sulphuretted hydrogen.

Thus, one separation and four proofs produce a body of evidence which it is impossible to gainsay, and these five proofs should be brought into court so as to be examined by those who are competent to recognise them; and I here warn juries that no evidence short of tangible production of the poison and its tests, ought to be for one moment attended to; any deviation from this rule will convert a convicted criminal into a martyr, and deprive trial by jury of the infallibility which it ought to possess; and, lest it might be imagined that it may not be possible to secure enough of the poison to make the five proofs, I should say that the one-thousandth part of a grain is quite sufficient.

Mr. Rodgers.

In the recent trial of Dr. Smethurst errors of the greatest importance, and more or less apparent, have gained publicity. In consequence of the weight attached to them by the Lord Chief Baron Pollock in his charge to the jury their correction has become a matter of the utmost necessity.

The most prominent of these errors is the statement given in evidence by Professor Brande, that it is a new fact in chemistry that chlorate of potash (meaning the mixture of hydrochloric acid and chlorate of potash) dissolves copper, and that he should have committed the same blunder as that acknowledged by Professor Taylor. This statement is untrue, and requires correction, the more so as the learned Judge urged this as a strong point on the consideration of the jury; and, again, I emphatically repeat not true, for this mixture has long been known as one of the most powerful solvents, actually used to dissolve and separate copper from its ores, and, so far from presenting obstacles to the detection of arsenic, it affords the means, as was discovered by Drs. Fresenius and Von Babo of separating arsenic from the blood organs and tissues of the body (*vide Lancet*, vol. i. for the year 1844). Indeed, by a slight modification of their process, I have been enabled in a great number of instances to separate the minutest trace of any metallic poisons in numerous cases which I have been called upon by coroners to investigate.

It should also be known that the presence of chlorate of potash interferes in no way with the action of the tests by which the presence of arsenic in an aqueous solution can be most incontestibly proved, and that Reinsch's process in itself is not a test, but is only a method by which arsenic can be separated from matters that do not admit of the conclusive application of the proper tests.

Again, Reinsch's process was represented as the most efficient known; but it is ill-adapted where the blood organs and tissues form the subjects of analysis, and is totally inapplicable in all cases unless copper perfectly free from arsenic be employed. I draw particular attention to the importance of using perfectly pure copper, as Dr. Taylor in evidence emphatically expressed his determination to use the same copper gauze (which he has himself found to contain arsenic) in any future analysis he may be called upon to make where chlorate of potash is not present.

With the conviction of Dr. Smethurst a new era in our jurisprudence commences; for it is certain that cases similar to that of Isabella Bankes have occurred in the practice of our most celebrated accoucheurs from natural causes; that while the morbid appearances observed in her case were not such as our present experience warrants us to expect in a case of antimonial or arsenical poisoning, they were such as might arise from natural disease; that in no other case has poison been found in the blood without, on examination, its presence being most satisfacterily demonstrated also in the various organs and tissues,—a fact on which my own long experience in toxicological analysis entitles me to express a most positive opinion.

I will observe, in conclusion, that in all cases of medico-legal inquiry it would be well to adopt the course pursued by Mr. Wakley, *i.e.*, that the analyst employed should take only half the suspected matter, the remainder being sealed up by him and left in safe custody, in case his results should be called in question.

Dr. Shearman, of Sheffield.

1. Reinsch's test for arsenic, when properly employed, is not disturbed by the admixture of any quantity of chlorate of potash. The most simple and accurate mode of investigation into the supposed presence of metallic poisons in organic mixtures is by treating such with hydrochloric acid, subsequent boiling, and free addition of the chlorate of potash in fine powder. During the decomposition which occurs free chlorine is developed and a rapid oxydation of the organic matter takes place, rendering the subsequent examination simple and free from complex substances. This is the plan adopted by the most accomplished analytical chemists systematically; yet, in Dr. Taylor's case, from ignorance of the presence of the chlorate, it led to most serious and dangerous erroneous opinion.

2. Reinsch's test, tried in the presence of free chlorate of potash, dissolves the copper as stated by Dr. Taylor; but this is evident immediately to the eye by the green tint produced, and Dr. Taylor should at once have observed the change. If he had then removed the chlorate he would not have obtained a deposit of arsenic from his own copper gauze.

3. Other substances besides chlorate of potash produce the same solution of the copper; and some of these substances are the peculiar salts which occur in large quantities in the evacuations of dysentery, the intestinal disease following typhoid fever and severe diarrhœa.

4. Lehmann, Güterbock, and Schmidt, men of the very highest position as physiological chemists, have pointed out in the evacuations of the above diseases the presence of large quantities of the phosphate of ammonia and magnesia and chloride of sodium; and Dr. Taylor can easily prove, as other chemists have done, that these salts, when present in evacuations or other mixed fluids, will cause the solution of the copper gauze; if that gauze contain arsenic, the arsenic will be freed and deposited on other portions of the gauze.

5. Miss Bankes had most of the symptoms of dysentery; her evacuations were such as to dissolve the copper from the presence of the above salts. Dr. Taylor's gauze, as he acknowledges, contained arsenic; which would be deposited again on the copper, and account for the presence of that poison in the evacuation.

6. This was the only arsenic found. In other words, it was only found where the chemical constitution of the matter examined was such as to lead to the same error as that Dr. Taylor acknowledges to have committed in the case where he subsequently found the chlorate of potash.

7. There is no more ground for the suspicion of arsenic in the evacuation than there was in the substance contained in the bottle, pronounced by correct analysis, free from the arsenic it was first stated to contain.

8. No sound chemist, in an ordinary case of suspected impurity, would certify to the presence of arsenic by such an analysis. He would at once, so soon as the copper dissolved, find out the error of the analysis; and, in the case in question, have totally removed the dissolving substance before giving an opinion as to the presence of that metal.

9. Should copper gauze, containing arsenic, be used in Reinsch's test, the evacuation in any case of dysentery, severe diarrhœa, and that resulting from typhoid disease of the bowels, would give as distinct evidence of the presence of arsenic as that in Miss Bankes's case. Under such

circumstances death, from natural diarrhœa, might at any time involve a suspected person in a crime of which he was totally innocent.

I know no other conclusion to be derived from the chemical investigation in this case than that there is not a trace of evidence of the existence of arsenic but in the copper gauze.

Drs. Richardson, Thudichum, and Webb.

There is not a case on record of slow arsenical poisoning, in which, on subjecting the tissues to modern chemical research, arsenic has not been indubitably discovered. We have searched, in pursuing our inquiries, all the scientific records of poisoning since the year 1808, the year when Rose first introduced an analytical proceeding for the discovery of arsenic in tissues and organic mixtures; and the fact above stated is the result of that labour. We further state, from repeated experiments on animals, that it is impossible for arsenic to be administered in small and long-continued doses, in any way or combination whatever so as to destroy life and yet leave behind in the dead body no evidence of its presence.

* * * * * *

An attempt has been made to show that as in one out of three evacuations passed by Isabella Bankes arsenic in minute proportion was found, together with copper; therefore arsenic must have been feloniously administered.

We will first consider the question of the safety of this analysis. In regard to this statement of the finding of arsenic, the broad fact stands out that the analysis was made by means of a specimen of copper which admittedly contained arsenic. Considering the many existent chances by which the copper in such analysis may be oxydised and dissolved, we consider it a sacred duty incumbent on us to entirely repudiate an analysis made with such impure materials. The analysis may be true, it may be false,—it may be a mixture of truth and falsity. Certainly, an attempt was made to show that copper in some experiments did not dissolve in the presence of organic substances. But to prove this, months, we may say years of research, must be employed, and the effects of every organic substance, healthy and diseased, must be tested. So that in our present state of knowledge the inference is natural that the copper yielded to the evacuation the arsenic found, as it was proved to have yielded arsenic to a solution of chlorate of potash in which (as it was confessed) no arsenic originally existed.

But even if we were to admit that the arsenic was not introduced by the arsenical copper, but was deposited on it from the evacuation, there is afforded a direct interpretation of the circumstance, in the consideration of the nature and the impurities of medicinal substances taken by the deceased.

Three remedies were administered to Isabella Bankes, two of which were proved to have contained arsenic. These were sulphate of copper and grey powder. Trisnitrate of bismuth, also administered to the deceased, is a drug, in every specimen of which, as we can ascertain, arsenic is present. Trisnitrate of bismuth, obtained from the same wholesale house as that from which Isabella Bankes was supplied, we have proved to contain arsenic by abundant experiment. It was stated by a witness for the prosecution that a portion of Dr. Julius's bismuth, supplied by that house, did not contain arsenic. We affirm, from experiment, that the analytical proceeding adopted by that witness for the detection of the arsenic in the bismuth, was entirely unadapted for the purpose of such detection. Had the simple and strictly chemical method of separating the two metals, bismuth and arsenic, in the form of sulphides, been adopted, the arsenic would have been infallibly found. Here, then, are sources for the introduction of arsenic into the body of Isabella Bankes. But now the question of quantity is brought into conflict. The prosecution affirmed that the quantity discovered in the evacuation was more than could be accounted for by the supposition that the metal found its way through the medium of medicines containing it as an impurity.

Upon this we feel constrained to examine the mode by which the quantity of arsenic assumed to have been in the evacuation was determined. A minute ring of microscopical crystals of arsenious acid was obtained from the evacuation. The ring was never weighed, but a comparison by sight was instituted with another portion of arsenic first weighed and then sublimed into a tube. The hundredth of a grain was hereupon guessed at as the weight of poison derived from two drachms of the evacuation.

We need not stay to expose the fatal fallacy of this mode of determination of quantity. Comparison of weight by mere sight, can give but an imperfect knowledge of relative weight, even when large objects are in question. What, then, of comparisons made on a number of microscopical crystalline particles undefinable by the unaided eye, and amounting altogether to the assumed weight of 1-100th of a grain? We are content, whatever our wonder at the assumption, to say that the quantity of arsenic in the evacuation was entirely undetermined, and that the accidental introduction of arsenic into the body by the means we have pointed out is amply sufficient to account for the undetermined trace of the poison said to have been discovered in the evacuation.

We have put the correctness of this view to the test of experiment. Having obtained a specimen of urine from a patient who had for six days been taking bismuth in small doses, we found arsenic in the urine, and thus proved the fact that bismuth administered by the mouth will yield arsenic to the excretions.

In the same terms as those in which we have spoken of arsenic and its detection, we would speak of antimony.

There is no known instance of slow poisoning by this agent, either in man or a lower animal, in which, after death from the agent, the poison has not been found in the liver. In the evidence given for the prosecution, amidst discrepancy and hesitation, it was stated that traces and indications, and less than traces and indications, of antimony were found in the blood, in portions of the intestines, and in one kidney, but not elsewhere.

To us it is incomprehensible that antimony should be found in the blood in any case, and not be found in the liver; the organ which, according to all experimental history, is the chief depot of the poison. This contradiction of all foregone experiments throws a doubt over the validity of the peculiar experiments by which antimony was presumed to have been determined in the tissues of Isabella Bankes; a doubt strengthened by the circumstances that the mode by which the antimony was sought for is unknown to all but the experimenters. But, granting, once more, that undefined and indefinable traces and indications of antimony were derived, the detection is explainable with perfect consistency, irrespective of the hypothesis of felonious administration. Antimony is so slow to leave the body that it may be detected in animal tissues three months after it has ceased to be administered. It exists, moreover, as we have proved, as an impurity of grey powder, of which the deceased took thirty-two grains. It exists in bismuth, another substance administered medicinally to the deceased. With these facts before us, which admit of direct demonstration, we offer no exaggeration in saying that an hypothesis of felonious administration based on the finding of traces and indications of antimony in the tissues of Isabella Bankes, falls to the ground, bereft alike of ingenuity and probability.

Hunterian Society.—The meetings of this Society will recommence on Wednesday, October 5th. The chair is taken at eight o'clock. Officers for the session 1859-60. *President*—D. Henry Walne, Esq. *Vice-Presidents*—Herbert Davies, M.D.; John Jackson, Esq.; Thomas Brown Esq.; W. W. Gull, M.D. *Treasurer*—William Cooke, M.D. *For the Oration of* 1860—Stephen Ward, M.D. *Librarian*—Nathaniel Ward, Esq. *Secretaries*—S. W. Devenish, M.B.; H. I. Fotherby, M.B. *Council*—W. J. Little, M.D.; W. M. Cooke, M.D.; G. C. Dale Esq.; J. S. Ramskill, M.D.; Miles Beale, Esq.; W. S. Saunders, M.D.; T. M. Daldy, M.D.; Robert Barnes, M.D.; Robert Fowler, M.D.; W. B. Langmore, Esq.; Joseph Reid, M.D.; Buxton Shillitoe, Esq.

Rheumatismal Pains in Scarlatina.—M. Trousseau has recently asserted that rheumatismal pains are present in one-third of all cases of scarlatina. The reason persons do not observe the fact is that they don't look for it. During seven years at the Hôtel-Dieu, although he had noted every case of scarlatina, he had himself never observed the fact; the patients do not complain of pain in the joints; the pains must be sought for. It is just the same with the orchitis of variola, as pointed out by M. Bérard. Sydenham, who had seen so many cases of small-pox, had never observed it, nor had he. M. Trousseau, however, in speaking of these pains, wishes it to be understood that he is referring only to cases of scarlatina in the adult.

CURIOSITIES OF MEDICAL EVIDENCE.

At the recent lunacy commission at Exeter, of which we gave a short account in our last number, there were some amusing discussions between the Medical witnesses and the counsel. We append a few examples. Dr. Bucknill was the first subject. It appears that he had tested the "calculating powers" of the old lady whose sanity was the subject of the inquiry. When he asked her how much she would have to pay per week for her lodgings, at £100 per year, she could not answer the question. Mr. Collier: Will you be kind enough, Dr. Bucknill, to say how much that is a week? Witness (hesitating): I cannot tell in a moment (laughter). Mr. Collier: Come, £100 a-year, how much is that per week? Don't be nervous: take time (laughter). Witness: I decline to tell you. Mr. Collier: You won't, or you cannot? Witness: I decline to tell. Mr. Collier: Can you tell without taking out your pencil and going through the figures? Witness: No (laughter). The Commissioner: I don't think the learned counsel can (laughter). Mr. Collier (reading from his brief): It is just thirty-eight shillings, and five-twelfths of a penny (laughter). Then Dr. Tuke had deposed that the general answers of the lady "evinced a want of power to comprehend a subject." He asked: Who is the present reigning sovereign? She did not seem to understand it. She did not answer. He said: Don't hurry yourself; who is the head of the constitution, who administers the law? He put it many ways, but she seemed not able to understand. The young lady interposed the question: Who is the present Queen? Miss Ewings said immediately "Queen Victoria." The Commissioner: She beat you in the question, doctor; yours was rather philosophical (laughter). Witness avoided leading questions (laughter). This was "nuts" for the cross-examination, especially when as an additional proof of insanity, Dr. Tuke said the old lady seemed "constantly puzzled." Then the lawyers had the best of it. The examination was continued thus:—I asked her who was the head of the constitution; who administered the law. I wanted to give her a question that should make her think, but not to puzzle her. Q. So it was to make her think that you asked her who administers the laws. Now, Dr. Tuke, who does administer the laws? (Laughter.) Witness: I decline to answer. Mr. Collier: Why it is your own question. Witness: Yes, I put it to the lady gently and kindly (laughter). Mr. Collier: Oh, very well, I will put it to you gently and kindly: Dr. Tuke, Who administers the laws of this country? (laughter.) Witness: If I were to answer at once———Mr. Collier: Oh, take time; consider of it. Witness: I should say the King or Queen. I see the dilemma, but when I put the question to Miss Ewings, I was "talking down" to her. Mr. Collier: Now, on consideration, should you say the Queen, or the Lord Chief Justice of England? Witness: On consideration I think it might be the Lord Chief Justice. The Commissioner to the witness: Who is the Chief Magistrate? Is it not the Sovereign? Witness: That was my impression. I wanted to ascertain if the lady understood a proposition. If I had asked, Who is the King or Queen reigning? I have no doubt she would have answered rightly. But my question may have puzzled her, although I put it in every possible way not to puzzle her. I could get no answer. Q. How could you expect one? A. She might have said "What do you mean?" "Put it clearer," and that would have been an answer. She gave no answer, and that is one ground on which I formed my opinion, although it is a weak one. I think it possible that the failure in getting an answer may have been the fault of my question. Mr. Collier seems to have done the low comedy of the case. The intellectual sparring was left to Mr. Karslake, whose cross-examination of Dr. Paterson is a masterpiece of forensic subtlety. Q. What is the difference between a delusion and an unfounded belief? A.—(hesitatingly) It is very difficult to say. Q. There certainly must be words in the coinage of the English language to express it. What is the difference between an unfounded belief and an unfounded impression? A. Many sensible people may labour under a delusion. Q. Supposing that a man was to tell you to-morrow that I am Oliver Cromwell, and nothing on the earth would prevent my belief in it, is that the effect of a delusion or not? A. Certainly. Q. Supposing that you had been with me an hour, and I told you that a man had come into the room, and had attempted to strangle me, and that nothing of the sort had occurred, is that a delusion? A. Yes, I suppose it is. Q. It would not be an exaggerated belief? A. No; if there had been no foundation for it. Q. You would admit that it was, strictly speaking, a delusion? A. Yes. Q. Are you aware that by the law of the land a person believing in delusions is a madman? A. Of course it is entirely a matter of meaning of words. Q. No, no, it is not. Are you aware that a person having a persistent delusion, of a thing that does not exist, is insane and incapable of making a will? A. Yes; that is an insane delusion. Q. I am talking of a delusion as the persistent belief in a thing which does not exist, nor never did exist, would you call that an insane delusion? A. It is an insane delusion. Q. Then putting the adjective insane, is that the mere putting a vituperative expression to a delusion? A. I think almost all people may persuade themselves in the existence of something that does not exist, nor never did exist, and not be mad. Q. I grant you that, but is it not an insane delusion? A. Of course. Q. You recognise a distinction between a mistaken fact and a delusion? A. Yes; because a person may believe he is attacked by three persons when it is only one. Q. But supposing you had ascertained from Miss Ewings, or she had told you that at Warrington, before she went to the asylum, a woman with one arm had thrown her down in her lap, and had clasped her round her neck, and you knew that it was not a fact, would not that be a delusion? A. I say that I do not believe that a mistaken belief as to what occurred in paroxysms of mania is a delusion. Q. Do you believe that delusions engendered during delirium or mania are not delusions? A. It is only the memory of a delusion. Q. Is it not a continuing delusion? A. Certainly not. Q. Will you explain the difference between the memory of a delusion, and a delusion? A. One is an impression on the mind, and the other arises from a false conception. Q. Very well; but supposing that a madman had a delusion that he was told by an angel to murder his father, would you believe that to be a past or existing delusion? A. I should say it would be both a past and existing delusion. Q. Will you draw the distinction between the two? A. It is impossible, because a man would not, in the nature of things, be told such a thing by an angel. Q. But suppose that he was told by a gipsy; would that be a delusion? A. No, an erroneous belief. Q. Define the difference between a delusion and erroneous belief, taking my premises? A. It is a belief arising from a false impression of the mind; a totally unfounded impression of the mind. Q. Is not that a delusion, as I said before? A. I draw a distinction in my own mind as to what, in my own judgment, is an erroneous belief, or an unfounded belief, or a delusion. I should think that which you mentioned about an angel is the memory of a delusion. Q. Give us the definition of a delusion. A. It is difficult to say. Q. Is the present belief in a non-existent thing a delusion? A. Certainly, if you prove to the mind of an individual who holds that belief that the thing never did exist. That is a delusion. Q. I assume that one evidence would be, that the more you attempt to persuade him that it was a delusion, the more he would persist in believing it? A. Certainly. Q. Has it occurred to you in your practice to find that a common symptom of mania is the continuing to believe in an exaggerated thing, as distinguished from delusion? A. Certainly.

A Question in Medical Ethics.—A discussion took place a short time since at the New York Academy of Medicine on the question, Whether the Academy should pass an opinion on surgical instruments and apparatus which have been patented? Dr. MacNulty contended that it was contrary to the spirit of the Code of Ethics of the National Medical Association for Physicians to obtain patents, and consequently that they should not act on other people's patents. This sentiment met with much opposition, and the general opinion was, that surgical appliances should come under a different rule from nostrums, being usually invented, at least in part, by mechanics, who could not do without the patent. A resolution by Dr. MacNulty, to the effect that the consideration of no patented article should be entertained by the Academy, was lost; but the vote was afterwards reconsidered, and the resolution laid on the table.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 25th August :—

BIRD, JOHN DUNHAM, Stretford, Manchester.
FALEVASSER, FRANCIS, Sherborne, Dorset.
FENNELL, EDWARD HENRY, Ramsgate.
HAYES, ROBERT HULME, Longton, Stafford.
HERBERT, BENJAMIN HEYWOOD, Francis-street, Edgbaston.
HICKS, ROBERT.
KIRBY, THOMAS CHARLES, Bodicott, Oxfordshire.
KNIGHT, THOMAS, Brill, Bucks.
LLEWELLYN, DAVID HERBERT, Malmesbury, Wilts.
MILLARD, WILLIAM JOSEPH, Whitchurch, Monmouthshire.
PLATT, THOMAS, Oldham, Lancashire.
VAN, ARTHUR FERDINAND, Northfleet, Kent,

The following gentlemen also on the same day passed their First Examination :—

CALDWELL, WILLIAM T. D., Harleyford-place, Kennington.
LANGTON, JOHN, Denmark-hill, Surrey.

DEATHS.

ADAMS.—August 25, at Kingtown, Neason Adams, M.D. in his 84th year.

ATKINSON. — August 3, at Castlebar, John Atkinson, M.D. aged 68.

BENNETT. — Thomas Wainwright Bennett, Assistant-Surgeon in the army, stationed at Gambia.

BOURNES.—July 28, at Belmullet, Co. Mayo, Matthew Bournes, M.D.

BURNAND.—August 22, near Chichester, William Burnand, many years head of the late firm of Burnand and Newland, of Chichester.

BURNETT.—August 1, at North Shields, William Burnett, aged 41.

CLELAND.—August 18, suddenly, Allen Cleland, L.S.A. of No. 4, Norway-place, Limehouse.

COLSTON.—August 2nd, at Bishop's Stortford, John Colston, native of Port Glasgow, N.B., aged 52.

FORBES.—August 15, at Kennoway, Fifeshire, George Forbes, M.D. St. Andrew's, and L.R.C.S. Edin. 1806.

FALCON. — August 19, at Weymouth, Robert Falcon, M.D., formerly of Whitehaven, and late of Cheltenham, aged 71.

GARRINGTON.—July 5, at Benares, East Indies, William Archibald Garrington, (eldest son of Wm. Hawkins Garrington, of Portsea,) M.R.C.S. and L.S.A.

HAGYARD.—August 13, at Hovingham, Yorkshire, very suddenly, of apoplexy, Robert Hagyard, M.R.C.S. Eng., and L.S.A. 1848, aged 38.

HALL.—August 22, at Old Swan, Liverpool, Richard Hall, aged 54.

JAMES.—August 16, at North-street, Cheltenham, Samuel James, aged 65.

KAYE.—July 16, at the Sanatarium, Bombay, Assistant-Surgeon Kaye, 2nd extra Battalion.

MITCHELL.—August 6, at Nether Inver, Monymusk, Aberdeenshire, Robert Mitchell, M.R.C.S. Eng. 1813, formerly Assistant-Surgeon H.E.I.C. Maritime Service, aged 68.

STEWART. —Recently, David Stewart, Surgeon (7th January, 1853), 92nd Foot.

WHITE.—August 16, at Shanganagh, Ireland, Francis White, F.R.C.S. Ireland, late Inspector-General of Lunatic Asylums in Ireland, etc., etc.

WE are assured that the profits from the Festival, which are to be devoted to the Bradford Infirmary and Hospital, will amount to something like 1000*l.*

THE first drinking-fountain in Marylebone has at length been opened. It is situated near the ancient gate in front of the Infirmary of the Marylebone Workhouse.

THE Duke of Marlborough has paid £135 to the account of the Oxford Radcliffe Infirmary, being balance of moneys received from visitors to Blenheim Palace and gardens during this season.

THE Prince Consort, who is to preside this year at the Annual Meeting of the British Association, to be held at Aberdeen, will deliver the inaugural address on the evening of Wednesday, the 14th of September.

LORD HENRY SEYMOUR, we learn from the *Globe*, has left a rent-roll equal to £36,000 sterling per annum to the Hospitals, and nearly an equal sum to a number of the "*femmes galantes*," of Paris.

The Library of Humboldt, which had been left to his old valet, has this week been sold to Lord Bloomfield for the sum of about £6000. It is said to be destined for the British Museum.

M. TARDIEU has been elected by a large majority to the place vacant in the Section of Hygiene at the French Academy. His opponents were MM. Bouchut, Boudin, Becquerel, Duchesne, and Réveil.

During the second quarter of 1859 the births, deaths and marriages in Scotland were, in reference to the estimated population, at the annual rate of one birth in every 27, one death in every 50, and one marriage in 152 persons.

THE will of Colin Campbell, Esq., formerly Physician-General in the Hon. East India Company's Bengal Establishment, has been proved in London by one of the executors. The personalty in England is sworn under £12,000.

A MEMORIAL is projected by many of the Army Medical Officers and others, in appreciation of the services of the late Sir James Macgrigor, who for so many years presided over the Medical Department of the army. A subscription has been opened for the purpose.

MORTALITY AMONG EMIGRANTS.—During the last five years the mortality on board emigrant ships which have proceeded to North America has been as follows :—1854, ·74 per cent.; 1855, ·33 per cent.; 1856, ·22 per cent.; 1857, ·36 per cent.; and 1858, ·19 per cent.

THE Social Science Association has proposed the following special question for its next annual meeting at Bradford, in October :—"How far, and in what way, can the national census of 1861 be made available for procuring information on the moral, material, and social condition of the country?"

A GENTLEMAN living at Bow, in the midst of the smokiest suburb of London, has produced abundant crops of the rarest fruits for many years. He has glass houses erected on the leads of his house; he stretches over the openings made for free circulation of air, woollen netting with ¾-inch meshes to entangle the blacks and keep out slight frosts.

WE some time since referred to the fact of the very defective condition of the Barracks in Trinidad. It now appears, that even up to this time no fit place for soldiers' dwellings has been found. What a satire this on the *system*, which has for years past sacrificed so many valuable lives through inattention to the simplest laws of Hygiene!

THE advent of a new Red-Tapeism is announced with the termination of the Indian war. An "Old Soldier" informs us, "That the Commander-in-Chief in India expresses his regret at the 'irregularities' caused by the late active service, and desires commanding officers to immediately order a new supply of shakoes, and all the rest of it."

IT should be recorded, that during the past week 20 persons, "including 14 unhappy children under 5 years of age," died of small-pox in London; 28 persons died by accident or negligence; namely, 12 by mechanical injuries, 4 by burns, 1 by poison, 10 by drowning, and 1 by suffocation; 1 person was murdered, 5 committed suicide, 3 died suddenly without stated cause.

BRITISH MUSEUM.—The experiment of opening this institution in accordance with the Saturday half-holiday movement has been eminently successful, and it is intended by the trustees that the same plan shall be adopted next summer. Since last Wednesday the institution has been entirely closed to the public, but will be re-opened on September 7, as usual at this period of the year.

Mortality in the Army.—The Commander-in-Chief has informed the Registrar-General that in 1857, 3220 officers and men died in the army abroad, against 2580 in 1856, 20,315 in 1855 (Russian War), and 7383 in 1854. The annual rate of mortality in Great Britain, including the deaths of soldiers abroad, was (in 1857) 2157 in Great Britain, 2178 in England and Wales, and 2323 in France. The rate was also higher in France in 1855 and 1856.

Oppolzer relates (in the *Wien Med. Woch.*) a well-marked case of angina pectoris. The man, the subject of the disease, died in a fainting-fit, after suffering repeated attacks. Here again, as in so many cases, the muscular substance of the heart was found far gone in fatty degeneration, the origin of the aorta highly atheromatous, and the calibre of the coronary arteries (particularly the left) very much narrowed through a similar deposit of atheroma. In this case Oppolzer considered that the deposit in the aorta, by compressing the coronary arteries had prevented the due nutrition of the heart's structure.

M. Cagniard de la Tour's name is well-known to our Profession in connexion with sound and the sense of hearing. He was the author of the instrument called the *Sirène*, by which the number of sonorous vibrations, which constitute a note, is measured. He died suddenly a few weeks ago in Paris. He was born in 1777; in 1794 he entered the Polytechnic School. In 1811 he was attached to the Council of State and Ministry of the Interior. In 1815 he was decorated, obtaining the title of Baron in 1818, and the Cross of St. Michael in 1823, and in 1851 he succeeded Gay Lussac at the Academy of Sciences.

Prize Questions of the Fiske Fund for 1860.—1. Diphtheritis, its nature and treatment, with an account of the history of its prevalence in different countries. 2. The morbid effects of the retention in the blood of the elements of the urinary secretions. For the best dissertation on either subject a premium of 100 dollars is offered. Essays are to be sent post free to S. A. Arnold, M.D., Secretary of the Trustees of the Fiske Fund, Providence, Rhode Island, before May 1, 1860; and the successful candidates will be announced at the meeting of the Rhode Island Medical Society, at Newport, on the second Wednesday in July.

Illegitimate Births in Scotland do not diminish. Of the 28,556 births registered in the second quarter of 1859, 2455, or 8·5 per cent., were illegitimate, a proportion slightly higher than the corresponding quarter of last year. The table showing the proportions of illegitimate births in the different divisions of Scotland continues, as formerly, to exhibit the highest proportions in the north-eastern and southern districts. Banffshire, in the north-east division, still figures at the head of the ignominious list, showing 17 per cent.; the southern county of Selkirk follows at 16·3 per cent.; and the north-eastern county of Aberdeen succeeds at 14·8 per cent. The smallest proportions are in the extreme north and in the western counties. The proportion as between town and country is respectively 8·4 and 8·7.

National Association for the Promotion of Social Science.—The third annual meeting of the Association is announced to take place at Bradford on the 10th of October and two following days. A programme of the proceedings has been issued, from which it appears that the meeting will be presided over by the Earl of Shaftesbury; that Sir W. Page Wood will be president over the department of Jurisprudence, Mr. C. B. Adderley over that of Education, Mr. Monckton Milnes over that of Punishment and Reformation, and the Right Hon. W. Cowper over Public Health; and lastly, that Sir James Kay Shuttleworth will be president over the department of Social Economy. Lord Brougham has accepted the office of permanent President of the Council, and will in that capacity deliver an address at the Bradford meeting.

Pinel on Magnetism.—"I must say one word to you about magnetism, although it be on its decline,—especially among people of sense,—since the Report of the Academy. Replies have been made, and pamphlets have been published, but unfortunately for their authors they are not read. The Government has long been desirous that the public should be enlightened concerning this species of mania. I fancy that it has just received its last stroke through being put on the stage. A piece has lately appeared at the '*Italiens*,' entitled the 'Modern Doctors,' in which Mesmer and Delon—the two heads of the sect—are introduced in a most charmingly pleasant and gay manner; every one bursts with laughter, and if you were there you would find in it an excellent remedy for your melancholy. Nothing has so astonished the *Mesmérians* as this last hit. Still, however, there is amongst women an extreme zeal for the new medicine. They find it very *gentil*, there being certain necessary touchings, and a certain development of trickery on the part of the magnetiser. I, myself, wishing to become instructed in the secret, attended M. Delon for two months. This has led to some pleasant adventures; and when reason sleeps, I find no little pleasure in prescribing for ladies the charming manœuvres of magnetism."

A Medico-Military Funeral.—The funeral of Assist.-Surgeon Arthur Henry Taylor, attached to the Medical Staff of the Royal Horse Artillery, has just been performed at Woolwich with the full military honours due to his rank. The death of the deceased occurred at Chelsea, whence his body had been removed to Woolwich for sepulture, in fulfilment of his own request. The distinguished career of the deceased during his period of service in the Russian campaign was on various occasions notified, in his despatches to Government, by Major-General Sir Richard Dacres, at present commanding the garrison of Woolwich. On Wednesday a general notification in garrison orders was issued for the arrangement of the funeral, at which the whole of the officers were invited to attend. At eleven a.m. the coffin was brought forth by six gunners of the Royal Artillery, heroes of the Crimean war, who had solicited that duty as a doleful tribute to him to whom, under Providence, they impute their recovery from severe and dangerous wounds incurred at Inkermann. The remains of the deceased were conveyed to the place of interment on the usual military bier, a gun-carriage, covered with a union-jack. On a small black cushion, placed on the bed of the coffin, were laid the decorations won by the deceased, together with his busbie and sword; and at his head and feet a garland and wreath of *immortelles*. The whole of the Artillery and Engineer troops not otherwise engaged were in attendance. The full band of the Royal Artillery headed the procession, and the two bands of the Royal Marines and the Royal Horse Artillery followed the bier. Major-General Sir Richard Dacres, K.C.B., accompanied by a numerous body of his own officers and those of other corps in garrison, attended as a mark of especial respect to the deceased.

Criminal Abortion in the United States.—To so great a pitch has this practice arrived in the States, that the American Medical Association has found it necessary to take it up, and in 1857 appointed a committee, with Dr. Storer, of Boston, as its reporter. At the meeting at Louisville, in May of the present year, an elaborate report has been presented, which we shall notice on its publication. In the meantime, the following resolutions of the committee have been unanimously adopted:—"Resolved, 1. That while Physicians have long been united in condemning the act of procuring abortion at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of this crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life. 2. That in pursuance of the grand and noble calling that we profess—the saving of human life—and of the sacred responsibilities thereby devolving on us, the Association presents this subject to the several Legislative Assemblies of the Union, with the prayer, that the laws by which the crime of attempted abortion is sought to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary. 3. That the Association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States." The editor of the *Boston Medical Journal* recently notices the conviction of the "notorious Dr. David Brown" for this crime. He also stigmatises the inconsistency of the verdict of manslaughter, the crime being murder or nothing. This has arisen from the disinclination of juries to convict for a crime attended with the penalties of murder, the culprit, indeed, generally, escaping altogether. "Under the present state of feeling on the subject, it strikes us that it would be almost worth while to mitigate the severity of the penalty, rather than allow so many criminals to escape 'scot free.'"

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 27, 1859.

BIRTHS.

Births of Boys, 840; Girls, 870; Total, 1710.
Average of 10 corresponding weeks, 1849–58, 1523·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	629	588	1217
Average of the ten years 1849–58	634·4	642·3	1276.7
Average corrected to increased population	..	..	1120
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	18	52

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	3	7	1	2	30	6
North	490,396	2	5	11	5	2	36	13
Central	393,256	6	..	10	2	4	20	8
East	485,522	9	4	16	1	3	60	7
South	616,635	4	..	34	4	5	69	12
Total	2,362,236	22	12	78	13	16	215	46

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·861 in.
Mean temperature	66·6
Highest point of thermometer	81·0
Lowest point of thermometer	54·6
Mean dew-point temperature	56·2
General direction of wind	N.W.S.W.
Whole amount of rain in the week	0·25
Amount of horizontal movement of air in the week	380 miles.

TO CORRESPONDENTS.

Mr. Humphreys.—Cases received.

Alpha.—The General Council is not likely to meet again until next year. We have published the minutes of their last meeting.

M.R.C.S. and L.S.A. of Fifteen Years' standing does not seem to have observed the last advertisement of the Edinburgh College. An examination is now necessary to obtain the licence.

Dr. Cregeen.—The rule only to admit one address on the Register is clearly a bad one, and there can be no justification for registering two addresses for one Practitioner, and refusing to do so for others.

Mr. Hazard.—The Act was not meant to be retrospective, but it is quite clear that no one who is not a Member of a College of Surgeons can legally call himself Surgeon. The duties named by our correspondent may be undertaken by any registered Practitioner.

FOREIGN GRADUATES.

We are requested to state that a Petition to the Privy Council from unregistered Foreign Graduates may be had of Dr. Thorn, 87, Harrow-road, W.

REGISTER! REGISTER! REGISTER!

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You would do a service by calling the attention of qualified but unregistered men, who are very numerous, to the serious inconvenience they may occasion others by their not being able to perform any legal act, —especially that all their lunacy, pension, invaliding, and other Medical certificates are waste-paper; and they leave to unqualified persons the argument—"Well, if I am not registered, no more is Dr. A. or Mr. B., yet no one denies that they are entitled to practise." Under the Thirty-seventh Section a curious question as to the continued validity of lunacy certificates signed by unregistered men (even though signed before the Act was passed) might be raised! I am, &c., A. E.

DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Should you think the following notes on the pathology of Diphtheria of any use, they are at your service: they are founded on the personal observation of about sixty or seventy cases.

Diphtheria has a period of incubation, attended by premonitory symptoms, both subjective and objective; and if it falls under proper treatment during this period, it seems never to become severe, much less fatal. Some of the objective symptoms are pathognomonic. These pathognomonic prodromata are - a punctiform and stellate redness on the soft palate, alone or combined with minute vesicles, like miliary vesicles, and in some cases erythematous (?) patches on the hard palate. (These are oblong patches of about half-an-inch square of mucous membrane, raised about a tenth to the twentieth of an inch above the surrounding tissue, of a lake purple colour and middle tint,—briefly, congested patches.)

When exudation takes place, the colour of the membranes surrounding the exudation (so far from having the dusky colour usually described, and which belongs properly to the middle and last stage), is of a florid or vermilion red. There being very often a vermilion line surrounding the exudation, at about a line distant from it; the line being of about the same width; and sometimes giving off a bright arterial vessel, to lose itself apparently in the exudation. In one case there was a dark red soft-looking patch, on the right posterior wall of the pharynx, and a lighter red streak on each anterior arch of the palate.

Having thrown out these suggestive hints to show that there is need for further independent investigation, I leave the subject in the hands of those who have better opportunities for such observations.

I am, &c. THOS. P. O'DONOVAN, M.R.C.S.L.

University College, London, August 23, 1859.

GREY POWDER, ITS USE AND ABUSE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The question now propounded in your columns as to the true value of "grey powder," (hyd. c. cretâ) is of the utmost importance to the health of the public, as well as to the scientific reputation of the Medical Profession.

The opinion on this subject put forward in a letter which appeared in the *Times* of the 20th inst., signed "James Bird," is likely to mislead the public mind, and to produce mischief, by increasing a confidence—already too much abused—as to the efficacy of this dangerous drug.

The writer of the aforesaid letter states that "Grey powder is a valuable remedy in extensive use;" I presume he means in ordinary use.

It is unfortunately too commonly resorted to, especially in the case of young children, being prescribed for the smallest ailment, the most simple derangement of the stomach and bowels; indeed, it is very common for mothers, through their blind faith in this drug, to apply to chemists for "a grey powder for the baby," and administer it to the infant, without the advice or sanction of a Medical man, taking all responsibility upon themselves as to the child's need, and the effects of this patent medicine upon the little delicate constitution. Although grey powder may not contain any proportion of an active poison, such as arsenic, it undoubtedly has the effect of a slow poison, therfore the sooner the General Practitioner and the public are enlightened on the subject the better. I believe all thoughtful liberal-minded members of the Profession will agree with me in pronouncing grey powder a very dangerous medicine to administer repeatedly, and one which it is very ill-judged to give at all in ordinary ailments: nothing but an obstinate condition of the liver, or other extreme case, demanding a bold treatment, could justify its employment, and I will venture to state my belief that the habitual use of this drug produces more serious and permaneut disorders than any which it is employed and presumed to cure.

I hope the challenge offered by your correspondent "J. P." in the *Medical Times and Gazette* of to-day will induce Dr. Thudichum to give your readers the benefit of his experience and views, which, as those of a Doctor of Medicine, a Lecturer on Practical and Experimental Chemistry, and a pupil of Professor Liebig, must possess some considerable weight and value.

I do not hesitate to say that, if hyd. c. cretâ (mercury with chalk) were to be struck off the list of Materia Medica to-morrow, the public—the infant portion more particularly—would benefit, not suffer, by its disuse. I am, &c. MATER.

London, August 27.

COMMUNICATIONS have been received from:—

Dr. SIMPSON; Dr. MOREHEAD; Dr. HILLIER; Dr. MACPHERSON, Calcutta; Mr. PHELAN; Mr. CROSKERY, Jamaica; Mr. GILLARD; Mr. WHITFIELD; Mr. ELLIOT; Mr. PEET; Mr. HUGHES; Mr. DILK; Mr. DENT; Dr. HATCHAM; Dr. THORN; Mr. DUFTEN; Mr. PITTARD; Mr. CHAVASSE; Mr. RIVERS; Mr. CARVER.

APPOINTMENTS FOR THE WEEK.

September 3. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

5. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

6. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

7. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

8. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

9. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Lee—For Radical Cure of Hernia (new operation); Contraction after Burn; Varicose Veins (two cases); Strabismus.

On Monday the 5th.—By Mr. Partridge—For Club Foot.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXI.—*Continued.*

SPURIOUS PREGNANCY.—ITS SYMPTOMS AND DIAGNOSIS.

It is not always so easy as you may imagine to recognise a case of this kind, and to discriminate between a case of spurious and a case of real pregnancy, for in the former you will sometimes meet with all the individual and combined phenomena which are ordinarily developed in the latter, and which are usually regarded as characteristic of the pregnant state. The breasts are enlarged, and their areolæ darkened; the menses are often irregular or suppressed, and the abdomen is swollen; the patient suffers from morning sickness and occasional vomiting; and after a time she remarks peculiar sensations in the abdomen, which she unhesitatingly attributes to quickening, or the movements of a fœtus. I have said the abdomen is swollen; and let me add, this swelling sometimes imitates very exactly the defined form of the enlargement of the abdomen in true pregnancy; but usually it is more diffuse and less projecting forwards when the patient is laid supine; and in spurious pregnancy, let me add, there is often observed a symptom in the way of external configuration which is rarer in true pregnancy, viz., an appearance of unusual constriction in the region of the diaphragm, or where the chest and abdomen meet, so that the lower ribs look as if they were drawn inwards. All of these common symptoms of true pregnancy may be, and indeed often enough are, manifested in cases of spurious pregnancy; but you will often find, on making more minute inquiry, that there is some startling *exceptional* condition affecting one or more of them. Thus, menstruation is occasionally entirely suppressed—as completely so as in any true pregnancy; but in most cases, it is not entirely suppressed, but only irregular, appearing one month and absent the next, or coming on at irregular and unusual periods, or in some abnormal way. Again, the movements of the supposed child, if carefully investigated, are found to be different in some respects from the usual fœtal movements. They may first be perceived unusually early, or, on the other hand, at a period much later than that when the movement of real quickening should first be noticed; or they are felt higher up towards the diaphragm, or much further to one side than is ever the case with fœtal movements. And if you inquire of a patient in this condition of simulated pregnancy who has previously borne children, she will generally admit that the movements differ in character from those which she had been wont to feel when truly pregnant, although she had never paid any particular attention to these differences so long as she believed the sensations to be due to the stirring of a child within her womb. There is, I say, usually some irregularity in the form of some one or other of the leading individual symptoms, although the combination of them all apparently in perfection is at first very striking and extremely puzzling. You must make up your minds to meet, in many cases in the most distinct form, with some of the single symptoms which are looked upon as the most characteristic, and which are ordinarily supposed to be conclusive and incontrovertible evidences of the occurrence of impregnation. Thus the mammæ may undergo all the usual changes which occur in these glands during pregnancy, as happened to a very marked degree in the case of a patient whom I had under my care many years ago with retroversion of the uterus. This lady came to present almost all the symptoms of pregnancy, and the changes in the breasts, in particular, were extremely well marked. The mammæ swelled; their areolæ were darkened in colour and extended; the cutaneous papillæ became more pronounced, and the superficial veins enlarged and prominent. The lady, as it happened, was an excellent artist, and she made a sketch for me of the appearances presented at this time by the mammæ, making use of a mirror for the purpose. Dr. Radford, of Manchester, was in Edinburgh at the time, and saw the patient along with me. But I could not make out any enlargement of the uterus itself; and some of the other symptoms were not well marked. By-and-by, all the constitutional phenomena of pregnancy vanished, and thus showed that the pregnancy had only been a spurious one. Afterwards the same patient became really pregnant, and again she made a drawing of the appearances presented by the breasts, which were not a bit more tumid, and the areolæ of which were not a bit darker in shade or wider in extent, nor their cutaneous glandular follicles more enlarged than they had been when she had laboured under spurious pregnancy. One symptom connected with the mammary symptoms which is often present, and often greatly deceives, is the secretion of a serous, milky, or milk-like exudation, from the nipples. In some women, but not by any means in all, there is formed a milky secretion in the mammæ during utero-gestation; and sometimes even in the very early months of that state. When the mammæ, or rather the nipple and its vicinity, are compressed with the fingers, a portion of thin, serous-looking, lactescent fluid, escapes from the orifices of the milk-ducts, or it exudes spontaneously and without pressure, and on examining it with the microscope you will see the usual characteristic milk-globules in it. But I have seen these colostrum globules with the microscope in a case of spurious pregnancy as distinctly as they were ever seen in a case of true pregnancy. But marked and striking as these various changes of the mammæ in spurious pregnancy thus sometimes are, you will find that here, too, there is liable to be some irregularity in the symptoms. The secretion of the gland is not set up, or the enlargement of the mammæ is only slight or partial, or the darkening of the areolæ is not very deep or decided, or the glandular follicles of the areolæ are not correspondingly enlarged. Sometimes all the more usual phenomena of pregnancy are present in pseudocyesis, and each of these phenomena so far a perfect imitation of the same phenomena in the true state of utero-gestation; but their spurious character is brought out when you inquire into the order or succession in which these phenomena have appeared. Thus the patient sometimes observes the swelling of the abdomen or the quickening of the child before the suppression of the menses, and this inversion of the order of the symptoms at once puts you on your guard, and makes you more careful in your inquiries. Again, if you find a want of correspondence among the symptoms of pregnancy described by your patient, it will equally make you suspicious of her state; as, for example, if she spoke of having had the catamenia suppressed for six or eight months, and the feeling of quickening present for three or four months, and yet the mammæ were not enlarged, nor their areolæ and nipples in any corresponding degree altered and changed.

Again in pseudocyesis the liability to deception is greatly increased, and the difficulty of making a true diagnosis of the disease is often augmented by the imitation or repetition in cases of spurious pregnancy of individual peculiarities and special phenomena presented in former real pregnancies. Let me try to impress this fact upon you by stating some instances of spurious pregnancy in which there was presented such a

Repetition of Special Idiosyncracies,

seen in previous true pregnancies in the same patient. Some women, as you are aware, are subject during the course of utero-gestation, to peculiar discolorations or eruptions on parts of the skin; others to neuralgias in various situations; others, to increased secretion of some of the glandular organs; and others to the most remarkable changes in temper and habits. Indeed, there is no limit to the number of peculiar physical signs and functional changes which may be presented by women when pregnant; and when these come to be repeated in the successive pregnancies of the same individual—as is very frequently the case—they may very legitimately be looked upon—and frequently, indeed, they are regarded—as indices of the existence of that condition. But when such a patient happens to be affected with spurious pregnancy, this peculiarity may be repeated, and is then very likely to mislead alike the patient herself and the Practitioner into the belief that the pregnancy is a real pregnancy.

Several years ago I saw, along with the late Dr. Taylor, a

lady who showed all the usual symptoms of pregnancy; and who, at the same time, was covered over the greater part of the body with a papular eruption, such as she had invariably had in all her previous pregnancies, and never at any other period. Yet on a closer examination of that patient she was found not to be pregnant at all; and the eruption, as well as all the other sympathetic changes, was only symptomatic of a state of pseudocyesis I have seen a case of spurious pregnancy which was peculiar in this respect, that the subject of it had in her successive real pregnancies been troubled with a profuse salivation, which was reproduced along with the other changes in the spurious affection. I saw once a very singular case of spurious pregnancy, where a lady who had previously given birth to eight children, passed one period, and naturally thought she had again fallen in the family-way, because the breasts enlarged and began to secrete milk, while the abdomen became prominent, and she felt movements resembling those of the fœtus. On examining the uterus I found it to be perfectly normal, and only slightly ulcerated around the os; but the lady herself was firmly convinced that she was really pregnant, because, in addition to all the symptoms I have mentioned, she presented this further very peculiar one, that she lost great quantities of hair, and she had always had such a falling out of the hair in her previous pregnancies. This patient, let me just add, had a similar but less decided attack of spurious pregnancy before the birth of her third child. At the famous Gardner peerage trial, a woman, who followed the occupation of a monthly nurse, testified that she could always be perfectly certain of the exact date of her pregnancies from the fact that she fainted whenever quickening took place. Dr. Reid tells of this nurse, that she afterwards came to him as a patient, alleging that she was then seven months gone in the family-way, as she had fainted in the same way as she used to do, and had afterwards felt all the usual signs and symptoms of pregnancy. But on making a more correct examination, Dr. Reid found that she had deceived herself, for she believed that she was so far gone in utero-gestation when she was only labouring under an attack of spurious pregnancy. But the repetition or reproduction in an attack of spurious pregnancy of the exceptional and aberrant phenomena of real pregnancy does not end here. I have told you, that a case of spurious pregnancy may end in a kind of spurious parturition, the patient showing all the usual indications of being in labour; and in such a case, if the patient happens in previous real labours to have presented any special and peculiar phenomena, these are liable to be again produced in the course of the spurious parturition. Thus, Klein reports the case of a patient who had always been the subject of convulsions when in labour, and who became the subject of an attack of spurious pregnancy, ending at the usual period in a kind of spurious labour, which was also complicated with convulsions.

But, I repeat, however closely all the ordinary symptoms of real pregnancy may be represented and simulated in the spurious affection, and however minutely even the individual idiosyncrasies sometimes seen in the former may be imitated in the latter, there is usually some deviation from the ordinary course of events, and some difference in the character, order, or correspondence of the ordinary phenomena, which may serve to put you on your guard, and lead to the discovery of the true state of affairs. Such deviation or difference, however, is generally not of itself sufficient to enable you to decide upon the nature of the case, and you can only be sure that you have to do with spurious pregnancy by having recourse to the aid of

PHYSICAL DIAGNOSIS.

For this purpose you may avail yourself of the assistance of, 1. Auscultation; 2. Percussion of the abdominal swelling; 3. Of tactile examination of the uterus; and, 4. Of relaxation of the tense abdominal walls by the use of chloroform or other anæsthetics.

1. *Auscultation* affords in pseudocyesis only negative results, or ought only to afford such. But I have seen more than one case of the disease in which the Practitioner—perhaps led astray by the strong assurances, and fervid belief of the patient herself—has imagined that he heard something like the sounds of a fœtal heart, where there was no fœtus present to produce any such sounds. Several years ago I had a lady placed under my care from a neighbouring part of the United Kingdom, in whom a Physician,—who had written a work, and a very excellent work, too, on Auscultation in Pregnancy,—fancied he had heard, three or four months previously, the sounds of a fœtal heart; and, though all due preparations were made, no child was born. It was nothing but a very marked instance of pseudocyesis. It is only necessary for me now, I believe, in the present advanced state of stethoscopic study and practice, to mention the possibility of such an error, in order to guard you against the committal of the error itself.

2. *Percussion of the Abdomen* is generally a most valuable means of diagnosis in the discrimination of pseudocyesis. By its aid you can often arrive at an almost absolute certainty as to the spurious nature of the pregnancy, When the abdomen is swelled up and made prominent from the distension of the bowels with gas, you of course obtain a resonant and even tympanitic sound on making percussion over it; whereas, as you all know, the sound is perfectly dull when the prominence is due to the enlargement of the gravid uterus. But sometimes percussion is painful from the oversensitive state of the abdominal surface and walls, and sometimes the amount of fat deposited in these walls, and in the omentum—especially in cases of pseudocyesis occurring towards the termination of menstrual life—diminishes the applicability and certainty of this diagnostic test. In these, and in other cases, you can usually surmount every doubt and difficulty which may exist by having recourse to the two remaining means of physical diagnosis which I have named.

3. *Tactile Examination* is usually indispensable in order that you may arrive at perfect certainty. In using it you must make a careful physical examination both internally and externally, remembering that the result of that examination may be of the greatest importance, and a matter of momentous interest to the patient. On examination per vaginam you will feel that the os and cervix uteri are small, and you can make out pretty well that the uterus itself is moveable. But there is a greater difficulty than usual in judging of the size of the body of the organ in such a case. You can often derive great assistance in making your diagnosis of various morbid conditions of the uterus by applying one hand to the fundus externally through the abdominal wall, while you apply one or two fingers of the other hand to the cervix internally through the vagina, for thus you can catch the uterus between the two hands, so as to define and determine exactly its degree of enlargement. And if in any case of spurious pregnancy, by feeling the uterus simultaneously with both hands, we can thus measure its size and make out that it is of nearly normal dimensions, or at least not by any means enlarged to a degree commensurate with the alleged date of utero-gestation, we have a most decisive evidence of the true nature of the affection. Recollect, further, in making this tactile examination of the uterus, that the organ is sometimes in some degree enlarged in pseudocyesis, without there being any disease in it; that the organ may be enlarged also, and to a great degree, from fibroid tumours and other organic causes, a combination with pseudocyesis of which I have seen several examples in practice; and above all, that retroversion or retroflexion of the non-pregnant uterus often co-exists with pseudocyesis, and often leads to the supposition that the uterus is increased in size, when the apparent increase is merely produced by displacement of the viscus. But in some cases of spurious pregnancy it happens that we cannot succeed in making a perfect and satisfactory tactile examination at all; and why? Because the abdominal walls may be, and often are, naturally thick, the subcutaneous tissue being filled with fat; but, independently of that, there is in many of these cases a firm unyielding swelling of the abdomen, which you might suppose to be due to the enlargement of a gravid uterus, but which is in reality due to a tympanitic state of the bowels, and a peculiarly tonic condition of the abdominal muscles; and the abdominal walls are so firm and tense, and resist the pressure of the hand so effectually, as to render it utterly impossible for you to make out the size and contour of the uterus. Now, how are these obstructions to be overcome? Very simply, by the use of anæsthetics.

4. *Chloroform* will generally, in any case of doubt, solve the difficulty completely, if only given deeply enough. When the patient is fairly put to sleep with chloroform the tense abdominal muscles become perfectly relaxed, and on pressing on the abdomen, you will find that the walls will give way before your hand, and sink backwards till you can feel the spinal

column quite distinctly, and you then find the uterus to be of normal size. The phenomena presented by that phantom tumefaction of the abdomen while the patient is being anæsthetised are very singular. When the patient lies down on her back, and the abdomen is uncovered, it is seen to be projecting, swollen, rounded, and defined, like the abdomen of a pregnant woman; but generally, as I have said, with an appearance of unusual constriction around the lower edge of the ribs. No change occurs during the first stage of the administration of the anæsthetic, and until the period of excitement has passed over, the swelling continues, and the muscles remain rigid and tense as at first; but gradually as that stage passes off, and the respiration offers to become sonorous, the muscles begin to be drawn in, and the abdomen slowly flattens, until it assumes its proper size, or even becomes depressed and relaxed, like the abdomen after delivery. So long as the patient remains in a deeply anæsthetic state, you can make the most complete and satisfactory examination of the state of the uterus, and, indeed, of all the abdominal organs; and you may have recourse to this expedient with perfect safety and success in doubtful cases of real pregnancy also. But when she comes out of her sleep again, in a case of spurious pregnancy, the muscles begin to arch up and to become tense as before, so that by the time the patient is fully awake the abdomen is as large and rounded as ever, and the necessary examination again becomes painful. For, as I have already hinted, the patient has sometimes in pseudocyesis a degree of tenderness in the abdomen that renders her very intolerant even of a slight amount of pressure. The patient having wakened up and found the apparent tumour still present, fails herself to be convinced of the fact that it had, for a time, been dispelled. But you may, perhaps, convince some of her friends of the absence of any real tumour, and their corroborative assertion may go far to bring her to a sound and proper belief afterwards. I had once a poor peasant's wife, from Berwickshire, with spurious pregnancy, who bothered all her friends, and kept them in a state of continued anxiety and trouble, because she was always going into labour, until she had arrived at a period which corresponded in her reckoning with the thirteenth month of utero-gestation. She was one of those persons whom it was utterly impossible to convince by any argument of the true nature of her affection; and her great confidence in the reality of her pregnancy had imposed on her friends, and led them for long to share in her kind of monomania,—for, after all, the mind is really in such a morbid state in some of these cases as to deserve the name of monomania. Having put her under the influence of chloroform, I called her sister into the room, and made her feel the spine through the collapsed abdominal walls, and succeeded thus in demonstrating to her entire satisfaction that there was no child in her sister's abdomen. But the patient waking up, and finding no change in her condition and form, might have remained unshaken in her belief, and, indeed, was still for stoutly affirming that she was pregnant, when her sister shut her up with, "Haud your tongue, woman! You've naething in your wame, for I felt your backbane myself with my ain hand!" I have no very satisfactory explanation to offer you of the nature of this very strange abdominal swelling, and of the peculiar phenomena observed in it, when the patient is in a state of anæsthesia. Some years ago I made a number of observations on some of our Hospital patients, to try and solve the difficulty. Some Medical friends who had been told of the remarkable effect of the chloroform were quite certain that the swelling must have been due to distension of the bowels with gas, which, they averred, must have escaped unobserved when the sphincter was relaxed during the deep sleep induced by the drug. But that this was not the proper explanation we easily proved by introducing a tube into the rectum, and putting the free end of it under water, and then finding that no bubble of air escaped during the anæsthetic subsidence of the swelling. I believe that the phenomenon most probably depends on some affection of the diaphragm, which is thrown into a state of contraction, and pushes the bowels downwards into the abdominal cavity. I am the more convinced that this is the true explanation, from the fact that you can sometimes make the abdominal swelling disappear for a second or two, by getting the patient to take a deep inspiration, and then suddenly breathe out again. But, whatever be the explanation, the value of anæsthesia as an adjuvant in aiding and establishing a correct diagnosis of such cases cannot be overrated.

ORIGINAL COMMUNICATIONS.

REMARKS ON THE HYPODERMIC TREATMENT OF DISEASE,

WITH CASES AND EXPERIMENTS.

By CHARLES HUNTER,
Late House-Surgeon to St. George's Hospital.

(Concluded from page 388.)

RÉSUMÉ OF CASES DETAILED SHOWING OBJECTS OF THE TREATMENT.—SLEEP NOT A NECESSARY EFFECT.—REMARKS ON THE SICKNESS WHICH MAY ARISE.—THE CHOICE OF CASES.—OCCASIONAL CASES, AS RHEUMATISM AND INFLAMMATIONS WITH PAIN.—THE CHOICE OF NARCOTICS.—CHLOROFORM CONSIDERED AS AN OCCASIONAL AGENT.—EXPERIMENTS ON ANIMALS, AND A CASE GIVEN.—CONCLUSIONS.

BEFORE arriving at any general conclusions as to the value of the injection of medicines beneath the skin, it will be advisable, and further the object in view, to make a slight summary of the cases previously detailed; for by so doing its value and superiority, if it have any over other means, will be the better ascertained. It will be convenient also in this place, to consider a few of the points which naturally suggest themselves to our inquiry, such as the frequency of sickness, the choice of cases, and of narcotics.

The cases detailed were fifteen in number, including the two in which I first tried the local injection of Dr. Wood. A brief review of the cases is the more satisfactory for these reasons—1stly, because in all of them the same narcotic, the acetate of morphia, was used; 2ndly, because they had all been under other treatment previously without avail, and in most of the cases it was the same preparation, administered either by the stomach, or skin, which had previously failed.

All the cases were affections of the *nervous system*; nine of the brain, two of the brain and spinal chord, and four of particular nerves.

Although a narcotic, and the same narcotic, was used in every case, it was not always with the same object; thus, in some it was to procure sleep, in others, to ease pain or allay spasm, and in others, again, to attempt to palliate or cure some neuralgic affection.

Three of the cases were *neuralgia*, which had all failed to receive benefit under other treatment, although in each case it had been very varied. The two first received great benefit, firstly, from Dr. Wood's plan, and subsequently from my own, as stated in the *Medical Times and Gazette*, October 30, 1858; but the ultimate result of the treatment in these two cases has not yet been given.

Case 1.—The man with constant tic-douleureux of four years' duration went out cured, the injection of the morphia being at one time used three times a-day, so as to keep up a full and continued influence to prevent, as long as possible, a recurrence of the attack; it was then gradually left off, and the man went out free from neuralgia about a week after the cessation of treatment. The injection was always made in one or the other arm, the site being varied each time; no local inflammation ever occurred, nor was there ever any sickness.

Case 2.—The girl with neuralgia and disease of the eye went on with the treatment till the pain gradually diminished; she then left the Hospital. The treatment in this case, owing to its nature, could only be palliative. The disease has now attacked the brain (having destroyed the eye), and she is now (June) being treated by this plan of treatment in another of the London Hospitals, as nothing else seems to ease the pain or give her sleep. No sickness ever followed the injection of narcotics, but frequently did their administration by the stomach.

The third case of neuralgia was cured by a single injection, although the case had resisted many other forms of treatment. Sickness took place in this case, and was considerable.

The cases of delirium tremens were two. Morphia in the first, and opium in the second, had been given in large and repeated doses, with no decided effect. In both, the first injection caused sound sleep of many hours' duration; and both went out cured in a few days. There was no sickness in either case.

The cases of *mania* were two. They both showed that

sleep could rapidly be obtained by the injection of morphia, which effect had not been obtained by doses as large, and larger, given by the stomach. There was no sickness in either case.

In the first case of *puerperal mania* the injection was used only once; sleep followed in eight minutes. The patient subsequently recovered by the internal administration of large doses of Battley's sedative. In the other case, several injections were employed, sound sleep following each time. There was no sickness in either case.

In both the cases of *wakefulness*, sleep was rapidly induced; and in one patient excitement, almost amounting to delirium, was quelled by a single injection.

In the case of chorea the effect of the injection was always very rapid, sleep resulting in about four minutes if the quantity injected was large, and if small, the violence of the movements was diminished or arrested. No sickness was ever produced.

In the case of tetanus sleep resulted at once, although the spasms remained unaffected. In a second case of tetanus in which this treatment has been used, two hours' sound sleep followed the injection, and afterwards the patient dozed for several hours; laudanum had been previously given every hour without effect. The spasms were never violent in this case, and were observed to cease during sleep.

Both cases of sciatica went out free from all pain, the one that was cured was a little sick after the first injection; in the other case the pain returned in a milder form.

Such was the result of the treatment in the cases already given, the result was different in the various cases, even as the object was different with which the injection was employed. Sleep was the result in most cases, but not in all; spasm was quieted in some, and pain was relieved or cured in others by a single or by more injections.

With regard to the sleep occasioned by the injection, it must not be looked on as a necessary effect of the treatment, it may follow at once, after a time, or not at all, according to circumstances. Thus it may follow—*At once*, if the quantity injected is large, and the object is less to ease pain than to procure sleep. *After a time*, if the quantity is large (say one grain of morphia), and much pain exists; in which case the pain is generally quieted directly, and sleep follows in from fifteen to thirty minutes. *Not at all*, when the quantity injected is small, and there is much pain, spasm, or cerebral excitement going on, in which cases, as the quantity is small, the whole effect of the narcotic is expended either in subduing the pain and spasm, or allaying the excitement.

The Occasional Sickness.—In the fifteen cases, sickness occurred *in only two*, in one it was distressing, in the other but very slight.

In *another series of fifteen* cases, of which I have notes, sickness occurred in *four*, in one it was considerable, and in the others to no extent.

Consequently in *thirty* cases only *two* patients, both of them women of very nervous temperament, and both suffering from tic-douleureux, had considerable sickness; in the other *four*, all men, with sciatica, the sickness was trifling; in fact, the patients themselves thought nothing of it, nor did they think it due to the injection. This cannot be called a large proportion when it is recollected how often morphia causes sickness when given by the stomach; I have constantly seen it in quarter of a grain, and laudanum in equivalent doses, cause sickness, so administered.

The *time* when the sickness comes on varies; in the two cases in which it was severe, giddiness and nausea were felt almost immediately, then faintness, till in about five minutes sickness took place; in both it continued on and off for several hours, with intervals of sleep. In the four other patients the sickness did not come on for many hours, in fact, only as a kind of ultimate effect of the morphia after a good sleep.

Cause of the Sickness.—From the preceding remarks it appears that sickness may be looked on as either a first, or as a last, effect of the narcotic. That when a *last* effect, it is but trifling, coming on after many hours' sleep, preceded for a little while by nausea, and disappearing generally after the patient has been once or twice sick, with scarcely a straining effort. A slight excess of the narcotic may be looked on as the cause of this sickness. But in both the cases in which the sickness was urgent, the patients, both women, besides being, as above stated, highly nervous, were both badly affected by narcotics, how ever administered; in both, the quantity injected was *less* than was employed in the cases *where slight sickness* ensued, and in many cases where none at all took place,—in the one less than a third of a grain, and in the other a little more than half, was the quantity injected. The *cause* of the sickness in these two cases, as it was so immediate, seems to have been due rather to a peculiarity in the constitution of the patients, than to the amount of the narcotic employed.

Ought the occasional occurrence of severe sickness to cause the injection of remedies to fall into disuse? I think certainly no more than it ought the introduction of narcotics in *other ways*, because sickness occasionally follows *their* administration. But as medicines, hypodermically introduced, act with greater rapidity and effect than when administered by other methods, it behoves us to be the more careful in the selection of *proper cases;* and where it is desirable to employ the treatment in such cases as the two where sickness occurred *directly*, to inject a *much smaller quantity than usual;* for it is not improbable that in those two cases, as benefit resulted in both, that a still smaller quantity would have sufficed.

The Choice of Cases.—This plan of treatment is no specific; because it acts marvellously in some cases of neuralgia, or of pain, is no reason why it should cure all. For this reason, *a due discrimination of cases ought to be made.* The same caution is given by Dr. Wood in his paper on the treatment of neuralgia by *local* narcotic injections:—"Another caution I would offer is, that you choose the proper patient for the use of the remedy." (a) When to employ the injection, and when not, must depend in the general way on the particular circumstances of each individual case, such as the nature of the disease, its urgency, the object in view, etc.

There are some cases in which I think the hypodermic injection may almost be employed *as a rule*, and be put in force *before time is lost* by the adoption of other measures. I mean those cases of high cerebral excitement, of delirium tremens, and of mania, in which the speedy administration of a narcotic is indicated. In this class of cases more than any other the value of the injection is seen. I have already detailed *seven* cases of this nature, and could give many more, but there hardly seems the necessity. In these cases, to procure sleep and allay excitement is the object, and that as soon as possible; the stomach is often irritable, or in such a state that it will not absorb medicines; the patients often refuse to swallow (as in Mr. Cutler's case); everything, in fact, points to the necessity of some more sure, speedy, and active mode of treatment than the more ordinary one of stomachic administration.

There are cases of sudden, violent, acute pain, in which the injection might also be tried as a *primary measure;* for instance, during the passage of a renal calculus, in such a case the pain is at times almost insupportable, and as the stomach gets quickly irritable, sickness often taking place, another reason is furnished for the trial of this plan.

Then there are cases in which the injection ought not to be tried at first, but after such general treatment as is clearly indicated has been first tried—such as purging, or the internal administration of alteratives or tonics. Tic-douleureux, sciatica, and many other neuralgic affections are of this class. In all such cases, due discrimination being made, it is astonishing what benefit follows the injection in most cases, and how quickly in many, a cure is effected by it when other treatment has altogether failed. It is often, too, in those cases the origin of which is most obscure, that the injection seems to answer best.

Rheumatism is a disease in which occasionally the use of the injection into the cellular tissue will be found highly serviceable. Two cases have been treated by it at St. George's Hospital:

1. (*Case* 16.) Under Dr. Page, a man almost crippled by rheumatism, had the pain greatly mitigated by the injection.

2. (*Case* 17.) Under Dr. Pitman, a man that could not move his arm after acute rheumatism on account of pain in the shoulder. The pain was removed by a single injection.

3. (*Case* 18.) A gentleman under my own care, who

(a) My object in alluding to this passage (*British Medical Journal*, August, 1858) is this,—that as I do not find localisation to the painful part necessary, my plan is available in many *diseases* in which that of Dr. Wood is not—as mania, delirium tremens, etc. It is also applicable in some cases of pain and of neuralgia in which Dr. Wood's cannot be—viz., those in which the nerve cannot be reached for injection. There is, therefore, a greater need of caution to discriminate proper cases where the range is *wider*, than where it is more limited.

suffered acute pain in the shoulder and arm which prevented his moving the limb and sleeping at night. It was removed after two or three injections.

There are many diseases in which the pain accompanying them must be looked on, not as the essence, but as a *very important* item, which keeps up the disease and which prevents treatment doing any good, but which, once subdued, then the inflammation or whatever the case is, rapidly becomes affected by the treatment which it had up till then resisted. In such diseases the injection may do much, and that speedily, and certainly deserves a trial.

Case 19.—The following is a case where the patient, having a peculiar destructive inflammation of both eyes suffered almost uncontrollable pain, which was unexpectedly cured by the hypodermic injection:—

T. B., aged 41, was admitted April 12, 1859, into St. George's Hospital, under the care of Mr. Tatum. For the first three weeks he suffered acutely, the conjunctiva of both eyes was greatly chemosed, red, and tender; for the greater part of this time he *seldom closed his eyes day or night.* Notwithstanding leeches, blisters, calomel, and opium, and finally morphia, a quarter of a grain every three hours, were employed. The injection of half-a-grain of morphia into the arm was then tried—it eased him for some hours, but did not cause sleep. Two days after the injection was again employed, one grain being used this time, the patient describes the effect of the injection "as something which instantaneously ran through his frame, round his head, and which seemed to go out of the back of it." *The pain was gone*, and he slept in about ten minutes. The sleep lasted six or seven hours. The patient went out about three weeks after the second injection, during which time he had no more pain, and slept well every night.

Thus there are cases where this treatment may be employed, and, as shown above, with the greatest advantage—1. As a primary measure, at the onset of the disease, without delay; 2. As a secondary measure, general treatment being first used; and, 3. As an ultimate measure, to attempt to palliate or cure, where other treatment has failed.

The Choice of a Narcotic.—This must depend entirely on circumstances, such as the sex, the peculiarities of the patient, the disease, and the object in view. It is not my intention here to go into these points as they require *almost* equal consideration before the administration of a narcotic by any method, but rather to indicate in this place the *most eligible preparations for injection.*

Tinctures may, and can be, used with good effect. Thus Mr. Burns used equal parts of the tinctures of opium and hyosciamus (b). I have employed both these tinctures separately and have found this objection to them, that they cause a little hard lump beneath the skin which *may* last a considerable time, and gradually disappears if left quiet, and alone. There is not this objection if the tincture be evaporated to one-half or one-third, and be used while it is fresh.

Dr. Wood has used a solution of morphia in sherry wine as "it would not irritate and smart so much as alcohol." He also says that "nepenthe" produces less sickness than opium, and is therefore preferable as an injection (c). Professor Simpson has used a *solution* of the bimeconate of morphia in coccodynia (d).

For my own part, I *prefer solutions to tinctures;* they are rapidly absorbed, they produce no irritation if properly made, and they have this advantage, viz., of exactness, so that no mistake need be made about the strength of the preparations, or the quantity injected.

A solution of the acetate of morphia is the preparation I have used more than any other, prepared with acetic acid, but so freed from excess of that agent that it causes not the least irritation (e). Mr. Williams, of Liverpool, who has tried the narcotic injection in delirium tremens, has proposed to me the employment of the sulphate of morphia on account of its ready solubility.

A solution of the sulphate of atropine is a good preparation for injection and not liable to irritate. I have several times employed it, and produced sound *sleep* with doses varying from the $\frac{1}{25}$ to the $\frac{1}{10}$ of a grain. The injection of this salt has been employed with a different object by Mr. Benjamin Bell, viz., to counteract the effects of opium poisoning as first suggested by Dr. Thomas Anderson (f).

Is Chloroform applicable for Hypodermic Injection?—Chloroform is a narcotic which may be, with safety, injected into the cellular tissue in *urgent* cases; it rapidly produces cessation of spasm, and causes sleep.

In numerous experiments which I have made with this narcotic on animals, I find that the effect on rabbits, when injected in small quantities, is somewhat analogous to that of opium in small doses, but in larger is more productive of anæsthesia than of coma. Thus in

Experiment 1.—*Ten* minims caused temporary protrusion and congestion of the eyes for a minute or two, but no anæsthesia.

Experiment 2.—*Fifteen* minims caused it to become unusually quiet in three minutes. Gradual relaxation of the muscles till it was prostrate in *eight* minutes. Brain clear, no anæsthesia. The effect went off in from fifteen to twenty minutes.

Experiment 3.—Thirty minims caused excitement for a minute or so, muscles began to relax in three minutes; no decided anæsthesia, but sensibility dull, and the animal inclined to sleep. Effect over in thirty minutes.

Experiment 4.—Forty minims caused general excitement in *one* minute; anæsthesia commenced in *two* minutes, and considerable muscular relaxation in *three*, in *five* it was anæsthetic, and the muscles relaxed. The animal was for the most part completely anæsthetic for the space of an hour, during which time any operation could have been performed unfelt by the animal. At the end of the hour the effects gradually went off, leaving no bad result.

From these experiments it is manifest that—firstly, not only was the effect proportionate to the dose; but, secondly, that the *stronger* the dose the more *quickly* was anæsthesia produced; it is, thirdly, to be observed, that there was not the least subsequent bad effect, either locally or constitutionally.

Bearing in mind these results, and having a patient suffering frightfully from neuralgia of years' duration, on whom all ordinary medicine was lost, I was tempted to endeavour to give him sleep and relief from spasm for a time by the injection of chloroform. Although accustomed for years to inhale, and even swallow, enormous quantities of that agent, and to take other narcotics in similarly large doses, the first injection of ℿxxx. of chloroform, slowly introduced, caused almost instant quiet of spasm, and sleep in fourteen minutes. The injection of chloroform was several times repeated at intervals, at the urgent request of the patient, who each time obtained considerable relief from it. I left it off, however, on account of the local symptoms, which took place at some, but *not all*, of the places injected; and because of these local effects, I think the injection of chloroform is *not to be recommended.* These local effects were—firstly, pain at the moment of injection; secondly, in a few minutes the skin of the part injected became of a bright red colour, elevated, and tender to the touch; and giving, thirdly, for a short time, the feeling of crepitus. At the end of twenty-four hours all these symptoms disappeared, the swelling going away, and the redness being replaced by a brown stain like a maeula. From ten to fifteen days after, nothing was to be seen or felt, although a sensation of tenderness or pain was still experienced in the part by the patient, *but no abscess resulted at any point.*

Leaving for the present the consideration of the *modus operandi* of this plan of treatment, we may, partly from the experiments on animals, but *chiefly* from the cases just reviewed, sum up with the following *practical conclusions*:—

1. That certain medicines may be introduced into the cellular tissue beneath the skin with safety and with advantage.

2. That medicines so introduced have a *general* as well as a local effect.

3. That the general effect of medicine so introduced is exceedingly rapid.

4. That this mode of administration is *more certain in its action* than stomachic doses are, for the *exact* amount introduced is known, and the whole of it takes effect, which *may* or *may not* be the case with stomachic doses.

5. Medicines are *more purely received* into the system by this method than when given by the stomach, in which organ they may become contaminated or decomposed.

(b) *Medical Times and Gazette*, October 16, 1858.

(c) *British Medical Journal*, August, 1858.

(d) *Medical Times and Gazette*, July, 1859.

(e) Ibid, March 26, 1859.

(f) *Edinburgh Medical Journal*, July, 1858.

6. A given amount of a medicine employed hypodermically has a greater effect than the *same* amount administered by the stomach; *it also acts more quickly.*

7. A given amount of a medicine employed hypodermically has a greater and more rapid effect than when employed *endermically.*

8. That the medicines for which this mode of introduction is especially applicable are the various *narcotics* and *sedatives.*

9. That the *diseases* for which this plan of treatment is especially indicated are for the most part *affections of the nervous system:—*

1stly. Where the immediate and decided effect of a narcotic is required.

2ndly. Where narcotics administered by the usual methods fail to do good, and yet are indicated.

3rdly. Where the effect of a narcotic is required, and the patient *refuses to swallow.*

4thly. Where from irritability of the stomach or other cause (such as idiosyncracy, etc.) the patient cannot take the medicine by the stomach (Case 2).

10. That to produce a general effect it does not signify whether the remedy be injected into the cellular tissue of the body or of an extremity.

11. That to relieve or cure a local neuralgic affection there is no necessity to localise the injection.

12. That whether the object be to treat a local or general affection, it seems advisable each time to change the site for injection, should it be more than once required.

30, Wilton-place, Belgrave-square.

ON CYANOSIS,

AND

THE NATURE AND VALUE OF TEMPORARY BASIC SYSTOLIC MURMUR.

By WILLIAM TILBURY FOX, M.D. Lond.

University Medical Scholar.

(Concluded from page 210.)

I wish to make a few remarks upon the existence and production of murmur in cyanotic cases. I refer to basic systolic murmur, having its point of greatest intensity at the second left (pulmonary artery) cartilage, not heard in the course of the aorta, and which indicates pulmonary obstructive disease.

Such a murmur may be *permanent* or *temporary.* Firstly, as to permanent murmur. What is its cause? In the great majority of cases it is due, no doubt, to obstruction seated at the pulmonary orifice. The point I wish to ascertain is, whether patency of the foramen ovale can produce such a murmur? And further, if such be allowed, would the murmur possess the characters stated above? Let me take the latter question first. On *à priori* consideration, would a murmur if caused by patent foramen ovale be systolic? I answer, No. What happens during the systole (ventricular),—that is, at the early part of the auricular diastole,—at which time the murmur is said to occur? The tricuspid and mitral valves close, and murmur can be effected only through the agency of the auricles themselves, of course. When the ventricular systole occurs, the auricles have just commenced to receive blood, there is no "rush," no contraction to produce murmur at the foramen ovale, the flow into the auricles is passive, so to speak, gradual, and one auricle is being equally distended with the other. If there be a difference, perhaps the flow of blood into the left auricle is the more powerful, since the vis-a-tergo (derived from the contraction of the right ventricle) exerts more force upon the left auricle than the vis-a-tergo (of the left ventricle) upon the right auricle, and, consequently, in many conditions of the valve the extra pressure of blood on the left side of the heart (auricle) would completely close the patent foramen ovale. At any rate, it is a gratuitous assumption to suppose that there is a greater flow of blood (or pressure) on the right side of the heart, in consequence of which a current is established through the foramen ovale from right to left.

Now it is during the ventricular diastole that the greatest flow (rush) of blood into the auricles takes place, for the auriculo-ventricular valves then open, and allow the blood to flow on direct from the great veins into the ventricles. The flow is equal on either side, and there is no reason to suppose that any cause is in action which enables the one auricle to receive blood more rapidly or more easily than the other; that is to upset the balance of pressure on the two sides, and thus causes a rush through the foramen ovale.

This flow of blood into the cavities reaches its acme when the auricles and great veins contract, that is, towards the end of the ventricular diastole (auricular systole), and it is at this time that we should expect a murmur to be produced at the foramen ovale (that is presystolic), especially if there exist, (as is usual in the majority of cases,) obstruction to the onward progress of the blood from the auricle. Ex.—Pulmonary obstruction, which will cause the blood then to travel through the foramen ovale from the right side. If obstructive disease of the left side existed, might not the obstruction felt by the right auricle, be relieved by a current from left to right, if the foramen ovale were in a favourable condition for such an occurrence? It is pretty clear that at no time of the heart's action is there such a relative inequality of force exerted by the auricles upon the contained blood, sufficient to set up a current of blood through the foramen ovale (from the stronger to the weaker side), and capable of producing murmur, except during the auricular systole, when obstruction exists to the onward flow of blood on one side (that from which the current passes). Ex.—In pulmonary obstruction the flow would be from the right auricle to the left side of the heart.

It is erroneous to suppose that such a murmur can be systolic. The auricles are clearly not endowed with any great amount of dilating force, that which they exert in highest amount is just before the ventricle contracts. The dilatation cannot be considered as causing a murmur, since it is a slow process occupying seven-eighths of a whole period, *i.e.*, from one pulsation to another. (The vis-a-tergo is small, and the large veins do not assist in causing the dilatation of the auricles.)

From these considerations, briefly expressed, it follows that a murmur produced at the foramen ovale should be presystolic, and that obstructive disease of one side (which usually is present on the right side) is the most favourable help to its production.

Now, what evidence has been brought forward in regard to the production of murmur at the patent foramen ovale? Uncomplicated cases are very rare: usually there is pulmonary obstructive disease present to account for the murmur. I do not forget Dr. Ogle's remarks and cases. Dr. Bennett, in his "Clinical Medicine," relates a case in which there was "a systolic sound running into second—peculiarly whizzing, not constant, not propagated along the great vessels, heard most distinctly at the base;" and he suggests that it was produced by patent foramen ovale, which was found post mortem.

But there existed the following lesions in addition:—The right ventricle was much dilated, and walls thin, "tricuspid admits four fingers;" the other valves were healthy. (In septum auriculorum large opening, admits three fingers; evidently foramen ovale much enlarged, edges oval and smooth.) The pulmonary artery dilated, calibre of aorta diminished, half the size of the pulmonary artery. This case, of course, is questionable as evidence of murmur produced by patent foramen ovale.

Cyanosis is not stated to have been present. The patient had phthisis (both apices), and the murmur at the base is said to have been "not constant." The bearing of these two conditions will be presently seen.

Dr. Markham's case, published in the *British Medical Journal* for April 4, 1857, is well known, and certainly appears to prove that a murmur may be produced at the foramen ovale. The conditions were as follows:—At base existed "a loud rough systolic bruit, audible along the base of the heart, and in the whole of the left subclavicular region it was indistinctly heard below the nipple, and scarcely audible at the heart's apex; its point of greatest intensity was to the left of the upper part of the sternum. It was not audible up the right edge of the sternum, along the course of the aorta." Subsequently, "it was distinctly heard over all the præcordial region, and over the upper part of the sternum, and along its right border. It was also heard remarkably loud in the whole of the upper half of the interscapular region—equally loud on either side

of the spine." The patient had phthisis. Nothing was found post-mortem but a patent foramen ovale, with a peculiarly-adapted valve, "which allowed" (?) blood to pass from the right side of the heart to the left, but not *vice versâ*.

Dr. Markham not finding any other cause, concluded that the murmur was produced at the foramen ovale. The murmur was systolic. I have given reason why murmur producible at the foramen ovale should be presystolic. Drs. Quain and Peacock, who examined the heart, stated in their report that the heart had been a good deal injured by previous inspection; so far as it was possible to judge, there was nothing abnormal in the cavities, the valves, the inlets, or outlets of the heart, save in the condition of the foramen ovale. (*Medical Times and Gazette*, April 11, 1857.) But of the absence of any other cause, I cannot feel so certain, and do not believe that, "on any other supposition, the bruit seems inexplicable." The size of the foramen ovale was really insignificant; it admitted "the point of a finger." The general aspect of the case was certainly too grave (independently of the phthisis) to be fully or partially accounted for by the condition of the foramen ovale. The clinical history of patent foramen ovale is not of any serious import. Could the condition which existed produce commencing cyanosis, violent heart's action, etc.? It will be noticed that at the first examination by Dr. Markham the murmur was not heard (as at the subsequent examinations, along the course of the aorta, and over the whole præcordial region); therefore the cause of the murmur had become more developed. A year before the patient had been under the care of Dr. Sieveking; and it does not appear that anything abnormal was present then in the cardiac region. The condition of the valve seemed to indicate that it had not undergone any recent change, and hence could not account for the change in the physical signs. Now, the very fact of the murmur being heard at the second examination over the upper part of the sternum, and along its right border—and most especially in the whole of the upper part of the interscapular region, equally loud on either side of the spine—would certainly have led me to look for the cause in increasing contraction of the aorta in some part of its arch. It does not appear that the thoracic aorta was examined. The fact of hearing the murmur in the back "remarkably loud," is dead against the idea of its being produced by such a state of the foramen ovale as was present. It is a very great pity that the bronchial glands and the whole tract of the thoracic aorta were not examined. Such a cause as is suggested here would fully account for the physical signs, and for the severity of the symptoms referrable to the heart itself. The murmur was heard equally well on either side of the spine, and over the top of the sternum, the contraction, if it existed, was seated somewhere in the middle of the arch. Compare the above with a case related by Dr. Walshe, *Medical Times and Gazette*, October 17, 1857.

Dr. Markham fancies that the murmur was produced by a rush of blood from the vena cava into the auricle, and through the foramen ovale, from right to left. The greatest rush is presystolic. What proof was there, too, that a current would pass from right to left, for the pressure of blood in the left auricle would rather predominate (and shut the valve in Dr. Markham's case), especially since the physical signs indicate that aortic obstruction (arch) existed, which would tend to increase the pressure on the left side (auricle,) and favour a current from left to right. Dr. Markham's case is open to these grave objections.

So much for permanent basic systolic murmur. But we sometimes get a murmur which seems permanent, indeed, we think it so, and at the post-mortem we cannot find any cause sufficient to account for it. I speak from practical experience. A patent foramen ovale may exist perhaps, and to it we may ascribe the murmur. Such a murmur is often really temporary. Attention should be directed to this matter because a late American observer, Da Costa, has recently, in the *American Journal of Medical Science*, for January, 1859, pointed out the occurrence of such a murmur at the base, and temporary in character, as diagnostic of phthisis. Why this bears on the question of cyanosis is, because in recorded cases (Dr. Bennett's before quoted) a temporary basic murmur existed and was supposed to be produced by patent foramen ovale—an error, probably. The peculiarities of the murmur in Da Costa's cases were the following: It was basic; point of greatest intensity, second interspace, on the left side, not constant, systolic, not propagated along the great vessels, not always of equal pitch, heard best during excited action of the heart, and at the end of expiration; often limited to expiration; heard least in inspiration; heard better when patient was standing up than lying down; the ordinary sounds were not influenced, except the second; rarely accentuated, no venous nor arterial murmurs. The patients were all phthisical, or nearly all. No doubt it existed at the pulmonary artery, and was produced there. Da Costa explains the matter thus (which by-the-by is not an original idea), "by want of unyielding textures surrounding the pulmonary artery or one of its branches (?) during the diastole or expansion of the vessel, and when the blood is propelled through it;" and he says it is "caused by the pressure of tuberculous matter." Now I know practically that such a murmur may frequently exist in a phthisical subject, and no such cause be found in the dead house. Da Costa draws a most mischievous inference. He observes: "On the whole, however, the cases show that where slight changes are observed at the apex of the left lung with symptoms which lead to a suspicion of tuberculosis, where there is an absence of any symptoms or signs which point to a previous attack of pleurisy or pneumonia, and which would account for the physical signs at the apex; the presence of a localised systolic blowing sound at the left side, unaccompanied by venous murmur, ought to have decided significance."

Now I do not admit any such general assumption; the clinical history of phthisis is opposed to such a view. In a clinical lecture delivered by Dr. Jenner some time ago (during the time I was his resident assistant at University College Hospital), illustrated by a series of very interesting cases in the Hospital, and subsequently published in the *Medical Times and Gazette*, March 1, 1856, Dr. Jenner drew attention to the fact that such a murmur might be produced in a chest of narrow antero-posterior diameter. In expiration or by pressure exerted by the stethoscope of the auscultator, in a yielding chest, the chest-wall came in contact with the pulmonary artery, and so narrowed its calibre as to produce murmur, disappearing during inspiration, or not producible by slight pressure, not constant, etc. Such a murmur can be produced in a chest of narrow antero-posterior diameter in the way indicated in some adults independently of phthisis, (I admit,—but rarely.) To regard it, at any rate, as diagnostic of phthisis in every case, is incorrect. Phthisical people have narrow chests, and in such cases a murmur may be produced as stated, and must be regarded as a very suspicious sign in adults; but not so in young children, whose healthy, but yielding chests, may furnish a murmur, when acted upon by the pressure of the stethoscope, or that of expiration. In Dr. Bennett's case of patent foramen ovale, the patient had a temporary (inconstant) murmur, possessing the characters described by Da Costa, and also phthisis and dilated pulmonary artery—states in which you would expect "inconstant murmur." Dr. Markham's case was the subject of phthisis also.

I do not wish to claim any originality, but I am sure attention ought to be directed to the very dangerous conclusion of Da Costa in regard to young subjects, since a perfectly healthy patient may come to you of an early age, you listen at the second left cartilage and find a murmur (which may appear to be constant if you use too much pressure), having all the characters described by Da Costa—you diagnose phthisis, and commit a great error.

Gloucester-gardens, W.

The Source of Urea.—Whence does this matter come? Where is it formed? M. Wurtz's researches lead him to this: That urea is found in the lymph and in the chyle, just as it is found in the blood. And from this the learned Professor concludes: That the lymphatics assist in the absorption of materials resulting from the metamorphoses which go on in the tissues, into which the radicles of absorbent vessels penetrate.

The Surgical Society of Paris is accustomed to have an annual banquet. Once—on the occasion of the inundations of the Loire—it departed from its rule, and turned the subscriptions to charitable purposes. This year, the same benevolent feelings have taken hold of its members; and the wounded of the army of Italy will get the benefit of their charity.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON MALIGNANT DISEASE OF THE TESTIS.

In the following report we purpose to bring together all the examples of malignant disease of the testis which have been recorded in our pages during the last six years. In this way we hope to collect a body of facts from which important and trustworthy deductions may be made. As regards the age of the patient, the symptoms, duration, etc., of his disease, and the immediate result of the operation, for its removal, almost all our cases will, we believe, be found to be complete. Unfortunately, however, we are not able in more than a very few instances to carry the history of the cases beyond a comparatively short time subsequent to the operation. On the important question as to how long life is usually prolonged after excision of the testis for medullary cancer, our series will, therefore, throw comparatively little light. We shall, however, carefully cite all such evidence as we possess on this point. In subsequent reports we purpose to investigate in a similar manner the other diseases of the gland.

KING'S COLLEGE HOSPITAL.

(Under the care of Mr. FERGUSSON and Mr. PARTRIDGE.)

Case 1.—A man, aged 40, who presented none of the usual indications of the malignant cachexia was admitted under the care of Mr. Partridge in July 1854. His right testis had been enlarged for about a year; the disease was complicated by hydrocele; there was no enlargement of the cord, nor could any disease of the lymphatics be discovered. The gland was excised in the usual way. The patient sank under an attack of erysipelas on the eighth day. At the autopsy a large cancerous mass was found developed in the right lumbar glands.

Case 2.—A cachectic man, aged 51, under the care of Mr. Fergusson in King's College Hospital. The left testis was enlarged to the size of a small cocoa-nut. After excision, the disease proved, as expected, to be medullary cancer. Recovered.

Case 3.—A tolerably healthy-looking man, aged 43, under the care of Mr. Partridge. His right testis had been gradually enlarging for three years, and was the size of a closed fist, firm, and heavy. There was no cachexia, and the cord was not thickened. He complained only of a dull, dragging pain in the loins, and occasionally along the cord. Mr. Partridge extirpated the gland, which was afterwards found to consist of a mass of disease, in which scarcely any traces either of tubules or of the epididymis could be found. Under the microscope vast quantities of cells, some of them being compound, were seen interspersed with a few fine fibres. The patient did well for the first week after the operation, when the wound was attacked by erysipelas, which, however, under a stimulant treatment, passed off in about four days. He was subsequently extremely troubled with flatulence, which also, to some extent, had been the case prior to the operation. The belly, however, became tympanitic, and his features assumed a sunken appearance. Death from exhaustion occurred on the eleventh day. At the autopsy, a mass of malignant disease, the size of an adult liver, was found in the lumbar region. It extended upwards as high as the pancreas, and downwards as low as the division of the aorta, while laterally it was in contact with both kidneys, those organs not being, however, themselves involved. The chief mass of the tumour was firm and hard, but on each side were portions of a soft and almost gelatinous structure. The tumour having been dissected, the aorta was found to pass almost through its centre, and was contracted, just above its division, to about one-third of its calibre. The ascending vena cava was pushed away to a considerable distance from the artery, and just below the renal vein was so much contracted as to be almost obliterated. (There had been no œdema of the lower extremities during life.) The ureters were natural in size, though they passed through the tumour.

Case 4.—Mr. Fergusson.—A man, aged 38, in fair health. Thirteen years before he had received a blow on the scrotum from a cricket-ball, and eleven years later another from the same on the same part. It appeared that the enlargement of the testicle had been more particularly noticed after the second injury. It had enlarged to the size of an adult fist. The cord was healthy. After removal the disease proved to be the firm variety of medullary cancer. Recovered.

Case 5.—Mr. Fergusson.—A man, aged 59, from whose scrotum a large fibrous growth had been excised (by Mr. Fergusson) three years ago, the testis being then left. The disease had recurred, and was now the size of an infant's head, involving also the testis. Excision of the whole was performed. Recovered. The testis was lost in the mass, which appeared to be of fibroid nature.

ST. BARTHOLOMEW'S HOSPITAL.

(Under the care of Messrs. LAWRENCE, STANLEY, LLOYD, and PAGET.)

Case 6.—W. L., aged 34, was admitted, under the care of Mr. Lloyd, on January 8, 1852. The disease had commenced suddenly seven months before: health little affected. The left testicle was smooth, oval, etc., tumour size of a large fist. A harder piece at its upper part the size of a walnut; sense of deep fluctuation; not painful or tender; punctured four days before admission for hæmatocele, but only ten ounces of florid blood were obtained. No history of cancer in the family could be obtained. The inguinal glands on same side were slightly enlarged. After an exploratory examination, castration was performed on January 31. *Result.*—In a month he returned to his employment. (The healing of the wound was not easily accomplished.) He returned to the Hospital for "acute engorgement" of the inguinal glands, which, however, was easily removed. At the end of six months he was in excellent health, but the glands still continued suspiciously indurated.

Case 7.—Under care of Mr. Stanley: E. B., aged 38, admitted November 16, 1855. *History.*—The right testicle somewhat enlarged, and subject to aching pains for twenty years; but had enlarged rapidly, and become severely painful during the last six months. Six weeks ago it was punctured, and two ounces of creamy fluid were drawn off by a trocar. He next noticed two small lumps above the testis, which grew rapidly, and were attended with great pain. *Symptoms.* — Double the natural size, and extremely tender. The smaller tumours were rounded, of the size of a cherry, one anterior, and the other posterior, and were attached to the cord. The cord was swollen, but the glands in the groin were unaffected. *Operation*, November 25.—The testis, and as much of the cord as could be reached, were excised. *Result.*—After a tedious convalescence, attended with great local and constitutional disturbance, he left the Hospital, still in delicate health, on January 10. (a)

Case 8.—A man, aged 30, under the care of Mr. Skey, on account of great enlargement of the right testis. It was larger than a fist, firm, and heavy. The disease had commenced spontaneously six months ago, and no material pain had attended it. The cord was not affected, there was no evidence of disease of the lumbar glands, and the man was in pretty good health. The scrotum was reddened, and the testis adhered to it. Excision of the gland was performed in the usual way. The disease proved to be cystic, with medullary cancer, the cysts being small, and the greater portion of the mass consisting of cancerous material. (Microscope not used.) A portion of healthy testis structure was expanded in front of the tumour.

Case 9.—A healthy man, aged 37, was admitted into St. Bartholomew's Hospital, under the care of Mr. Skey, on account of great enlargement of the right testis, which had commenced two years before, and had been unaccompanied by pain. The gland was of stony hardness, and more than four times the size of the opposite one. The testis and lower third spermatic cord were excised on February 10th. The parts healed, and he was discharged from the Hospital in March, but was subsequently readmitted, and died of pleurisy. The diseased growth consisted of cartilage, as also did the numerous glandular and other secondary ones. (The full particulars of this singular case were read by Mr. Paget before the Medico-Chirurgical Society. See report in this Journal, page 634, June 23.)

(a) For details see *Medical Time and Gazette* 1853, page 524.

Case 10.—A man, aged 21, was admitted into St. Bartholomew's Hospital on account of what was at first supposed to be hydrocele. It was punctured, but only two ounces of bloody fluid escaped. He was in good bodily health, and had noticed the enlargement only six months. The gland was the size of a small fist. It was removed, and proved to be medullary cancer. The wound healed, but the disease returned in the cord before he left the Hospital.

GUY'S HOSPITAL.

(Under the care of Messrs. HILTON, COCK, and BIRKETT.)

Case 11.—A man, aged 26, was admitted under the care of Mr. Cock, on the 17th of April, 1858. He was pale and cachectic. His right testis had been gradually enlarging without pain for about a year, and was now about four inches in its longest diameter, being of oval shape but slightly flattened. The inguinal glands were somewhat enlarged, but the cord was healthy. On the 20th of April the gland was excised. On examination of the tumour no traces of testis structure could be found. The gland had entirely disappeared, and was replaced by cysts of various sizes, from a marble to a millet-seed. Some of the cysts contained clear serum, others a bloody fluid, while some were filled with a soft pulpy growth, presenting all the features of medullary cancer. Mr. Bryant, who made a careful examination of the specimen, considered it a good example of mixed medullary and cystic disease.

Case 12.—A man, aged 34, in fair health, under the care of Mr. Hilton. The testis was removed on account of malignant disease, which had existed ten months, the growth being about as large as a fist. The lower part of the cord was thickened, and in the operation the inguinal canal was laid open, and the cord divided high up. The mass of disease was found to have pushed the greater part of the gland structure to the posterior part, and had not destroyed it. The man recovered well.

Case 13.—A man, aged 31, apparently in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the left testicle, of thirteen months' standing. The cord was quite healthy, but there were glands in the groin which appeared larger than natural. The usual operation was performed. The bleeding from small vessels was, for a few minutes, very free, and a great many ligatures were required. The man subsequently recovered well. The gland presented after removal a good example of medullary cancer; it was as large as two fists.

Case 14.—A man, aged 37, in moderately good heath, under the care of Mr. Cock, in Guy's Hospital, on account of great enlargement of the left testis. The disease had commenced spontaneously, and there was no history of hereditary tendency to cancer. The diagnosis was extremely difficult, as the man had no degree of cachexia, and the condition of the testis was much masked by effusion into the tunica vaginalis. The first part of the operation was exploratory. The fluid having been evacuated, the testis was found to be the seat of medullary cancer, and was accordingly excised. The cord was sound. The gland after removal presented an excellent specimen of soft cancer. The man recovered well.

Case 15.—A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the right testis complicated with hydrocele. He had the appearance of good health. The disease had existed a year and six months. The cord was not enlarged, and there were no indications of affection of the lumbar glands. After removal, the gland, which was larger than a fist, presented a remarkably good specimen of medullary cancer. The patient recovered well.

Case 16.—A labouring man, aged 28, apparently in good health, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of great enlargement of the right testicle. He was of temperate habits, and knew of no injury to the part having occurred. The disease had existed four or five months, and for the past two weeks pain had been complained of. In some parts the gland, which was the size of a small fist, was of almost stony hardness; a small quantity of fluid occupied the tunica vaginalis. The cord was not enlarged, and a most careful examination of the chest and abdomen failed to discover any evidences of internal disease. There was a slightly enlarged gland above the right clavicle. Excision of the gland was performed on September 4th, and after its removal it was found to be one mass of firm medullary cancer. The cord was quite sound. The man went on fairly afterwards, the wound healing; the gland over the clavicle, however, increasing rapidly in size. The wound being nearly closed, it was intended that he should be discharged, when suddenly rigors occurred, and he sank into a state of low fever. It now became evident a large growth was forming in the right lung; the gland also continued increasing. Death took place on October 16th. At the autopsy, the cord was found healthy until its lymphatics joined the lumbar glands, which latter were enlarged and cancerous. Malignant deposit was found in the right lung, and a large mass above the right clavicle.

METROPOLITAN FREE HOSPITAL.

(Under the care of Mr. HUTCHINSON.)

Case 17.—A little boy, aged two years and three months, was admitted, under Mr. Hutchinson's care, on account of malignant disease of the left testis, in March, 1857. Two of the boy's paternal aunts had died of scirrhus of the breast. The enlargement of the testis had first commenced about ten months before; the growth had been gradual, and almost painless. The tumour had attained the size of an adult fist. The cord not being thickened, and there being no indications of internal disease, excision was performed. The boy recovered well, and enjoyed good health for nearly eight months. At the end of that time symptoms of cancer of the lungs showed themselves and progressed very rapidly. Death took place on February 7, eleven months after the operation. At the autopsy both lungs were found most extensively infiltrated with medullary cancer. One small nodule, the size of a pea, was noticed in the liver, but with that exception there was no disease of the abdominal organs. No return of the disease had taken place either in the cord or the lumbar lymphatics. It was an interesting fact as to the hereditary transmission doctrine, that two paternal aunts of the patient died of cancer of the breast.

THE MARYLEBONE INFIRMARY.

(Under the care of Mr. THOMPSON.)

Case 18.—A man aged 35, under the care of Mr. Henry Thompson in Marylebone Infirmary, on account of enlargement of the testicle of some months' duration. After excision, the disease was found to consist of a combination of cystic, cartilaginous and cancerous deposits. The gland was the size of a small fist. The man recovered quickly.

THE WESTMINSTER HOSPITAL.

(Under the care of Mr. BROOKE.)

Case 19.—A man, aged 31, under the care of Mr. Brooke, in the Westminster Hospital, on account of medullary cancer of the testis. The enlargement had commenced a year before, and the scrotum had been ulcerated for four months; the cord was thickened. The testis, the diseased integument, and lower part of the cord were removed. Recovered.

THE CHARING-CROSS HOSPITAL.

(Under the care of Mr. CANTON.)

Case 20.—A boy, aged 9, under the care of Mr. Canton, in the Charing-cross Hospital, on account of cancer of the right testis. He was a florid, healthy-looking boy, but of thin skin and bright glistening eyes. There was no history of hereditary predisposition, and the disease was referred to a kick, which had been received some time before. The tumour was as large as a fist, and presented, after removal, the usual features of soft cancer. The cord was not perceptibly diseased. The wound healed kindly, and he soon left the Hospital. Within a month of the operation, however, the cord began to enlarge, and there were indications of disease of the lumbar glands. The disease in both these regions rapidly progressed, but no ulceration occurred. The child died asthenic, and worn down to a skeleton, rather more than three months after the operation. The post-mortem discovered an enormous growth of medullary cancer from the lumbar glands of the same side as the original disease, by which the viscera had been much displaced. The cord was also the seat of cancerous infiltration.

ST. THOMAS'S HOSPITAL.

(Under the care of Dr. BARKER, Mr. MACKMURDO, Mr. SIMON, and Mr. SOLLY.)

Case 21.—The following case is of especial interest as an example of malignant disease of the testis running its course without interference by operation. Its subject, a warehouseman, aged 26, was admitted under the care of Dr. Barker, February, 1854, on account of a large tumour on the left side of the abdomen. On examination it was discovered that his left testis was also greatly enlarged. His aspect was pale and sallow, and he gave the history that he had very rapidly emaciated and lost colour and strength. He had, he said, enjoyed good health until about three months previously. The enlargement of the testis was the first symptom that he had noticed; but aching in the loins followed shortly after. He soon noticed a hardish tumour growing in the abdomen. Whilst this latter grew rapidly, the testis almost ceased to enlarge. At the date of admission a large mass, deeply placed in the left lateral region of the abdomen, was easily felt. The testis was about the size of a fist, and the cord was at least as thick as a fore-finger. The man remained in the Hospital for two months before his death, during which time the abdominal tumour grew so rapidly as to distend the integuments in all parts. Death occurred exactly four months from the date of the enlargement of the testis having been first noticed. Unfortunately no post-mortem examination was obtained, but there could be no doubt that the primary disease was soft cancer of the testis, rapidly followed by like affection of the lumbar glands.(a)

Case 22.—A man, in fair health, aged about 50, under the care of Mr. Mackmurdo, on account of malignant disease of the testicle and cord, following a blow. The gland was excised, and he recovered well. The disease proved to be medullary cancer.

Case 23.—A man, aged 38, under the care of Mr. Solly, on account of medullary disease of the testicle. He appeared in good health, and the disease was believed to be limited to the gland. Excision was performed in the usual way, and a good recovery followed. The organ after removal presented a good specimen of the disease.

Case 24.—A sallow, cachectic man, aged 37, under the care of Mr. Simon, on account of enlargement of the right testis to the size of an orange. The disease had existed fifteen months, and had the characters of soft cancer. Excision was performed, and the disease was found to be medullary cancer complicated with cholesteatoma. Recovered.

THE LONDON HOSPITAL.

(Under the care of Mr. LUKE.)

Case 25.—A testis affected with medullary cancer was removed from a child, aged 4 years, under the care of Mr. Luke. The patient was a stout, but very pale child; there was no indication of affection of the glandular system, or of the structure composing the cord. Some inflammation of the scrotum and about the inguinal canal followed, but the patient ultimately recovered.

ST. GEORGE'S HOSPITAL.

(Under the care of Mr. CUTLER.)

Case 26.—A man of middle age, under the care of Mr. Cutler, in St. George's Hospital. The testis was excised on account of encephaloid disease. Death occurred on the seventh day. The autopsy showed evidences of peritonitis, and also of encephaloid disease of the lumbar glands.

UNIVERSITY COLLEGE HOSPITAL.

(Under the care of Mr. QUAIN and Mr. ERICHSEN.)

Case 27.—J. H., aged 16, was admitted, under the care of Mr. Quain. The duration of the disease was eight months. Tumour, 8½ inches in length. Cord thickened. Mr. Quain removed the testis and the diseased portion of the cord as high as the inguinal canal. *Result.*—Abdominal pain, etc. followed the operation, and death took place a fortnight later. The autopsy revealed a large mass of medullary cancer in the right lumbar region. (For details see *Medical Times and Gazette*, 1853, page 61.)

(a) At page 653 of this Journal, for June 25, is another example of malignant disease of the testis not removed by operation. The growth had commenced four months before death, and had attained the size of a cocoa-nut. The case is recorded by Mr. Kidd, of Blofield, in whose practice it occurred. The patient's age was 30, and he is stated to have died of phthisis.

VARIOUS PROVINCIAL HOSPITALS.

Case 28.—The Bristol General Hospital: Mr. Lang.—A man was admitted, under the care of Mr. Lang, into the Bristol General Hospital, with an enlargement of the left testis, of doubtful nature. The disease had existed for five months, and was gradually progressing. An incision having been made, a large quantity of blood was discharged with much diminution of the swelling, but as, on microscopic examination, compound cells were detected in the fluid, extirpation of the entire gland was performed. The disease proved to be medullary cancer. The man recovered; but, at the time of the report, one edge of the wound had assumed an appearance suspicious of return of the disease.

Case 29.—The Dorset County Infirmary: Mr. Sayle.—A man, aged 43, of very healthy appearance, was admitted under the care of Mr. Sayle in the Dorset County Infirmary, on account of diseased testis. The gland was of the size of an infant's head, of oval form, smooth, soft, and elastic. There had been no pain in the back, nor was there any perceptible enlargement of the inguinal glands. He had first noticed an enlargement seven years ago, but had paid no attention to it until lately, when it had rapidly increased. There had been no pain, and its size and weight were its only inconveniences. An exploring-needle was employed, and numerous compound cells of rounded form, and about three times the size of pus-cells, were found in the fluid so obtained. Excision of the gland was performed. The cord was found healthy. The wound healed, and the man was discharged well. The disease proved to be medullary cancer.

Case 30.—The Durham Infirmary: Mr. Green.—A sallow cachectic man, aged 21, under the care of Mr. Green, in the Durham Hospital, on account of enlargement of the right testis, which had first commenced eighteen months ago. The gland was excised in the usual manner, and, on examination, the diagnosis of medullary cancer was found to be correct. The man recovered well. This patient again came under observation three months after the operation. The cicatrix of the wound was then found of a gristly hardness, and there was also a tumour in the abdomen, about the region of the umbilicus. He suffered much from pain and sickness, and there could be little doubt that a reproduction of the disease in the lumbar glands had taken place, and would before long cause death.

Case 31.—The Bradford Hospital: Mr. Poppleton.—A man, aged 25, was admitted under the care of Mr. Poppleton, into the Bradford Hospital. Three years ago he had received a blow over the left testis which had caused him pain for a few days, but of which he subsequently took no notice. About five months afterwards he discovered that it was larger, harder, and heavier than the other, but it was quite painless. From that time it continued steadily increasing in size, until at the time of admission it had become as large as a turkey's egg. It was of stony hardness, and felt very heavy. It did not adhere to the scrotum, nor had the spermatic cord become involved. Excision was performed, and the wound healed rapidly. Microscopic examination discovered the appearances characteristic of cancer.

Case 32.—The Leeds Infirmary: Mr. Hey.—A healthy-looking man, aged 45, under the care of Mr. Hey, suffering from encephaloid cancer of the testis. Mr. Hey removed the testis in the usual manner. The patient did well until within two days of his death, which resulted from acute peritonitis three weeks after the operation.

Case 33.—The Sheffield Hospital.—A man, aged 25, under the care of Mr. Jackson. His right testis had been enlarging for six months, after an injury received from the pommel of his saddle. It was of large size, and evidently the seat of malignant disease. Mr. Jackson removed it. The man recovered well.

Case 34.—The Derby Infirmary: Mr. Johnson.—A man, aged 26, was admitted into the Derby Infirmary, the subject of medullary cancer of the right testis, under the care of Mr. Johnson. Excision. Peritonitis occurred on the third day, but it passed off, and the man recovered.

Case 35.—The West Norfolk Hospital: Mr. Kendall.—A man, aged 34, was admitted on September 13, the left testis being enlarged to the size of a hen's egg. The disease had existed six months, and the gland was irregular in shape, and very firm. There had been much pain in it. The testis

was removed, and showed under the microscope a "fibrous structure containing compound cells." Recovered.

Case 36.—The West Norfolk Hospital: Mr. Kendall.—A labourer, aged 56, who had enjoyed good health until about six months ago, when his right testis began to enlarge, and his strength suffered. The same testicle had been enlarged eight years before, but did not then cause him any trouble. On admission the testis was as large as two fists, tense, elastic, of irregular shape, and very painful. On June 11 excision was performed. Erysipelas of the scrotum followed, and extended to the groin and thigh. Much sloughing of the skin in the groin resulted. He was recovering from this when, about three weeks after the operation, a fungous bleeding growth appeared from the extremity of the cord. This rapidly enlarged, and profuse bleedings followed. He sank from exhaustion on September 17, three months after the operation.

We defer to next week our summary of this series, and comments thereon.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 352.—Linnæus' Geographical Classification of the Human Race.

Homo Americanus .	Pertinax, contentus, liber. Regitur consuetudine.
Homo Europæus . .	Levis, argutus, inventor. Regitur ritibus.
Homo Asiaticus . .	Severus, fastuosus, avarus. Regitur opinionibus.
Homo Afer.	Vafer, segnis, negligens. Regitur arbitrio.

Systema Naturæ.

No. 353.—The Age of Man.

M. Flourens once endeavoured to calculate how long a man ought to live. And he made his reckoning by determining the duration of life in some of the lower animals, and finding out how long it took for their skeleton to arrive at its perfect development. He thus satisfied himself that man was a centenarian. But we know, alas! that in all the civilised countries of Europe the mean period of life does not exceed 35 or 40 years; that among the lower classes it may be as low as 30, and that among the upper classes it rarely exceeds 60 years. M. Hœser, a German professor, has, however, discovered a little Oasis of the Blest, where the population's mean age reaches very near to the figure of M. Flourens. He relates, that on one of the little hills which surround the Gulf of Naples, there exists a convent, called of the Cameldules, which is celebrated through the world for its picturesque position. The business of the pious inhabitants of it consists wholly in prayer and silence. Their food is of the simplest, a purely vegetable diet—

"Their food the fruits, their drink the crystal well."

But a diet sufficient, says the learned professor, to repair the losses occasioned by labours so little fatiguing. "My guide," he relates, "who looked like one of 40, was 70 years old; and he was the youngest of the community. He assured me, that the death of a Cameldule before the age of 90 was an unheard-of event, and that a considerable number of the "religious exceeded 100 years of age." M. Hœser also makes out that men of genius, at all events, lived longer in ancient than in modern days. The age of Pericles in this respect beats all others. At Athens, the majority of citizens of that day attained the age of 80. Hippocrates was a specimen of this class. Xenophon and Sophocles reached to 90. Epicharmus to 97. Thales and Solon to 100, and Gorgias and Leontium to 108.—*Clinique Européene.*

No. 354.—Remedy for Jaundice.

Sir,—There is nothing new in the "Remedy for Jaundice" (Notes and Queries, No. 347). Vanden Bossche, in his "Hist. Med. Animal." p. 414, informs us, on the authority of various Physicians, and, among others, Felix Platerus, the Professor of Medicine at Basle, at the end of the sixteenth century, that "if eleven lice (or thereabout) be eaten by persons in the jaundice, they will be of benefit to them," and that "the certainty of the remedy is proved by experience." There is luck in odd numbers, and "nine" is but the thereabout of "eleven." If any one feels interested as to the best mode of procuring the remedy, let him consult the plate in Vanden Bossche's work. O. A. M.

P.S.—Is there anything more disgusting in this than that (as related by the same author) bugs "vivis in penis organum immissis," should be used "ad ciendam urinam;" not dead and powdered, as Dioscorides recommends?

No. 355.—Pinel and Couthon.

When Pinel undertook the management of Bicêtre, the Revolution was at its height. The notorious Couthon presided over the dreaded *Commune* of Paris, and when Pinel came to him to obtain permission to remove the chains from the madmen, went himself the next day to the Asylum, fearing lest in such an act there should be some hidden attempt against the democratic Government. When he saw the madmen, he turned to Pinel and said: "Are you not mad yourself to wish to deliver these *bêtes féroces* from their chains?" "No," answered Pinel, "for I am certain that their chains make these wretched people thus violent." "Do as you like," said Couthon. From this time the good work commenced. The following day he removed the chains from fifty, and from thirty more a few days afterwards. The Academy of Medicine has adorned one of its rooms with a picture of this scene of humanity. Shortly after this we are told that Pinel was seized by some of the ruffians of the day, under the pretext of being an aristocrat, and hurried off "*à la lanterne;*" and that his life was saved by an old soldier, one Chevingé, whom he had delivered from his chains in Bicêtre, and who had become his servant.

No. 356.—Montaigne on Mineral Waters.

"I have seen, in my travels, almost all the famous baths of Christian countries, and for some years have made use of them, esteeming the bath, in general, to be salubrious. I have never, however, seen any extraordinary and miraculous effects there; but have found all the tales about such operations in these places ill-founded, although they may be much credited there, people readily swallowing what they wish to believe (*comme le monde va se pipant ayseement de ce qu'il desire*). Yet I have rarely seen people who have been injured by the waters, and cannot deny that they excite the appetite, aid digestion, and give one new spirits (*nouvelle alaigresse*), provided the health is not broken down seriously; in such case, I advise no one to visit the waters. The waters are not able to restore a heavy ruin; they can support a slight decline of health, or provide against the threatenings of some alteration of it. Whoever does not take a light heart there to enjoy the pleasures of the society of the promenades, and of the exercise to which the beauty of the country around the baths usually invite him, will most assuredly lose the best part and the most certain of their influence." [Could the most scientific and experienced of modern Physicians have more truly hit off the right value of these watering places? It is curious to note how acute genius separates the false from the true, and traces up the effects produced to their true causes.]

No. 357.—Dr. Beddoes' Iatrologia.

1. The philanthropic doctor, having two varieties, A and C, the shy and the renegado; 2. The bullying doctor, with Radcliffe at their head; 3. The Bacchanalian doctor; 4. The solemn doctor; 5. The club-hunting doctor; 6. The burr doctor, *centaurea calcitrapa;* 7. The wheedling doctor, with the variety of the Adonis wheedling doctor; 8. The case-coining doctor; 9. The good-sort-of-man doctor, with variety, and the gossiping good-sort-of-man doctor, who "fetches and carries scandal;" 10. The sectarian doctor variety, and the inspired sectarian doctor.

Beddoes concludes this decade of Doctors with *notandum est in toto hoc genere naturam mirabiles edeæ lusus.* This is applicable to all the species, there being mules and hybrids, and occasionally monsters magnificent and dreadful like Paracelsus.—*Horæ Subsecivæ.*

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Medical Times & Gazette.

SATURDAY, SEPTEMBER 10.

THE SMETHURST CASE.

We have already (page 217) placed before our readers the conclusions at which we arrived after a careful study of this remarkable case. As this conclusion has been the subject of some misrepresentation, we repeat it here—"The balance of probabilities was against him, but there is a *possibility* that he may be innocent. Innocent men have been hanged upon circumstantial evidence as strong as that which led to Smethurst's sentence. The very possibility of such a judicial murder is so dreadful, that, while retaining the conviction of the guilt of the prisoner, forced on us by a consideration of the whole circumstances of the case, and without a particle of sympathy for him personally, we should gladly strengthen by any means in our power the petition to Government not to carry out the irrevocable sentence of Death."

Still believing this to be the most correct view of the case—the view adopted by the vast majority of those who regard the case as a whole, in the dispassionate spirit of scientific men—we congratulate the Profession that the prisoner has not been hanged. However firmly convinced any of us may be that the evidence is in favour of his guilt, the most dogmatic must admit the possibility of his innocence.

In another column our readers will find an admirable letter from Dr. Wilks, which fills up a link wanting in the Medical history of the case as hitherto reported. The morbid appearances observed in the intestinal canal of Miss Bankes are there carefully described, and their true import, as we think, accurately defined.

We have little to add to the summary of the comments on the evidence we published last week, except the following remarkable case related by Dr. Quain, and an account by Dr. Taylor of his discovery of the fallacy of Reinsch's process.

Dr. Quain says:—

"In the autumn of 1857 a lady, aged 36, who had been married some ten years without any indication of having a family, returned with her husband from the country to their town house complaining of illness. She said she had a bilious attack, was sick after all food, and that there was a tendency to relaxed bowels. I treated her in the usual way, with very little success, and after two or three weeks a question arose as to the probability of her symptoms being connected with pregnancy. These symptoms went on increasing in severity, and the fact of pregnancy became established.

"Another Physician was joined with me in attendance, but our treatment was still unsuccessful; the lady suffered from more or less constant sickness, more or less constant diarrhœa with much pain in the throat and in various parts of the abdomen. Two other Physicians were subsequently joined in consultation. A Medical gentleman was placed as resident in the house. Everything that Professional skill combined with the utmost watchfulness and attention could do was done in vain. She became weaker and weaker, and gradually sank exhausted within an hour of giving premature birth to a child.

"During the progress of the case a question arose as to the propriety of bringing on premature delivery, but the idea was given up for reasons which it is unnecessary to mention here. I should state that so markedly did the symptoms resemble irritant poisoning, that I mentioned this impression to a friend of the lady, and, even thinking it possible that in some accidental way or other poison was being taken, I had the vomited matter chemically examined. I need not say that no poison was found."

Dr. Taylor says, writing to a contemporary:—

"The fact that arsenic was contained in the copper gauze did not arise from any suspicion or suggestion from Mr. Brande or any other person. After the closing of the inquest on the 31st of May, Dr. Odling and I tested various samples of chlorate of potash and copper, with the view of determining whether they contained arsenic as an impurity. In the course of these experiments, it was conclusively proved, on or about the 7th of June, to the satisfaction of both of us, that the copper gauze which had been used in our analysis contained arsenic. A report to this effect was drawn up and placed in the hands of the solicitor for the prosecution. The fact was stated to the grand jury on the 14th of June, so that the error might not prejudice the prisoner. The residuary liquid in the bottle No. 21 was sealed up. In re-testing this liquid, it was deemed advisable that a chemist, eminent for his integrity and knowledge, should be present to take a part in the experiments and witness the results. Mr. Brande, who had not previously been consulted in this case, was requested by the solicitor for the prosecution to attend at the chemical laboratory, Guy's Hospital, for this purpose. The liquid of No. 21 was re-examined by Mr. Brande and ourselves on the 28th of June—*i.e.*, three weeks after we had discovered the presence of arsenic in the copper. He did not express any suspicion to us, but we first communicated the fact to him, and up to that time he, like ourselves, had no suspicion that arsenic was contained in the finely-woven copper gauze.

"You say that no arsenic or antimony was discovered in any of the tissues of the body of Miss Bankes. This is an error, and it has had a wide circulation through the press. Dr. Odling and I stated in our evidence that antimony was distinctly found in one of the kidneys. We also discovered it in notable quantity in the jejunum, ileum, and cæcum. In addition to these results, there were traces of the metal in the blood."

It is so plain from this statement that Dr. Taylor has acted in this case the part of an upright, honourable, scientific man, who detecting his own error, at once made it known in the most candid spirit, that it is quite unnecessary for us to defend him from the absurd charges which have been made or insinuated against him,—but agreeing very fully with some remarks which have been made in a leading article in the *Weekly Chronicle*, we transcribe them as an act of justice to one who has been assailed in a very discreditable manner:—

"Certain newspapers and certain Medical men have taken a prejudice against Professor Taylor, and the present agitation does not arise for an instant from any sympathy for Smethurst, but is simply a pure faction fight. Why, it was well known months ago which side certain newspapers would take. From the moment it was announced that Professor Taylor was employed on behalf of the Crown, the course which certain papers would take was as obvious as possible. It is a matter of deep regret that it should be so; but that it is so 'nobody can deny.' Now, what has Professor Taylor done throughout his career to merit this onslaught on his professional position? He is one of the most careful and skilful analysts in the kingdom; and though every effort which the skill of the counsel for the defence, and professional rivalry could do to damage his evidence has been done, it has been of little avail. As to the mistake in the present case, it simply proves the honesty of the man. The moment the mistake was discovered—and, be it remembered, he would never have discovered it had he not been a most careful analyst—he communicated the fact immediately to the counsel for the prisoner. He thus made himself 'food for powder;' and yet it is a man with a fine sense of honour like this, who is branded by a portion of the press as one who would send a fellow-creature to the gallows rather than acknowledge himself to be in error. . . . . There is one thing, however, which the Smethurst trial discloses, and it is

this—given an accomplished poisoner as a prisoner, and Dr. Taylor as a witness for the prosecution, and you can lay your finger at once upon certain London papers who will come forward forthwith and declare that the man is innocent."

LAWYERS PRACTISING MEDICINE WITHOUT A LICENCE IN SCOTLAND.

The Scotch and English Law of Lunacy differ somewhat, although a couple of years ago they were to a certain extent assimilated by the extension of some of the provisions of the English law to Scotland. In order to confine a lunatic in Scotland, certificates are required from two Medical men, who must visit the patient separately, and who must give in their report the reasons on which their opinion is founded. The petition of the patient's relatives, backed by these certificates, then goes before the Sheriff or local magistrate of the county, who, formerly, if the documents were correct in form, at once granted the warrant for the patient's detention. In such a course of proceeding of course the responsibility lay with the Medical men and the friends of the patient, and accordingly actions have been brought against them repeatedly in the Scotch Courts for alleged erroneous commitment of lunatics to asylums.

We gather, however, from a passage in the report of the Royal Edinburgh Lunatic Asylum for 1858, just published, that this state of matters no longer exists,—that the *legal* education of a sheriff is held to qualify him better for deciding on so delicate a matter as the diagnosis of insanity, than the *Medical* education of a Physician; that the Lawyer, and not the Doctor, is the proper judge of the treatment advisable in cases of insanity, and that when the Medical Attendant prescribes the quiet, the seclusion, and the moral restraint of an asylum, the legal Justice Shallow may step in and countermand his orders. Is there no Registration Association in Scotland to prosecute such cases of unlicensed practice? On the whole, however, we are disposed to congratulate the Medical Profession on this invasion of its rights. If lawyers are willing to take upon themselves so delicate and painful a duty, by all means let them do so, *if they accept at the same time the responsibilities appertaining to it.*

We have often said to Medical friends who were annoyed with actions brought, or threatened, against them for alleged erroneous detention of lunatics, that sooner or later Medical men must, unless protected, refuse to sign certificates of lunacy. The difficulty, however, always was, How was the matter to be managed without us? This Scotch pundit has cut the knot. Let the sheriffs, who get good salaries, be the responsible parties; let them take evidence in the form of certificate or otherwise; let them sign the warrant for confinement on their own judgment, the Medical men who grant the certificates being merely regarded as witnesses.

We had almost omitted to explain, that by the exertions of the College of Physicians of Edinburgh, a clause was introduced into the Lunacy Act while passing through Parliament, allowing a patient to be detained twenty-four hours in an asylum without the necessary forms, in cases of extreme urgency, and it seems from the passage in the Report, which we conclude by quoting, that the case in question did appear urgent, and was therefore so detained until released by the refusal of the sheriffs to sign the warrant.

"The first case in this table, that of a female, who was removed within twenty-four hours after her admission, was one admitted on a Certificate of *Emergency*, under a wise provision of the new statute, but whose friends, notwithstanding the emergency of the case, were unable to procure a warrant from the Sheriff. The warrant was refused, because the facts upon which the Medical men founded their opinion of the lady's insanity, and which now require to be specified in the certificates, were not such, as in the opinion of the Sheriff, amounted to proofs of insanity."—*Report*, page 20.

THE WEEK.

We have been favoured with the perusal of a letter directed to a most respectable Medical Practitioner in this country, and purporting to come from an agent for conferring diplomas in Medicine in the United States. We are scarcely able to comprehend the exact meaning of this document; but as far as we can understand it, the writer offers, in consideration of the sum of £5, transmitted to the "Venerable the Dean" of an American University, to send back a Diploma, conferring the degree of Doctor of Medicine. The address of this "venerable" gentleman is "Dr. Bellamy, Clarksville, Cayuga County, New York State." The supposed candidate for Medical honours is further recommended to get a Latin thesis written for him by a person in England (whose name is mentioned), as a preliminary to the conferring of the degree, but it is intimated that this classical "coaching" will cost somewhere about £70. We cannot dispossess ourselves of the belief that the whole affair is a hoax, or that some person in America is attempting to practise a delusion upon his "cousins" in the mother country. It cannot be credited that any University in the United States would degrade itself by selling its Diplomas in Medicine for the paltry sum of £5 each; and we are assured that the gentleman to whom the letter to which we have referred was addressed, knows nothing whatever of his Transatlantic correspondent, and entirely repudiates the offer of a degree on the terms proposed. We may further observe, for the benefit of those who are as yet ignorant of the operations of the New Medical Act, that any foreign degree, conferred without examination, is utterly worthless in this country; and if any persons should be hereafter foolish enough to invest their cash in any such venture, they will merely afford a verification of the old adage, that "a fool and his money are soon parted." We might comment further upon this matter, except that we believe, as we have just intimated, that the whole affair is a hoax, although the parties from whom we have received the information are of acknowledged probity and position in the Profession, and are justly indignant at the scandalous sale of diplomas which is inferred (though we believe without foundation) to be carried on across the Atlantic.

The condition of lunatics in Jamaica has been already alluded to in this Journal. A full demi-authoritative statement lately made on the subject in the *Times*, cannot fail to excite attention. We trust that the numerous eagerly-minded philanthropists who have on many occasions lately exhibited such great desire to see these unfortunates duly dealt with in this country, will now extend their sympathies across the Atlantic, and take a view of the cells of the Kingston Lunatic Asylum, and the condition of their inhabitants. Surely, to the eye of reason, the lunatic in Jamaica—our own countryman—demands as much consideration as if he were here in England, under our immediate inspection. But if the accounts alluded to be true, his treatment there is such as would excite the deepest indignation if adopted here. There is, it appears, in Jamaica, but one institution for the treatment of insane persons. It is situated at Kingston, and forms part of the public Hospital. Fifty years ago, it seems, 24 cells were provided for the insane of the island. These cells were 13 feet by 10 feet in area; and into these have been habitually crammed 120 or more patients. Each occupant gets between 214 to 497 cubic feet of air. Only a certain number have beds; the rest lie on inclined wooden shelves. During the night they are virtually unwatched. Such a condition of the insane as is here described can hardly be credited as possible in a settlement of the British Crown. It is a disgrace and blot upon the nation. So long ago as 1843 the evils were admitted and recognised in the island, and after

*

an elaborate enquiry, money was granted by the Legislature, and in 1847 a new edifice was begun. But in 1851, such is the native apathy of the islanders, though nearly £21,000 had been expended, and £10,000 worth of convict labour besides, not one-third of the building was completed. And now the local authorities took fright at the magnitude of the undertaking; they stayed their hands, and as this report says, "handed over the work so nearly completed to the owls and bats," so that the insane of the island are still lodged in their old cells of fifty years ago. In England such a state of things —so discreditable to our civilization—could not exist; and for the reason, that we have a Lunacy Commission, exercising supervision and control. Why should not the benefits of such an institution be extended to our Colonies? The Jamaica cells referred to are, it seems, closely connected with the General Hospital; and it is therefore evident that the condition of the Asylum must be well known to the Medical Officers of the Hospital. We cannot doubt that these gentlemen have remonstrated against the abuses; but we well know how powerless men in their position are to act against the dead weight of unwilling men in power. Surely this case should be one for the Executive to cope with, and at once. The time is gone by when governors are sent to our islands for the sake merely of recruiting their own broken fortunes.

It is to be feared that the existence of Burial Clubs among the poor is, indirectly, one of the fertile sources of our increased infant mortality. The subject has lately been prominently brought into notice in a work by Mr. Joseph Kay, on the "Social Condition and Education of the People," especially in a chapter entitled, "The Frightful Extent of Infanticide among our Poor." A collector of a Burial Society states to Mr. Kay, "the poor people have often told me that they were unable to pay at the time of my visit, but when a certain member of the family died—generally a child—they would be able to pay." The collector of a Burial Society in Manchester states strong grounds for believing that it has become a practice to neglect children for the sake of the money allowed at their death. A lady stated that a young woman, whose service she required as wet-nurse, having a child ill, she offered to send her own Medical friend to see it, but the reply was, "Oh! never mind! it's in two Burial Clubs." It also appears, on the authority of a Burial Club official, that "hired nurses speculate on the lives of infants committed to their care, by entering them in Burial Clubs;" and that "two young women proposed to enter a child into his club, and to pay the weekly premium alternately: upon inquiring into the relationship existing between the two young women and the child, it was ascertained that *the infant was placed at nurse with the mother of one of the young women!*" Comment on these statements is unnecessary, as the facts speak but too plainly for themselves.

We trust that the horrible death of the servant-girl, who was destroyed last week by Dr. Pownall, will tend to open the eyes of the public on the subject of insanity. No one who has read the case can doubt for a moment that the poor girl had her throat cut by a lunatic. It was proved at the inquest that Dr. Pownall had only been recently discharged *cured* from a Lunatic Asylum; and it was equally clearly shown that the deed was objectless, and the act of an unreasoning creature. Although committed for wilful murder, there is no earthly doubt but that the Doctor will be proved a lunatic. When brought before the Coroner, and questioned as to the cause of his cutting the girl's throat, he answered: —"I cannot tell you; I unfortunately did it. I can hardly assign any motive. I felt I was bound to do something, and I could not resist it." The truth is, that if the persecution which gentlemen engaged in the department of Lunacy have been lately subjected to is persevered in, we shall have many more sad tales of this kind to relate. It should be remembered (to show the ignorance, on this subject, of the highest, so-called, authorities) that only a few years ago, one of the most renowned judges on the bench, gave it out in Westminster Hall as his solemn opinion, that no man ought to be confined as a lunatic who had not done acts of violence such as rendered him dangerous to society. The noble Lord issued this wild statement in face of the fact, that if it were practically carried out, the Lunatic Asylums of England could be at once emptied of three-fourths of their inhabitants! Let us hope that the above sad lesson may not be lost.

The Apothecaries' Hall of Dublin has published a "Reply" to the statement of the King and Queen's College of Physicians in Ireland, relative to the right on the part of the Hall to grant licences to practise Medicine. It will be recollected that this right has been questioned by the Irish College of Physicians, and that this view of the College has been confirmed by a late decision of the Medical Council assembled in London. The Dublin Apothecaries' Company now maintain that they do possess the power of granting licences to practise Medicine, and they set forth the reasons on which they found their argument. They declare that from time immemorial, the Irish Apothecaries have practised Medicine, and have been the ordinary Medical attendants on families; that several Irish enactments can be adduced to prove that at a very early period the Apothecary in Ireland was a fully-recognised Medical Practitioner, and entitled by law to attend the sick in Hospitals and Prisons; that the education of the Irish Apothecary is commensurate with the duties which he performs as a Medical Practitioner; that the enactments which passed subsequently to the institution of the Hall all verify the validity of the licence granted by the Company as a qualification to practise Medicine; and that the recent Medical Act permits the registration of Licentiates of the Dublin Hall, and confers upon them all the professional rights and privileges which are enjoyed by persons who are so registered. In a note appended to the "Reply," the Dublin Hall enters into a detailed contradiction of the various statements and arguments put forward by the Irish College of Physicians, and exhibit in a tabular form the requirements as to preliminary and Professional education demanded respectively by the Dublin Apothecaries' Hall and the Irish College of Physicians; by which comparison it appears that the curriculum required by these two bodies is pretty much the same. The Dublin Hall concludes by disputing the right of the Medical Council to decide the question between the College and Hall, and declares that the matter is still in abeyance.

A daily contemporary has lately exclaimed against the frequent application of the cat-o'-nine tails to the backs of Her Majesty's soldiers, as now practised at Woolwich. We heartily join in every crusade against that instrument of degradation and torture, which has most certainly, if looked at only in the light of a correcting agent, done infinitely more harm than ever it has effected of good. It is an old saying of a wise head, that a man who has once been flogged will never make a good soldier. The slur and the scars on his back will both stick to him for life. In this modern day punishments involving mutilation and torture are repugnant to the moral sense of the community; and therefore we would also cry out against that other remnant of a brutal mediæval penal code—the branding of the soldier. Putting a lasting mark of degradation upon a man, whose crime does not deserve more than temporary punishment, is committing an act

directly opposed to all our advanced ideas of reformation mingled with punishment. It is manifest and certain, that a man thus degraded, however well inclined he may be to become a better man, has a weight to struggle against, which he can hardly ever overcome. The mark D. upon his shoulders, is the old man of the mountain, which sinks him down, and prevents him emerging from the old slough of his former ill ways. According to the Army regulations it is the duty of the Medical officer to witness this degrading act of punishment. The very fact of such a duty being delegated to a man in the position of Surgeon to a regiment, gives us an idea of the kind of mind and spirit which pervaded the councils of those who originally established the fixing of this mark of infamy on a man's back.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE CÆSAREAN SECTION.

By M. BOURGEOIS.

In this paper, the author, a provincial Practitioner, adduces a great number of cases of success which have been recorded in the various periodicals since the summary published by Baudelocque, in 1798. In Baudelocque's memoir there were ninety-one operations, in which thirty-seven were successful, and now M. Bourgeois has collected references to about a hundred successful cases, the operation in several instances having been repeated more than once on the same woman. He is a strong advocate for the operation, adopting the theological views on the practice of craniotomy prevalent at the Sorbonne, and recently revived in our own country. He observes that the operation never having succeeded in the Paris Hospitals, in the case of its performance being required, the patient should at once be transported to some distance from the capital. Indeed, it should never be performed in a Hospital at all, nor should any of the body-linen or bed-linen, etc. of a Hospital accompany the patient. The operation should not be delayed beyond the period of the dilatation of the os uteri, allowing the woman to exhaust her strength by useless efforts, while at the same time the life of the infant is endangered. It should be commenced if possible before the rupture of the membranes, as the incision made during the distended state of the uterus will become smaller during the retraction of the organ after delivery. The incision should not, indeed, be made needlessly long, and one of thirteen centimetres will usually suffice for the extraction of the fœtus. The simpler the dressing is the better, and sutures should be especially avoided, as they cause great suffering and irritation, and either prevent the development of the abdomen, or give rise to mischief by becoming torn away. A simple digitated bandage, intercrossed over compresses placed on each side of the incision, answered every purpose in a case which occurred to the author. A few drops of tincture of arnica given every few hours is very useful in the prevention of after consequences; while traumatic fever should be combated with the tincture of aconite. In forty-five fatal cases, the following were the causes of the fatal issue:—In 5, the immediate consequences of the operation, as debility and exhaustion; in 2, convulsions; in 9, hæmorrhage; in 16, metro-peritonitis; in 3, effusion into the abdomen; in 2, colliquative diarrhœa; and in 8 gangrene and typhoid symptoms. The following are the conclusions of the memoir:—1. The accoucheur must endeavour to save the life of the infant as well as that of the mother. Morality prohibits fœticide, religion condemns it, social economy cannot accept it, and science should not inculcate it. 2. When the pelvis is not less than $7\frac{1}{2}$ centimetres, or more than $8\frac{1}{2}$, in diameter, premature delivery by means of the uterine douche should, if possible, be had recourse to. 3 When the diameter is less than 7 centimetres and the child is living, the Cæsarean operation must be performed. 4. The operation is the more likely to succeed when the patient is placed in good hygienic conditions, too long delay has not taken place, the incision does not extend beyond 13 centimetres, sutures are not employed, and when arnica is given as a prophylactic, and aconite as an antiphlogistic.—*Moniteur des Hôp. Nos.* 60, 61, 62.

ON TRANSPLANTATION OF THE DURA MATER AS A MEANS OF DETERMINING ITS PERIOSTEAL CHARACTER.

By M. OLLIER.

This paper forms a kind of complement to those we have already noticed (a) as having been read to the Academy of Sciences upon the transplantation of periosteum. While some experimental results, M. Ollier observes, have led a certain number of physiologists to regard the dura mater as a periosteum, clinical observations have not induced Surgeons to place much confidence in this membrane for the reparation of osseous parts, which have been removed, whether accidentally or by the trepan. His experimental resections of the cranium have led the author to believe, with several observers, that there are three sources of reparation of the osseous substance—the dura mater, the diploe, and the pericranium. But in consequence of the various difficulties produced by the conformation of the region and the proximity of the encephalic organs, this mode of procedure has not furnished results precise enough to supply a clear and definitive solution. He therefore has had recourse to the mode of experimenting which had furnished so peremptory a proof in favour of the theory of the formation of bone by the periosteum; viz., the transplantation of the dura mater to various regions of the body of an animal of the same species. Strips of this membrane, grafted under the skin, in various regions, have given rise to perfectly-constituted bone, possessed of all the anatomical characters of normal osseous substance; and by virtue of this fact we are authorized in regarding the dura mater, not only as a protective envelope for the brain, but as contributing directly to the ossification of the cranium. This property of the dura mater does not continue in the same degree in all ages, diminishing rapidly in proportion as growth is accomplished. Very well-marked at the commencement of life, it has become much less apparent by the time the skeleton has reached its complete development, and is exhibited in a still less degree when adult age is reached. When transplantation of a fragment of the dura mater is accomplished in the adult rabbit, only numerous and independent osseous granulations are produced on its surface. This influence of age explains to us why the facts observed in man appear so often contradictory, and why Surgeons usually only obtain incomplete reparation after trephining. All portions of the dura mater do not possess the property in a like degree, it being only the external surface of the membrane that does so—the fibrous folds not in contact with bone not being susceptible of ossification on transplantation. The greater proportion of these fibrous tissues at the base of the cranium, added to the difficulty of detaching the dura mater there without tearing it, explains why we obtain in general a more abundant ossification with strips taken from the convexity, than with the fragments of the same size detached from the bone.—*Comptes Rendus.* Tome xlix., p. 206.

EXCERPTA MINORA.

Case of Protracted Gestation.—Dr. W. Stone, of Manhattan, Indiana, relates a remarkable case. The subject was a married woman, whose husband died March 17, 1858. Her last menstruation was on February 20, and the last intercourse on March 10. Quickening occurred July 8, *i. e.* 133 days from last menstruation, and 120 from the last intercourse. She was delivered February 3, 1859, of a female child weighing eight pounds, whose osseous system was extraordinarily developed. The mother has always sustained an irreproachable character: and five Physicians who examined into the case were fully satisfied that it was one of protracted gestation—pregnancy having, therefore, continued for 330 days.—*Boston Journal*, May, p. 345.

New Operation for Stone.—An American correspondent describes the following operation, as performed by Chassaignac:—"A deeply grooved staff, as large as a lithotrite, was passed into the bladder, and having been readily felt beyond the prostate by a finger passed into the rectum, a recto-vesical trocar and canula were introduced into the bladder, just as for retention of urine. The point of the

(a) *Medical Times and Gazette*, vol. xxxix., p. 476.

trocar, engaged in the groove of the staff, was made to glide along over the prostate, until it emerged through the urethra, outside the sphincter ani. The canula being left in place, a string was passed through it, and thus the chain of the *écraseur*, which, on the withdrawal of the canula, was attached to the body of the instrument, and slowly tightened. The *écrasement* occupied about four minutes, and when a complete division of the parts had taken place, two large calculi were readily extracted. No vessels were secured, and there was no hæmorrhage. At the end of two weeks the patient had complete control over the sphincter ani, and the wound was nearly healed."—*Boston Journal*, June, p. 421.

GENERAL CORRESPONDENCE.

MORBID APPEARANCES IN THE INTESTINES OF MISS BANKES.

LETTER FROM DR. WILKS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg leave to send you an account of the morbid appearances found in the intestines of Miss Bankes, together with some of the remarks which I furnished to the attorney for the prosecution several weeks before the trial. The description may be interesting to some of your readers who have not seen the appearances detailed; and the remarks will show, I hope, that a Medical witness, because of necessity employed on one side of a case, is not, therefore, an advocate on that side. This explanation appears to be needed, as the public press presumes that the Medical testimony consisted of two opposing portions—the one for the prosecution, to prove the fact of poisoning; and the other for the defence, to explain the symptoms on the supposition of natural disease. Now, this is not correct; for I am of opinion that, with the exception of one or two witnesses on each side, who were dogmatically convinced of the truth of their own statements, if the whole of the Medical men engaged on the trial could have met together in council a very unanimous result would have been arrived at as to certain possibilities which all must have admitted, and to certain probabilities which none perhaps could have shrunk from. As regards myself, personally (and the same, no doubt, applies to others), I do feel some anxiety to be placed in a right position among my Medical brethren, as I find myself quoted amongst the number who maintain unequivocally the poison theory, because of necessity, on the side of the prosecution; whereas, I merely stated that the probabilities were in favour of it, and that, taking the post-mortem appearance alone, on which only I was called to give evidence, dysentery would produce a similar effect. This it was which led the counsel for the prisoner to ask two of the Medical witnesses for the defence whether they agreed with Dr. Wilks that the case might be one of dysentery; questions which I have not seen reported in any newspaper. The following is the description of the intestines, examined a few days after death, with the remarks forwarded to the solicitor engaged in the case:—

"The intestines lay in a coil, still held together by the mesentery. The first thing observable was that the peritoneal surfaces were adherent by a thin layer of lymph indicative of a recent inflammation; they were, however, readily separable, and the exudation was little in quantity, showing that the peritonitis had been but of short duration.

"*Small Intestine.*—On opening the intestine throughout, and beginning the examination at the upper end, nothing remarkable was observed until the lower end of the ileum was reached, when at about three feet from its termination in the cæcum, the mucous membrane commenced to exhibit an inflammatory appearance; this was evidenced by a finely granular layer of lymph in and upon the surface. It was at this part seen only on some of the more prominent folds of the mucous membrane; but on proceeding downwards, this exudation became more abundant, until it entirely covered the last foot of the ileum. This inflammatory exudation could not be scraped off, as it was firmly united to the mucous membrane, and contained in its follicles. The glands of this part, the solitary and Peyer's, were not especially affected. Excepting a slight abrasion near the ileo-cæcal valve, there was no ulceration in the small intestines.

"*Large Intestine.*—The mucous membrane was ulcerated from end to end; the ulcers were of all sizes, the majority being about the size of a sixpenny-piece, mostly isolated, though some had run together, and, taking them as a whole, they occupied more than half of the internal surface of the large intestine. They were of an active and very recent character, and gave exactly the appearance in some parts as if the mucous membrane had been simply punched out, while in other parts they had their edges loose and sloughing: many pathologists, indeed, would rather have adopted the term sloughs than ulcers to these breaches of surface, since they appeared due simply to a loss of substance; but the expression 'ulceration,' is used in accordance with ordinary phraseology.

"Commencing with the rectum, or lower end of the large bowel, this ulceration was tolerably uniform in amount (the mucous membrane presenting these isolated patches of loss of substance) in the descending transverse and ascending colon, until the cæcum was reached, when inflammation of the most acute and violent character was observed. In this part not only was the mucous membrane superficially ulcerated throughout, but large portions of the structure were sloughing, and almost detached from the other coats of the bowel; thus a sloughing piece of membrane, about three inches square, hung loose into the interior, and on passing the finger beneath, it was found detached even to a still greater extent the bare muscular coat was seen beneath, and a quantity of sero-purulent fluid had exuded into the sub-mucous cellular tissue around it. The muscular coat itself in the cæcum was likewise infiltrated with this exudation, and was consequently softened, and there is no doubt it was through this part of the intestine that some transudation had occurred which had set up the peritonitis; no actual perforation was discoverable.

"Another striking appearance presented by the internal surface of the intestine, besides the sloughing or ulceration, was an effusion of blood which existed throughout, but more especially in the cæcum. It was of a blackish colour, and not free within the bowel, but existed as a thin coagulum spread over the mucous membrane, intimately mixed with its secretions, and incorporated with blood existing in the follicles themselves, whence, no doubt, its source. The portions of mucous membrane which remained intact between the ulcers, presented no peculiarities, the solitary glands not being enlarged, nor indeed visible to the naked eye. A few mesenteric glands which remained attached to the intestine appeared healthy. The contents of the intestine were fluid; those in the upper part of jejunum yellow, as if mixed with bile.

"*Remarks.*—The appearance presented by the intestines showed that the inflammation was of a most acute character, and could not have been of more than two or three weeks' duration. If it had been older, or at all of a chronic character, it would have been indicated by the presence of firm inflammatory products in various parts of the intestines; the ulcers, instead of having sharply-defined or sloughing edges, would have had hard, raised boundaries, the submucous coat would have been thickened in parts, and probably the muscular coat hypertrophied; the whole large intestine would have been irregularly thickened and contracted, instead of being, as in this instance, dilated and thin. Moreover, in these chronic cases the mucous membrane is often of a slate colour, arising from the presence of pigment, having its origin in a decomposition of the blood, which has been effused at a former period of the affection; but in this case the blood was quite recent.

"Such an acute inflammation of the large intestine, however produced, is sufficient in itself to cause death; but, if associated with a peritonitis, the latter would in most instances be regarded as the immediate cause, being the last event in the morbid process, and a pathological condition of a peculiarly fatal nature.

"In considering our experience of disease of the intestine, it is needless to say that the present case bears no resemblance to any of the common forms of maladies affecting this part, as seen in tuberculosis, fever, etc., and this, moreover, is corroborated by the absence (according to Mr. Barwell's report) of all disease in other parts of the body. Its acute nature also removes it from the ordinary cases of ulcer of the bowel, which are of slow formation. An acute inflammation of the colon or colitis is, however, sometimes met with as an accompani-

ment of other diseases, as of the heart; but then it is slight, and is only regarded as a secondary affection.

"A primary or idiopathic acute inflammation of the large intestine constituting a fatal disease, is usually styled *dysentery*. It is comparatively rare in this country, though it is occasionally met with, either in isolated cases, or as an endemic in some particular locality or building, arising, as is generally supposed from some definite local cause. The disease, in general terms, may be described as an acute inflammation of the large intestine, proceeding to ulceration and sloughing of the mucous membrane; but writers have hitherto disagreed as to whether the disease ought simply to be regarded as an intense inflammation of the mucous membrane of the ordinary kind, or whether it has not peculiarities of its own which can always distinguish it. This disagreement has arisen from there being two forms of disease, or probably two different stages of the same disease, the one where, after death, it is evident that the affection has commenced in the glands (the solitary) of the mucous membrane, these being swollen, filled with exudation, etc.; the other where, from the rapidly fatal nature of the case, the mucous membrane is found sloughing or gangrenous, and the portions of this tissue which may be left do not present any peculiarity of the glandular bodies. It is admitted, then, by those who would declare dysentery to be a peculiar affection, and one commencing in the glands of the part, that cases often occur where it is impossible to determine this fact satisfactorily; and, moreover, that in the rapidly fatal cases these glands may be found quite unaffected in any portions of mucous membrane which may be left.

"It is impossible not to recognise the resemblance which the present case bears to this latter form of dysentery, a form characterised by an acute inflammation of the whole mucous membrane, terminating in sloughing, and with effusion of blood from the surface; and especially resembling those cases which have terminated by a peritonitis."

I then state some particulars of cases which I have examined after death at Guy's Hospital, and that from nearly 3000 cases, I can only find two at all resembling the one under consideration. Cases of poisoning, of course, are excepted, though I may here state that the appearances presented by bichloride of mercury exactly resembled those seen in the late Isabella Bankes. The only two cases which were styled acute idiopathic dysentery, were those of two men who worked at the London Docks, and their illness was of five or six weeks' duration. One man died shortly after admission, and the other man attributed his illness to his eating a quantity of coarse brown sugar, which he was engaged in unpacking. The specimen, which is now in Guy's Museum, presents a large slough in the cæcum, and resembles very closely that of the deceased lady.

I then mention some of the more received opinions as to the cause of dysentery, its frequent occurrence as a limited or chronic affection of the bowel, and its rarity as an acute one, though occasionally it has occurred as an endemic, as described by Dr. Baly at the Penitentiary. At the same time I state that this part of the intestine being supplied by a peculiar glandular apparatus is the part most liable to be affected by the administration of any irritant, excepting those having some specific influence on particular organs. I conclude my observations with the following remarks:—

"Looking once more upon the case under consideration, although exhibiting a more acute inflammation of the intestine than I have ever seen (except in one or two instances before mentioned), I cannot say that it differs in character from such examples of idiopathic disease as I have described; and, apart from my own personal experience, I believe the condition which this intestine represents to closely resemble the more acute forms of dysentery occasionally observed, and therefore if I met with such a condition accidentally (in making a post-mortem examination), although I should institute the strictest inquiries as to the possibility of any irritant having been taken during life-time, I should be obliged in the absence of all such evidence, to call the case one of acute dysentery. I should do so because I believe in the possibility of the disease occasionally, though very rarely occurring, notwithstanding some very high authorities doubt the existence of the acute form in this country. In the present instance, therefore, from an examination of the diseased part, I could not say that it was not an example of acute dysentery.

"My conclusions, then, are, that although this acute inflammation might be set up by an irritant poison, yet that as a primary form of disease does occasionally, though rarely, produce a similar effect, I am unable to determine which was the cause in operation in the present instance."

You, Sir, and your readers, will be able to see from this report, made several weeks ago, that the post-mortem appearances gave no unequivocal indication of the effect of poisoning, although the opposite has been stated by some of the public journals. My own opinion is, that in all probability an irritant substance caused the ulceration, but that the latter was not distinguishable from the dysenteric form, and consequently the prisoner should have had the benefit of the doubt on this point as on all others. One theory of the case is that a vegetable irritant might have been given to cause abortion, but that death unintentionally resulted; and I think this is very likely to be the case, for the supposition of arsenic (if it had been on the indictment) was entirely upset by the defence. There can be no doubt that the end of the ileum and large intestine are the parts of the alimentary canal most liable to be affected from various causes, for in them irritant substances lodge, and from being furnished with excreting glands it may be their function to get rid of noxious substances from the system; and in this manner it is thought by some that a poisonous miasma produces dysentery. From whatever cause, however, the proneness of this part of the intestine to be affected by disease or poisons is remarkable; thus, within a short time, I have seen a case where a quantity of dilute sulphuric acid was taken, and where (the stomach of course was affected) the small intestine was entirely unaffected, but the large intestine was inflamed in the way in which Dr. Thudichum called "diphtheritic." In another case, where, owing to a strangulated hernia, a woman had swallowed a quantity of most violent purgatives, the stomach and small intestines showed no indication of an irritant having been taken, and yet the colon was acutely inflamed. Bichloride of mercury is well known to produce this effect, and, as before said, the only cases of poisoning which I have seen, in which the intestine resembled that of Miss Bankes, were those by this substance. I may add, that I think those gentlemen who spoke of dysentery being a common affection, could hardly be aware of the fearful amount of destruction which existed in this case; as seen by the almost detached mucous membrane from the cæcum, the effusion of blood, and the peritonitis. I may remind your readers that although our public and professional press is taken up with controversies on the Medical evidence, instigated principally by the *Times*, which stated Smethurst's case to be purely a Medical one, yet that the Lord Chief Baron distinctly told the jury that the Medical evidence was unimportant, compared with the circumstantial; and it was upon this, chiefly, that the judge dwelt, and upon which he charged them to form an opinion. It is probably for this reason that the discussion still going on was thought to have little weight in deciding the ultimate fate of the prisoner. I am, &c.

SAMUEL WILKS.

11, St. Thomas's-street, Southwark, Sept. 3.

"IRRITANT MINERAL POISON."

LETTER FROM THOMAS EDWARD AMYOT, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—The history of the following case would not have been offered for publication had not recent events thrown a double interest on the class of accidents which it relates. The Criminal Court has lately given our Profession an instructive lesson on the subject of caution and circumspection, and any facts serving to illustrate its teachings, while the circumstances of the Smethurst case are fresh in our recollection, appear to me well deserving our attention. The account of Miss Bankes's illness, as given by the Medical witnesses, might have stood (*mutato nomine*) for an incomplete one of my own patient, and without expressing an opinion (for which, indeed, I have no sufficient grounds) that the poison administered in the two cases was the same, I think I may fairly insist that such a thing was possible; and, if the possibility be granted, the importance of some of the Medical evidence would seem to me to be lost. But of this more by-and-by.

On the 20th of last December I was called to attend Mrs. B., a young, and usually healthy married woman, neither nursing nor pregnant, and the mother of four children. I

found her suffering from slight sore-throat, total loss of appetite, restlessness, great thirst, and other feverish symptoms, sickness, and considerable enlargement, with induration of the right cervical glands. She knew nothing of the cause of her illness, but had observed the swellings in the neck for some days. Treatment appeared useless, and the symptoms increased; she took to her bed, vomited every kind of food about twenty minutes after taking it; suffered greatly with tenesmus, with scanty, dark, pulpy motions; the urine scanty; the skin was clammy, pale, and doughy-looking. The pulse quick and thready; the abdomen was slightly tender over its whole surface; the mouth sore, with little blisters on the mucous membrane; the face swelled, and pasty, the expression anxious, and the state of exhaustion extreme. It is useless to enumerate the medicines employed, because they were utterly ineffectual in allaying, in the slightest degree, either the sickness or the tenesmus, the two most serious and distressing symptoms.

I was completely puzzled as to the true nature of the case, and my patient's condition became most alarming. Irritant poison was the thought uppermost in my mind; but her own mother was her nurse; and her husband I knew to be a gentle and inoffensive man. Had he been otherwise, and had I known him to have an interest in his wife's death; or had her nurse been of bad character, my suspicions, I fear, might have fallen on one, or both of them. As it was, however, I fixed my thoughts on a bright, perfectly clean-looking, and nearly new, copper tea-kettle, which stood by the bedroom fire, and from the water of which all the invalid's food was prepared. The water itself looked clear, but the fur on the sides and bottom had a faint sea-greenish hue. A pint of the water was poured into a mug, and a perfectly clean knife immersed. In a short time it was completely coated with copper, which, when dried and rubbed, showed the characteristic red hue of that metal.

The cause of mischief being removed, my patient vomited but once afterwards; the tenesmus ceased, the swelling of the glands, which had levelled the neck with the jaw, slowly subsided, as did the soreness of the mouth and the other symptoms, and by the beginning of February her recovery was complete, although she remained weak until the middle of March. During her recovery the stomach remained sensitive and impatient of any but the most bland and simple milk diet, and the effects of some articles of food were curious; acids of any sort, fruit, etc. gave the tingling sensation of a galvanic current to the mouth and teeth. This symptom, and the glandular indurations, I have not found described as symptoms of copper poisoning.

A few words as to cooking utensils. Copper stewpans and saucepans are often, and most justly, objects of suspicion, but it is generally thought that water alone will not act upon the metal, and the kettle, therefore, is disregarded (a). But water, when loaded, as in this locality, with bicarbonate of lime and chlorides, will affect it powerfully. In the case above detailed, the kettle had not been in use for some weeks, and when last put away had not been carefully dried. My patient, at the beginning of her illness, had suffered from toothache, and, being poorly from want of rest, had kept her room, and taken down this favourite for her own especial use. She kept it constantly on the hob and made tea from it. The more she drank the more she thirsted, and the more she thirsted the more she drank, taking a small dose of copper with every cup for some days before I was sent for, and continuing the dose in the shape of tea, gruel and broth, until well-nigh at death's door.

I would ask, in conclusion, Whether it is not *possible* that Miss Bankes suffered from copper poisoning? If it be so, what importance should be attached to the very strongest point in the Medical evidence—the fact of two or three of her Medical attendants having come independently to the conclusion that she was suffering from irritant mineral poison? It is worthy of remark that Mr. Sergeant Ballantine's question—"What do you include within the term irritant poisons?" was answered by the witness, "Antimony, arsenic, and corrosive sublimate,"—as if copper were not pre-eminently one of them, and, moreover, *the one* from which slow poisoning is most likely to occur. I am, &c.

THOMAS EDWARD AMYOT.

Diss, Norfolk, September 6, 1859.

(a) See "Taylor on Poisons" (1859), page 532.

LITERARY PROPERTY.

LETTER FROM MR. PYE H. CHAVASSE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I consider an injustice has been done to me, and that the best way to obtain redress will be to lay my case before the Profession, which, with your permission, I will now do.

Some twenty years ago, I published a work entitled "Advice to a Mother on the Management of her Offspring." This book has gone through four editions; the last was published in 1852. This year Dr. Herbert Barker published a work on a similar subject—"The Hygienic Management of Infants and Children." In this work Dr. Barker has copied portions of my book, almost *verbatim et literatim*, and without the slightest acknowledgment. The most glaring of which is the dietary of infancy. To prove my assertion, I will give you in parallel passages extracts from the two works:—

DR. HERBERT BARKER.

"2. If the above should not agree with the infant (although it often does if properly made), the boiled-flour food may be tried. Take a pound of flour, put it in a cloth, tie it up tightly, then put it in a saucepanful of water, and let it boil four or five hours; then take it out, peel off the outer rind, and the inside will be found quite dry, which grate. A small quantity of this boiled flour should be made into food in the same way as gruel is made, and then slightly sweetened with lump sugar. New milk, provided it agree with the child, may be added to the preparation."

"6. The rusk-food is very useful in some cases, and may be made with rusks boiled for an hour with water, which should be then either strained through a sieve, or well beaten up by means of a fork, and slightly sweetened with lump sugar. Great care should be taken to select good rusks, as few articles vary so much in quality."

"7. Another useful food is the top-crust of a baker's loaf, boiled for an hour with water, and then moderately sweetened with lump sugar. If at any time the child's bowels should be costive, *raw* may be substituted for *white* sugar."

"8. Rice food may be prepared in the following manner:—Soak some best rice in cold water for an hour; strain, and add fresh water to the rice; then let it simmer till it will pulp through a sieve; put the pulp and water into a saucepan, with a lump or two of sugar, and again let it simmer for a quarter of an hour. A portion of this may be mixed with new milk, so as to make it of the thickness of cream, and should be given by means of the bottle. If the bowels are much relaxed, the milk may be boiled, but not otherwise." — *Dr.*

MR. PYE CHAVASSE.

"If the above should not agree with the infant (although it almost invariably does, if properly made), take about a pound of flour, put it in a cloth, tie it up tightly, then put in a saucepanful of water, and let it boil four or five hours; then take it out, peel off the outer rind, and the inside will be found quite dry, which grate. . . . . A small quantity of this boiled or baked flour should be made into food in the same way as gruel is made, and then slightly sweetened with lump sugar. . . . . New milk, provided it agree with the child, may be added."

"A fifth and a very excellent one may be made with rusks, boiled for an hour with water, which should then be either strained through a sieve, or well beaten up by means of a fork, and slightly sweetened with lump sugar. Great care should be taken to select good rusks, as few articles vary so much in quality."

"A sixth food is the top crust of a baker's loaf, boiled for an hour in water, and then moderately sweetened with lump sugar. If at any time the child's bowels should be costive, *raw* may be substituted for *white* sugar."

"An eighth is rice, prepared in the following manner:—Soak some best rice in cold water for an hour; strain and add fresh water to the rice; then let it simmer till it will pulp through a sieve; put the pulp and water in a saucepan, with a lump or two of sugar, and again let it simmer for a quarter of an hour. A portion of this may be mixed with one third of new milk, so as to make it of the thickness of good cream. It should be given by Elam's nursing bottle. If a child's bowels be very much relaxed, and very weak, the milk may be boiled,

Herbert Barker's Hygienic Management of Infants and Children. 1859. Pages 32, 33.

but not otherwise."—*Mr. Pye Chavasse's Advice to a Mother.* Fourth edition, 1852. Pages 40, 41, and 42.

In reviewing Dr. Herbert Barker's work, the editor of the *Dublin Quarterly Journal* for May, thought so highly of the above dietary, that he copied it *in extenso*, giving Dr. Herbert Barker praise for the same, but with what justice, your readers will now be able to judge. Of course, I exonerate the editor of the above highly respectable journal of all knowledge of Dr. Barker's unauthorised use of my work.

I am, &c. PYE H. CHAVASSE.

12, The Square, Birmingham, August 19, 1859.

"NEW TREATMENT OF HYDROCELE."

LETTER FROM DR. GILLESPIE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Under this title, two papers have lately appeared in the *Medical Times and Gazette*, the first of date February 26th, the second July 30th, 1859. These are brought forward for the purpose of proving that a seton composed of iron wire is the best method of treatment for the radical cure of hydrocele.

I need hardly stop to challenge the propriety of styling this a "new treatment" for hydrocele; but I may merely say in passing, that the seton was for a long period the favourite remedy, and the substitution of one substance for another is barely worthy of being dignified by the title "new treatment." I might with as much justice claim originality were I to bring forward mulled claret as infinitely to be preferred to the multitudinous injections for hydrocele that have been in vogue at various times.

It will generally be found when the great majority of the Profession set aside a once popular remedy, and adopt another, that there are good solid grounds for the change of practice; and, accordingly, it was after a long practical experience of the shortcomings of the seton, and the advantages of injections, that the latter mode of treatment came generally into use. It may be said that two main reasons induced the change:—1st, The frequency of suppuration during the employment of the seton; though Pott expressly stated that such should be avoided, his words being, "Suppuration is not only not intended, but should, as much as may be in our power, be guarded against."—("Radical Cure of Hydrocele," p. 36.) 2nd, The discovery that it was not necessary for the radical cure of hydrocele to effect obliteration of the cavity, stimulation of the absorbents merely being often sufficient. The injection of medicated fluids was found to answer the purposes desired, without incurring, in the great majority of cases, the tedious and occasionally dangerous process of suppuration; so the seton has, with justice, been displaced in public estimation.

Innumerable fluids have been proposed and tried with various degrees of success; port-wine for a long time continuing the favourite; but whether it be from the spread of teetotallism among Surgeons,(a) or the deterioration,—I might almost say disappearance,—of that much-prized beverage, port-wine has in a great measure been superseded by iodine. Instead of the clumsy method of distending the sac by injected fluid, and then drawing it off, the powers of absorption in the tunica vaginalis have been trusted to; from half-a-drachm to a drachm of the tincture of iodine being injected and retained. So far as experience has hitherto gone, this mode of treatment has been found at once the most certain and simple.

It now remains to be shown whether a return to the seton, as recommended by Professor Simpson and Dr. J. Young, is deserving of adoption. Professor Simpson proposed the wire seton from theoretical inferences. These were founded on the fact that metallic wires when placed in living tissues, "did not, as a general law, excite inflammation to a higher stage than that of adhesion, or the effusion of coagulable lymph." (b.)

Supposing this general law to be admitted, it does not follow that the metallic seton is the most certain and the best radical cure for hydrocele. The accumulation of fluid in hydrocele depends on one of two causes, or possibly both,—abnormal activity of the secretory, or torpidity of the absorbent apparatus.

The true object to be attained in effecting a cure is restoration of the tunica vaginalis to a healthy state. That the seton is not likely to be followed by such a result, is not even denied by its supporters; for it is expressly stated that the wire seton is intended to produce occlusion of the sac by adhesive inflammation.

In the case of a large hydrocele it is evident such a condition cannot with certainty be attained, for only the parts in contact with the seton, or in its immediate proximity, may be roused to adhesive inflammation, and a considerable portion of the sac may continue to indulge in its faulty secretion. It is, therefore, much more rational to suppose that fluid injections, which are certain to be closely applied to the whole surface of the membrane, will exercise a more uniform and more salutary influence on the abnormal state of the tunica vaginalis.

It is admitted that sometimes injections may cause too active inflammation, but that is almost invariably of the adhesive kind.

So far as my experience goes it is very rarely indeed that suppuration has followed the employment of iodine injections. Whether I can speak so confidently of the wire seton, the sequel will show.

Dr. James Young founds his recommendation of the wire seton on grounds somewhat different from those advanced by Professor Simpson. He says:—"Two reasons why this operation may be considered an improvement are,—1. Because of the comparative freedom from pain; and, 2. Because it effects a cure much more speedily." (c)

For the purpose of advancing his own peculiar views, it appears to me,—and I am satisfied all who have had frequent experience in the treatment of hydrocele by injection will coincide in the remark,—that Dr. Young has exaggerated most materially the amount of pain arising from injection. Soon after the application of the iodine, the patient feels a smart burning sensation of pain, but its severity soon subsides; whereas, by his own showing, the pain of the wire seton goes on increasing for two, three, or even four days, ere relief is attempted to be given by its removal.

It so happens that I was induced to try the iron wire seton in two cases, and the result of my experience is so utterly opposed to that of Dr. Young, that I feel it due to the much-disparaged treatment by injection to bring forward my cases.

Case 1.—A. K., aged 68, a labourer, admitted into the Royal Infirmary, January 26, 1859, with an indolent ulcer of the leg, and a hydrocele of the left side, of four years' duration. As regards the hydrocele, palliative treatment only has been adopted, it having been tapped about twice a year. It is now of the size of a large cocoa-nut. On February 10th two iron wires were passed through the anterior part of the hydrocele by a long lance-pointed packing needle. The fluid trickled through the openings thus made, and the contents were soon evacuated. The scrotum was then supported by bandages, and the patient kept his bed. Eighteen hours afterwards the left side of the scrotum was swollen, to nearly the original size of the hydrocele. The swollen part very hard, but not very tender to the touch. Twenty-four hours after its introduction the seton was removed.

No symptomatic fever followed, and under rest, fomentations, and bandaging, the swelling satisfactorily subsided. For a week thereafter the case was exhibited to the students as a radical cure of hydrocele by the metallic wire; but, unfortunately, symptoms of a reappearance of fluid began to show themselves, and by the 9th of March, the tumour was as large as ever. The iron wire seton was again introduced in a similar manner, but involving a larger portion of the sac, and it was determined to retain it longer. Thirty hours thereafter the parts were hard and swollen. The seton was removed on the expiration of forty-eight hours from its introduction. The progress of the case seemed satisfactory till the evening of the second day, when high fever set in, the pulse being 130, the tongue dry and furred, and the scrotum very painful and tender.

The tumour increased in tenseness, and an obscure feeling of fluctuation gradually became developed. A free incision

(a) In Scotland more especially.

(b) *Edinburgh Medical Journal*, December, 1858, p. 547.

(c) *Medical Times and Gazette*, July 30, 1859.

was made, and a quantity of very fetid sloughy purulent matter was evacuated. The cavity of the tunica vaginalis was eventually filled up by granulations, and the patient left the Hospital on April 24th, his cure by the wire seton having occupied exactly 73 days!

During my treatment of this case, but unfortunately before its failure, another opportunity presented itself in private practice, for my putting to a test the value of the wire seton. I consider the following case a most instructive and, indeed, conclusive one, for I was enabled to institute a comparison between the simple tapping, the tapping with injection of iodine, and the wire seton.

Case 2.—J. P., aged 68, a master shoemaker, of regular habits. This patient applied to me for advice owing to his suffering much inconvenience and difficulty in making water. I found this arose from large hydroceles on either side, which almost completely concealed the orifice of the penis. On the left side the tumour was of an oval shape, on the right it was more pyriform. I determined on passing the wire seton through the left side, and accordingly did so in the way recorded in the previous case. On tapping the lower part of the right side, it became evident that a large hydrocele of the cord also existed, so leaving alone the tunica vaginalis after its evacution, I tapped and injected about half-a-drachm of the tinct. iod. into the hydrocele of the cord. During the first hour or two, the patient complained most of the injected tumour, but before evening the pain had much subsided. Next day the scrotum was as large as ever, most tender over the seton. The following day, forty-eight hours after its insertion, the seton was withdrawn, and the scrotum was well fomented. On the third day, the scrotum over the place of insertion of the seton was very red and painful, while the hydrocele of the cord felt solid, but comparatively free from pain. The hydrocele of the right side was much smaller in size. It is needless to follow this case very minutely, suffice it to say, the sac of the hydrocele, through which the seton was passed,—suppurated, requiring two different incisions for the evacuation of matter, and taking nearly three months ere it became perfectly healed; the serous fluid of the hydrocele on the right side was re-absorbed and has never re-appeared; while all that can at present be felt of the hydrocele of the cord is a slightly hard, but not painful lump, about the size of an almond, lying at the upper part of the scrotum.

It will be seen from the details of these cases, that the treatment by the wire seton is not always such a simple, painless, and effectual remedy, as its advocates would make out. On none of the three occasions on which I used it, was it allowed to remain so long, as in all the cases recorded by Dr. J. Young, yet suppuration of unusual severity occurred twice. The uncertainty of the method may be shown by what took place on removal of the seton, at the end of twenty-four hours. An apparent cure was effected, and had it not been that the patient was kept in Hospital by his sore leg, I might still have been under the delusion, that I had achieved a triumph with the metallic suture; and the patient by his dismissal, cured, might have been spared a long subsequent course of suffering.

I suspect if Dr. J. Young will gather together his cases of cure at the end of a few months' time, he will find several in the same predicament, as the patient of whom he reports on July 30th, 1859:—

"I have operated on another patient with equal success. The patient was by trade a smith. The hydrocele was produced by a severe stroke. This patient after being cured became careless, got intoxicated, and received another blow, which reproduced the disease a month or two after being cured."

If such a radical cure is to involve the necessity of the patient's avoidance of carelessness, his abstinence from drink, and freedom from blows, the morals of the individuals afflicted with hydrocele must also be taken under treatment.

I am, &c. James D. Gillespie, M.D., F.R.C.S.Edin.
Surgeon to the Royal Infirmary, Edinburgh, etc.

A NEW DIURETIC.

Letter from Mr. Byerley.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me, through the medium of your Journal, to call the attention of the Profession to the diuretic properties of one of our indigenous plants, "Erodium Cicutarium," the "Stork's-bill."

Gentlemen living near the coast, where there are sandhills, will have ample opportunities of testing its efficacy, as it grows abundantly in such localities.

A neighbouring Medical friend, Dr. Parr, who had seen the plant tried, in one instance by an amateur, and in the other under his own superintendence, brought me a specimen that I might name it. He described its diuretic powers as somewhat marvellous, and stated that in each case the curative effects were speedy and permanent; although the varied means usually resorted to in such cases had been steadily but unsuccessfully employed for a length of time previously. A case of my own, in which there is ascites with hepatic disease, is improving under its use, the quantity of urine having increased considerably, with much diminution in the amount of effused fluid. The mode of preparation is to infuse an ounce of the dried plant (every part of it) in three pints of water, stewing it in an oven until two pints remain. The dose for an adult is four or five fluid ounces three times a-day; probably more may be needed in some cases.

It would be satisfactory to know the results which may arise from a further application of the remedy in other hands.

I am, &c. Isaac Byerley, F.R.C.S. F.L.S.
Seacombe, Cheshire, August 17.

QUININE TREATMENT OF PERITONITIS.

Letter from Dr. C. Handfield Jones.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you allow me through your medium to express my thanks to your correspondent (personally unknown to me) for the very interesting further account he has given us of M. Beau's treatment of acute peritonitis? I gladly accept his warranty as to the soundness and accuracy of M. Beau's judgment, and I believe he will agree with me as to its value under the circumstances. That a different effect may be produced by the administration of small and large doses of quinine cannot be doubted; yet I cannot but think that in the ordinary cases of inflammatory disease we have to meet in England there would be very considerable risk of aggravating the mischief if we attempted to induce quinism. The trials which have been made in this country of this mode of treatment in typhoid fever and acute rheumatism have been by no means successful; so far at least as I know.

With regard to the latter disease particularly, I should feel greatly interested in hearing some details of cases treated by M. Beau in the manner your correspondent mentions. To my mind, inquiries into the therapeutics of disease are of the highest importance, not only for their practical result, but for the light they shed on the nature of the morbid process.

I am, &c. C. Handfield Jones.
33, Albion-street, Hyde-park, W.
September 3, 1859.

FISTULA IN PERINEO OF TEN YEARS' DURATION. — EXTRAVASATION OF URINE, SUPPURATION, AND GANGRENE.

Letter from Mr. J. E. Smyth.

[To the Editor of the Medical Times and Gazette.]

Sir,—I send the following case for publication in your excellent Journal, if you consider it, as I do, not devoid of practical interest.

I am, &c. J. E. Smyth, M.R.C.S. etc.
2, China-terrace, Lambeth.

W. A., aged 58, a stonemason, obtained an order from the Lambeth Workhouse for my attendance, on September 22, 1858. I saw him the evening of the same day, and found him suffering from pain, redness, and swelling of the perinæum and scrotum, which he attributed to sitting on cold stones at his employment. His tongue was loaded; bowels constipated; urine high-coloured; pulse 120. I ordered fomentations to the scrotum; also the following:—℞. P. jalapæ gr. xv., hydrarg. chlorid. gr. v. statim sumend.; p. nit. potass ʒj. ant. tart. gr. ij., mist. camph. ad ʒvj. st. coch ampla ij. horis 4tis.

Sept. 23.—I visited him earlier this day; his bowels had been freely opened; he passed his urine more abundantly; but the inflammation of the scrotum was rather increased. He had but little sleep. The mixture and fomentations were directed to be continued, with the following,—P. ipecac. co. gr. xij. h. s. s.

24th.—The inflammation of the perinæum and scrotum had increased much; he spent a very restless night, and was altogether considerably worse. On examination I could now detect evident fluctuation in the perinæum; also a small opening anterior to the anus, through which, on pressure, a few drops of thin purulent matter escaped. On questioning him, I discovered that this opening had existed for the last ten years, having been occasioned at that time by the bursting of an abscess in that situation—a fistulous opening communicating with the urethra, from stricture of which canal he had suffered at that period. My friend, Mr. I'on, having seen the case with me this evening, I made a free incision in the mesial line of the perinæum, when about a teacupful of highly offensive pus, mixed with urine, was discharged. We ordered him an opiate at bed-time, and poultices to the perinæum and scrotum.

25th.—This morning he expressed himself much relieved, having slept soundly through the night. He passed about a quart of urine per urethram since yesterday morning. He was ordered broth, and six ounces of wine daily. I attempted to pass a catheter, but could not do so, owing to the irritable state of the urethra.

26th.—Continues much the same; passes his urine, as before, in a small but continuous stream. Swelling and redness of the scrotum not much decreased.

27th.—From this date to October 2, the same treatment was continued; but the integuments of the scrotum having assumed a more livid hue, indicating subjacent mischief, I made an incision along the raphe about three inches in length, and one and a-half inches in depth, through a mass of gangrenous cellular tissue, extending to within half-an-inch of the first perineal section. In the course of some days the sloughs became separated, leaving a healthy wound, which, with that in the perinæum, has since healed up.

During this period I was enabled to introduce a gum-elastic catheter, which was retained in the urethra for twenty-four hours, but had to be withdrawn, owing to its having been clogged up, the urine escaping by its side, and through the fistulous opening. By its introduction I ascertained the existence of an old stricture in the membranous portion of the urethra. I consequently commenced the use of the silver catheter, beginning with No. 5, and gradually increasing the size to No. 11. By these means, in the course of a few weeks the fistulous canal has become obliterated, and the man is now able to pass his urine in a full stream.

In this case it is worthy of remark, that no retention of urine at all existed, as it escaped all along both by the natural passage, and also through the fistulous opening. Notwithstanding which, extravasation of this fluid took place, giving rise to suppuration and gangrene of the cellular tissue. The result also shows the advantage of sufficient free and deep incisions to give exit to the sloughs, to prevent sphacelus of the integuments, and to save the constitution a protracted if not fatal struggle. Besides, the cure of a chronic urinary fistula of ten years' standing, by gradual dilatation of the natural passage, is, I think, a fact deserving of notice.

REMOVAL OF SEWAGE.

Letter from Mr. James.

[To the Editor of the Medical Times and Gazette.]

Sir,—Yesterday I saw in the *Medical Times and Gazette* of June 25, a notice bearing on the Thames Sewage, and a letter, from Mr. Napier, of Worcester, proposing a plan in many respects resembling one that I submitted in 1857 to the Referees on the Metropolitan Sewage question. I sent in the first instance to Mr. Simon, and was by him recommended to send it to the referees. As no further notice was taken of the matter, I should have let it sleep, if I had not seen this notice in your Journal, which makes me think it may not yet be too late to prevent the unnecessary outlay of money and waste of sewage which is contemplated, and which at all events will benefit the owners of property in the metropolis, at the expense of a dead weight on the rest of the kingdom. If you think the following copy of my letter worth insertion, it is at your service:—

[Copy.]

"Removal of Sewage.

"It has occurred to me that this might be effected in such a way as to relieve the river, save the sewage, and distribute it to a much greater distance and in a less concentrated form than has hitherto been contemplated. My plan is sufficiently simple. It is that the sewage of London should, as now, be discharged on the banks of the Thames, but not *into* the river. Reservoirs floating on its surface might receive it, and being moveable might transmit it as they are filled, up and down, far and wide. To speak more precisely—

"If the sewage were to be conducted to suitable points of embouchure on the banks of the river it might be received into barges properly constructed, such barges containing a number of small tanks of the size of an ordinary cart. The sewage might empty itself into these until all were filled, when the barge might be moved away and another supply its place. These barges might then be towed up or down the river by steam—those up the river need be shallow, those down deeper.

"On the banks of the river, at different distances, and near the lines of existing roads or lanes, there should be stations made with platforms, alongside which the barges may be moored, and communications established with the roadways; the small tanks might then be run out and placed on frames with wheels, drawn into the interior of the country, by the purchasers, and returned when empty.

"In this way the sewage would be distributed over a large extent of country, including the shores of Kent, Essex, Middlesex, Surrey, and perhaps Berks; any dangerous concentration of effluvia be avoided, and the benefits of manure much more largely distributed; the expense probably less than the plans in contemplation, and positive remuneration after the first outlay the result.

"Some objections present themselves which must be considered. The first is, that barges could not be moored close to the banks throughout a large part of the river's course; speaking of the metropolis itself. The answer to this is twofold; 1st. It has, I apprehend, been proposed to carry out embankments, which would obviate this objection, but the expense would be great, and my plan would greatly diminish its necessity on the score of health. 2ndly. It appears to me that the piers supporting the ends of the bridges would afford five points on either side of the river well adapted for the purpose; culverts receiving the sewage from branches being carried out as hereafter sketched.

"The second is that the free course of the numerous steamboats might be obstructed by barges moored alongside the banks, but this objection would also be met by placing the culverts at the bridge ends; for steamboats do not pass under the corresponding arches.

"The third is, that although by such a plan the banks of the river generally would be relieved from the effluvia, this might not be the case at the points selected. This raises an engineering difficulty, but not, I should apprehend, a very great one, as the tanks on board the barges might be so arranged as to admit of steneh traps or some similar means, which I will not now particularise, intercepting the effluvia. There may be other objections which have escaped me, but these are the chief, and capable of being met.

"This plan would render the enormous expense of two collateral culverts unnecessary, but I would submit that even if that mode should be adopted, the sewage would be better distributed by being received into barges, such as I have described, and laid over extensive and widely-separated tracts of land, than by being received into any great reservoir or reservoirs.

"I may err in supposing it original; but if original and practicable it will, I am sure, receive from the referees and Sir B. Hall the attention which the importance of the subject must command. "I am, &c.

(Signed) "J. H. James."

The principle of Mr. Napier's plan is the same as mine, and as an experienced engineer his adaptation is perhaps the best; but there may be points in my own deserving notice, and I therefore offer it through your pages.

I am, &c.

Exeter, Aug. 8, 1859. J. H. James.

ACONITE IN TRAUMATIC NEURALGIA.

LETTER FROM MR. USSHER.

[To the Editor of the Medical Times and Gazette.]

SIR,—If the enclosed case possesses any interest, I shall be obliged by your giving it a place in the *Medical Times and Gazette*:—

Mr. B. came to me early in August complaining of acute pain in the left arm, extending from the thumb to the shoulders, in the course of the musculo spiral nerve. He had, by accident, almost severed the top from the thumb, the nail was apparently dead, and the flesh did not present a very promising aspect. I placed the parts in apposition, and kept them so, in a few days union was complete.

I thought I was now done with him, but not so; for he came back very shortly with excruciating pain shooting from the thumb over the inner condyle of the humerus, and from thence crossing the biceps above and penetrating also the museles on the back of the arm till it reached the shoulder-joint. At first I thought there was some inflammation extending through the lymphatics, but on uncovering the arm there was no swelling, redness, or tenderness on pressure to be found along the track of pain. He was a nervous person, of lymphatie temperament, and seemed much afraid of his arm. However, as it was the left member, his business was not interfered with. He was ordered a rhubarb draught, with sulphate of potass, etc. and a liniment composed of equal parts of chloroform, anodyne, and soap liniments, which he was to rub assiduously over the seat of pain. A flannel roller was applied over the arm, and a narcotic provided for use. The next morning he looked very mournful indeed; he was peevish, irritable, evidently in great pain, and had passed a restless night. The use of the actual cautery and electricity were proposed. He did not relish either. I did not expect to see him again, and some days passed before he made a re-appearance. During the interim his liniment was used, and he now visited me for another purpose. I inquired how the arm went on. It was worse than before. Again the arm was exposed and carefully examined, the only conclusion I could arrive at was that the nerve had been injured; aconite in tincture was painted over the track, allowed to dry, and applied a second time.

In a short time he came to consult me for an attack of sore-throat, and I was not a little surprised to find that all his sufferings from the arm were at an end. The limb was benumbed by the remedy, but no return of pain was experienced. I had used, and seen aconite used, scores of times for rheumatie and other pains about the chest, but had not any idea of its efficacy in a case like the present. The tincture of the root is generally light in colour; what I used was of a dark brown, and, to judge from the effect produced, excellent. It certainly deserves a more extended trial. In cases of facial pain it acts well, when combined with belladonna, and forms a very useful applieation when mixed with equal parts of chloroform and anodyne liniment.

I am, &e.

HENRY USSHER, B.A. M.A. (late of the Royal Navy.)
4, Winchester-place, Pembridge-villas,
Notting-hill, August 20.

CASE OF PLACENTA PRÆVIA.

LETTER FROM DR. MORRIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you kindly insert the enclosed case of Placenta Prævia in your valuable publication?

M. T., aged 39, the mother of seven children, was attacked with uterine hæmorrhage on July 18, 1859, being then in about the eighth month of utero-gestation. There were no pains, and the os uteri was not dilated. She was ordered to be kept at rest, and gallie acid and opium prescribed. I saw her frequently during the next fortnight, in which time there were occasional discharges of blood. Suspecting it was a case of placenta prævia, I requested her to send for me immediately on labour eommencing. Accordingly, about 12·30 a.m. on July 31, 1859, I was hastily summoned, a distance of five miles, to her assistance. When I arrived, I found there had been slight pains, attended with profuse hæmorrhage, and she was faint and alarmed. A glass of brandy was administered; and on making an examination, I found the os uteri about the size of a florin, and the placenta centrally attached. I plugged the vagina with a silk handkerchief, and waited. At the expiration of two hours I removed the plug; the hæmorrhage returned. The os was now about the size of a crown-piece, soft and dilatable. I now introduced my two fingers, and separated the placenta as high as I could reach, and found the head presenting. The hæmorrhage did not, however, cease; I therefore gradually dilated the os uteri with my hand, and effected delivery by podalic version, taking the precaution to give a dose of ergot during the passage of the head. I then removed the placenta, and had the satisfaction of finding the uterus firmly contracted. A compress and binder were then applied, and, as she felt faint, some brandy and opium given. At the expiration of two hours she was sufficiently recovered to be able to be made comfortable, and, with the exception of feeling weak, is now as well as after an ordinary confinement. The child was stillborn, and the Marshall Hall method was of no avail.

Remarks.—It appears from the above ease that the hæmorrhage does not always cease on the separation of the placenta from its attachment to the cervix uteri; the only chance of saving the patient, therefore, was to effect delivery as speedily as possible.

I am, &c.

Swindon, August 20. FRED. H. MORRIS, M.D.

THE UNIVERSITY OF LONDON AND THE MEDICAL COUNCIL.

The following is the report by John Thompson, T. W. Saunders, and C. J. B. Hertslet, Esqrs. Barristers-at-law, of the case Reg. *v.* Storrar, heard in the Court of Queen's Bench on the 6th of June, a short account of which we gave in a former number.

University of London—Senate—Graduates.

The Senate of the University of London is the proper body to elect a Member of the General Council of Medical Education in pursuance of the 21 & 22 *Vict. c.* 90.

This was a case for the opinion of the court as to the legality of the election of Dr. Storrar by the Senate of the University of London, to be a member of "The General Council of Medical Education and Registration of the United Kingdom."

By the Medical Practitioners Act (21 and 22 Vict. c. 90, s. 3) a Council is appointed to be styled "The General Council of Medical Education and Registration of the United Kingdom."

By sect. 4, the General Council shall consist of one person chosen from time to time by each of the following bodies (mentioning, among others, the University of London).

The University of London is constituted by charter a body politic and corporate, consisting of a chancellor, vice-chancellor, fellows, and graduates. By another clause, the chancellor, vice-chancellor, and fellows for the time being are constituted the senate with the entire management of and superintendence over the affairs, concerns, and property of the University.

The question argued was as to the right of the graduates to take part in the election of the member of the General Council of Medical Education.

Edward James (T. J. Clark and Littler with him) for the graduates.—The franchise is given to the University of London; that is, to the body at large, and the senate therefore was not the proper body to elect: (21 and 22 Vict. c. 90, ss. 3, 4, 5, 18, 53; Rex. *v.* Ginever, 6 T. R. 732; Rex. *v.* Cuthbeth, 4 Burr. 2204; 1 Ld. Ray. 496.)

Welsby contra.—There are difficulties on both sides; but looking at the object and purposes of the Act and the several provisions of the charter, the senate is the proper body to elect. There is no machinery for the purpose of assembling the graduates to elect. The 17 & 18 Vict. c. 114 (to extend the rights of graduates of Oxford and Cambridge in respect to the practice of physic to the graduates of the University of London) was referred to. *Cur. adv. vult.*

Lord CAMPBELL, C.J.: The question which we have to

determine in this case is, whether the defendant had been duly elected by the University of London a member of the General Council of Medical Education of the United Kingdom under the statute 21 and 22 Vict. c. 90. This statute enacts that this General Council shall consist of one person chosen from time to time by each of certain specified bodies politic, among whom is the University of London. That is the only designation and the only definition of the body to whom the power is given. On November 3, 1858, the defendant was elected a member of this General Council by the chancellor, vice-chancellor, and fellows of the said University, and he has since acted as a member of the Council. On the part of the relator it is contended that the election of a member of this Council by the University of London cannot be made by the senate, but must be made by all the persons enumerated in sect. 3 of the last charter granted to the University, comprehending all the graduates of the University. As the right of election is given by this statute to the University of London, and as the charter by sect. 3 constitutes certain individuals therein designated, and all persons on whom the University had conferred degrees, and all persons on whom the University shall thereafter confer degrees, one body politic and corporate, by the name of the University of London; and as sect. 4 ordains that the said body politic and corporate shall consist of a chancellor, vice-chancellor, fellows and graduates, if nothing to the contrary appeared in the charter, there would have been some strong ground for contending that the election in question should be made by all those who are ordained by the charter to constitute the University, and therefore that all the graduates of the University ought to have a voice in the election; but regard must be had to sect. 8, which ordains that the chancellor, vice-chancellor, and fellows for the time being shall constitute the Senate of the University; and to sect. 18, which ordains that the chancellor, vice-chancellor and fellows for the time being shall have the entire management of, and superintendence over, the affairs, concerns, and property of the said University; and in all cases unprovided for by the charter, it shall be lawful for the chancellor, vice-chancellor, and fellows, to act in such manner as shall appear to them best calculated to promote the purposes intended by the University. Now, the election of a member of the Medical Council is a case provided for by the charter, and it seems to come within the scope of the affairs and concerns of the University, over which it is ordained that the senate shall have the entire management and superintendence. If so, the members of the senate ought to choose a member for the Medical Board, acting in such manner as shall appear to them best calculated to promote the object in view. However it might have been, if an Act of Parliament had conferred on the University of London the right of electing a member of the House of Commons without more distinctly defining the franchise, it can hardly be supposed that it was intended by the Legislature that all doctors in law, doctors in medicine, masters of arts, bachelors of law, bachelors in medicine, and bachelors of arts, who may be graduates of the University of London, should be assembled to choose these members of the Medical Board—a choice in which the great bulk of them are likely to take no interest, and which might be made more conveniently and more discreetly by the chancellor, vice-chancellor, and fellows constituting the Senate. For these reasons we think that the election in question by the Senate was valid, and that we are bound to give judgment for the defendant.

Judgment for the Defendant.

Experiments of "Watering" the streets with hydrochloric acid have been tried at Lyons. The acid is said to harden the road and keep it moist. In the Place Bellecour, during the hottest part of the day the ground (thus moistened), although dry and gravelly, has the appearance of being as consistent and damp as if it had been watered half-an-hour before. But as evening approaches the moisture becomes more and more perceptible. Every morning the ground is stiffer, and more comfortable to walk on. This may be easily accounted for; the acid, decomposing the gravel or stone, forms one or several deliquescent salts, which therefore attract the moisture of the air. The question as to whether roads thus watered are likely to last as long as they ought, can only be decided by time.

MEDICAL NEWS.

Royal College of Physicians.—The following Extra-Licentiates of the College were admitted Members, under the Temporary Bye-Laws, at the Comitia Majora held on Wednesday last, September 7th:—

Bradshaw, William Wood, Reading
Cooper, Thomas Henry, Slough, Buckinghamshire
Evans, Oliver, Royal Marine Hospital, Woolwich
Johnson, Henry, M.D., Shrewsbury
Neale, Melville, Royal Military College, Sandhurst
Ogden, James, Manchester
Porter, John Henry, Cheltenham
Scott, Robert John, Plymouth, Devonshire
Thurnam, John, M.D., Devizes
White, Frederick Blundstone, Backwell, Somerset
Williams, Caleb, M.D., York

At the same Comitia the following Graduates in Medicine were also admitted Members of the College under the temporary Bye-Laws:—

Anderson, William Alexander, M.D., Hillingdon, Middlesex
Alexander, William, M.D., Halifax
Banks, John Tatum, M.D., Crawley, Sussex
Begley, William Chapman, M.D., Hanwell
Biggs, James Strange, M.D., Surrey County Lunatic Asylum
Bright, James Richard Douglas P., M.D., Cambridge-sq., Hyde-pk.
Broughton, Hugh Henshall, M.D., Preston
Chadwick, Charles, M.D., Leeds
Coates, Charles, M.D., Bath
Collingwood, Cuthbert, M.B., Liverpool
Drake, Augustus, M.B., Exeter
Evanson, Richard Tonson, M.D., Torquay
Gee, Robert, M.D., Liverpool
Gibb, George Duncan, M.D., Portman-street, Portman-square
Greenwood, Henry M.D., Blackheath
Guy, Thomas, M.D., Rochester.
Hake, Thomas Gordon, M.D., Spring-gardens
Halford, George Brittan, M.D., Victoria-square
Hardinge, Henry, Sackville-street
Harrison, James Bower, M.D., Higher Broughton, Manchester
Harley, George, M.D., Harley-street
Hawkins, John Vincent, M.D., King's Lynn, Norfolk
Haward, Edwin, M.D., Harley-street
Heaton, John Deakin, M.D., Leeds
Heslop, Thomas Pretious, M.D., Birmingham
Hobson, Benjamin, M.B., late of China
Hooper, John, M.D., Hoddesdon, Herts
Inman Thomas, M.D., Liverpool
Jones Charles, M.D., Manchester square
Jones, James, M.D., Woburn-place
King, Henry Stavely, M.B., Lower Grosvenor-street
Kingsley, George Henry, M.D., Bridgewater-house
Kingsley, Henry, M.D., Stratford-upon-Avon
Lewis, Waller Augustus, M.B., Medical Department, G.P.O.
Lucas, T. Prestwood, M.D., Brecon, South Wales
McEwen, William, M.D., Chester
McWilliam, James Ormiston, M.D., Trinity-square, Tower-hill
Mitchelson, George Frederick, M.D., Kensington-gardens-terrace
Norton, Robert, M.D., Bayswater
Noyes, Henry George, M.D., Lee, Kent
Ogle, William, M.B., St. George's Hospital
Paley, William, M.D., Halifax
Palmer, Edward, M.D., Lincoln County Lunatic Asylum
Pickering, John, M.D., Winchester
Powell, Robert Hutchinson, M.D., Wyndham-place, Bryanstone-sq.
Priestley, William Overend, M.D., Somerset-street, Portman-square
Ramsay, William F. H. M.D., Somerset-street, Portman-square
Richardson, Christopher Thomas, M.B., Hinde-street
Robertson, Charles Alexander Lockhart, M.B., Hayward's-heath
Sherlock, James, M.D., Worcester County and City Asylum, Powick
Stilwell, George James, M.D., Moorcroft, Hillingdon, Middlesex
Stookes, Alexander Richard, M.D., Liverpool
Sykes, John, M.D., Doncaster
Travis, Nathaniel Allen, M.D., Nice, Sardinia
Tyacke, Nicholas, M.D., Chichester
Tuke, Thomas Harrington, M.D., Chiswick
Waters, John, M.D., Bedford-square
Williams, Philip Henry, M.D., Worcester.
Withecombe, John Rees, M.D., Grosvenor-street
Wright, John James, M.D., Malton, Yorkshire

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 1st September:—

Hamerton, Ernest, Elland, Yorkshire.
Hoskins, Edmund John, North Perrott, Crewkerne.
Joyce, Thomas, Stamford-hill.
Parkes, Thomas, Nightingale-vale, Plumstead.
Powell, William Edward, Leeds.
Royle, Arnold, Southampton.

APPOINTMENTS.

Power.—Henry Power, M.B., F.R.C.S., Assistant-Surgeon to the Westminster Hospital, has been appointed Lecturer on Physiology in this Medical School.

GERVIS. — Mr. H. Gervis has been appointed to the Assistant Obstetric Physiciancy at St. Thomas's Hospital, vacant by the death of the late Dr. S. Griffith.

WALKER. — Thomas James Walker, Esq., M.B., has been elected Assistant-Physician to the Queen's Hospital, Birmingham.

DEATHS.

ANDERSON.—September 6, at his residence, Clarence-terrace, New Hampton, Middlesex, Dr. Alexander Anderson, formerly of Brompton-row, Knightsbridge, aged 97.

CHEEK.—July 3, at Conoor, on the Neilgherry-hills, George Nicholas Cheek, of the Bengal Medical Service, aged 65.

DOBSON.—August 28, William Coyle Dobson, of Hamilton-place, Highbury, aged 31.

GILLESPIE.—September 1, at 45, Castle-street, Edinburgh, Alexander Gillespie, M.D., aged 84.

HOUSTON. — August 31, at Ardrossan, N.B. John Houston.

KING.—September 3, at Glasgow, Alexander King, M.D.

KNOX.—Alexander Knox, M.D., Staff-Surgeon (half-pay).

MACINTOSH.—Recently, John Macintosh, M.D., late Surgeon to the Royal Artillery.

NELIGAN.—August 28, at Athlone, William Hodson Neligan, M.D., aged 62.

PERKINS.—At Brighton, Horatio Perkins, M.R.C.S., Esq. He was one of the oldest Members of the College, his diploma bearing date 1792. Aged 90.

ROWE.—August 20, John Rowe, of Wimborne, Dorset, where he had practised for forty-five years.

SIMPSON.—August 28, at Haslar Hospital, John Simpson, Surgeon, R.N., aged 39.

THORNTON.—August 23, at Toronto, Canada, Thomas Thornton, M.D., formerly of Carrickmacross, Ireland, aged 45.

WHIPPLE.—August 28, at Compton, near Plymouth, Frederick James Whipple, Surgeon, R.N. (1847).

M. FLOURENS has been raised to the rank of Grand Officer of the Legion of Honour.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Library will re-open on Monday next, the 12th instant.

TWENTY-TWO deaths from small-pox occurred last week in London. How long is this needless mortality to be permitted?

THERE is at length a *talk* of the erection of barracks on the Himalayan ranges, where the climate throughout the year is as cold and bracing as in England.

MRS. ASSHETON SMITH has left a legacy of £1000 to each of the following charitable institutions,—namely, the Salisbury, Winchester, and Bangor Infirmaries.

MR. SYME, of Edinburgh, has been elected Foreign Associate, and Mr. Henry Thompson, of London, Foreign Correspondent of the Parisian Surgical Society.

THE Council of the Society of Arts have again under consideration the propriety of taking steps to hold a second Great Exhibition of the Industry of all Nations in London in 1862.

During forty years of practice Dr. N. Smith, in America, never found assafœtida and aloes fail in the treatment of ascarides. He seems to have used the remedies in the form of tincture given internally.

THE Town Council of Berlin has just subscribed £1600 to a foundation in honour of Humboldt, destined to afford aid to learned men and travellers in the prosecution of the studies to which he devoted his long life.

THE CHOLERA is said to be spreading along the shores of the Baltic. Its presence in Dantzic is officially acknowledged, as well as in Osnabruck and Elberfeld, and it is reported to have made considerable ravages at Hamburg.

A FACULTY OF MEDICINE at St. Francisco has announced its existence by a prospectus. It at present gives the names of six chairs,—Pathology, Chemistry, Physiology, Anatomy and Surgery, Materia Medica, and Medical Jurisprudence.

A CARRARA marble slab has been placed lately over the door of the house at Mahon, in which Orfila was born, with this inscription: "Le Docteur don Mateo Orfila y Rotger est né dans cette maison, le 24 Avril, 1787."

THE PLEURITIC FRICTION SOUND discussion still goes on at Paris. Its existence has plenty of defenders. We can hardly fancy that such a question would ever have been discussed at all, had not such a celebrity as M. Trousseau turned heretic in his opinions regarding it.

INFANT MORTALITY IN NEW YORK.—Of the large number of 710 deaths in the city of New York during the week ending August 25, the alarming proportion of 442 were of children under two years of age, and of that number 145 died of cholera infantum, and 43 of diarrhœa.

THE Municipality of Lisbon has ordered 200 silver medals to be distributed amongst those who distinguished themselves by acts of devotion and charity in 1857, at the time when yellow fever was raging in that capital. The medals are to be worn attached to a large yellow ribbon.

A PRIZE of £100 has been placed at the disposal of the Council of the Society of Arts, but Sir W. C. Trevelyan, Bart., to be awarded for "the best Essay on the Applications of the Marine Algæ and their Products, as Food or Medicine for Man and Domestic Animals, or for Dyeing and other Manufacturing Purposes."

THE Dowager Madame d'Harcourt has left, among other singular legacies, 2000 francs annually for life to her Physician, provided he visits the present abbess of Val de Grâce, twice every week so long as she is in health, and four times a-day, when she falls sick. The French code proscribes legacies to doctors; so it is doubtful whether this one will hold good.

A FRENCH journal writes:—"Many English journals are at present occupied about Mistress Blackwell, Doctoress in Medicine, who has been delivering in England lessons on the Rights of Woman. It does not seem, from what we have read, that this *rare species* finds the same respect as the other."

A FRENCH TALE.—The *Gazette de France*, speaking of the fact of M. Larrey having his horse shot under him at Solferino, adds that the animal would have perished from loss of blood, had not the Doctor applied his science on the instant, and arrested the hæmorrhage in the very heat of the action, and amidst a storm of projectiles!

M. BANIOT recommends a simple plan for ascertaining whether the alcohol in any specimen of wine is natural to it or has been artificially mixed with it. If natural to it, the alcohol will not take fire when the wine is heated at a less temperature than between 70 to 80 degrees Centigrade; but when added, it inflames at 45 degrees.

To the thousand remedies which have been recommended as useful in preventing the formation of cicatrices from small-pox pustules, glycerine has been added. Dr. Posner tells us that he applied it very frequently and very successfully a great number of times during the epidemic of small-pox which reigned at Berlin in 1858.

REMEDY FOR THE BITE OF MAD DOGS.—A Saxon forester, named Gastell, now of the venerable age of eighty-two, unwilling to take to the grave with him a secret of so much importance, has made public in the *Leipsic Journal* the means which he has used for fifty years, and wherewith he affirms he has rescued many human beings and cattle from the fearful death of hydrophobia. Take immediately warm vinegar or tepid water, wash the wound clean therewith, and then dry it; then pour upon the wound a few drops of hydrochloric acid, because mineral acids destroy the poison of the saliva.

The *Nord* informs us, that a Doctor of Medicine who possessed a European reputation, lately died at Darmstadt. This Doctor was a female—one McCharlotte Heidenreich. She devoted her attention to youthful mothers. Not only was she called into England in 1819, at the time of the birth of Queen Victoria, but a number of ducal and princely heads in Germany have had recourse to her art.

PINEL states, in letters of his lately published, that he was enabled to live decently upon what he obtained by the translation of English works. "At this moment," he says, "I am engaged in the translation of Cullen's 'Institutes of Medicine,' for which I receive 1000 francs. I would give up physic altogether, if it were necessary for me to be running about all day in the streets. I wish for only a very small practice—to see little and observe much."

THE following lines are inscribed on the pedestal of the statue of Jenner, in France. The journal which quotes them drily observes, "We prefer the statue."

Salut et gloire à toi, Jenner, au nom des mères,
Dont l'œil avec amour veille sur des berceaux !
Tu fus leur bon génie, et tu les rendis fières ;
Car grâce à toi leurs fils resteront toujours beaux.
Ta vaccine à nos cœurs parlera le langage
Des merveilles de l'art et de la charité,
Et tous, pour te bénir, nous dirons d'âge en âge :
"A Jenner l'immortalité !"

IN support of his assertion that the number of still-born children has increased in France of late years, Dr. Deville quotes the *Moniteur* of the twelfth year of the Revolution: "In the tenth year the 108 Departments of France reckoned 1,097,159 children born alive, and 29,202 born dead; or in other words, 266 dead for 10,000 viable children." "In 1852 to 1856," says the *Annuaire de la Statistique*, "the proportion was 437 dead to 10,000 viable." So that it seems in the course of half a century the dead births have increased 64 per cent. in France.

THE FOUNDER OF ST. BARTHOLOMEW'S HOSPITAL.—It was the jester, Rayer, who founded the Priory of St. Bartholomew, in later times transformed into a Hospital for the sick poor: Rayer, or Rahere, was a bright example of the genus monk. He was bright in manners and prudent in business, and in "spectacles, meats, plays, and other courtly motleys," haunted the King's palace and won the Royal favour, and turned all advantages to account for the good of his priory and his fair; of which the first remains in the form of a Hospital, one of the noblest institutions of the land, and the other has been trampled out as a plague-spot in our civilisation.

AN ENTHUSIASTIC FEMALE.—Dr. Closmadeuc was suddenly called to a convent to attend upon a young female, who it was said was in an attack of epilepsy. The Doctor finds his patient half-asphyxiated; and therefore at once bled her largely, and put mustard poultiees to the calves of her legs. The patient hereon became more calm, and coughed and spat up somewhat, and made slight gesticulations. And then the Doctor learnt that under the influence of exaggerated scruples, she inflicted various penances on herself; she ate earth; and some of her companions in solitude had seen her swallow medals (holy ones, of course). He could not open her mouth, however, so he gave tartar emetic; and at the first dose the patient made an effort to vomit, whereon appeared between her teeth the end of a cross seven centimetres long; this was laid hold upon, and then was drawn forth from her mouth an enormous rosary two metres and twenty centimetres long, having seven medals stuck on it at intervals!—*Gaz. des Hôp.*

LUNATICS IN THE GOOD OLD TIMES.—It is impossible for us to imagine the condition of Lunatic Asylums before the days of Pinel. Dungeons, wet and infected, without light and air, called *loges*, containing a wretched mattrass or some rotten straw strewed on the ground. Human beings naked or covered with rags, almost always furious, chained to each other, and shut up in these abodes of desolation and misery—actual tombs, out of which they came to be carried to their last dwelling place. Their brutal keepers, selected from those who had been condemned to punishment, treated them like brutes, and used them most barbarously, abusing and ridiculing them, striking them cruelly, and continually fighting with them, throwing them their deficient and coarse food, keeping their water from them when thirsty, and their clothes when cold; exposing them to the jokes of visitors. Such were the inhabitants of Bicêtre at that time,—wretched beings thought incurable, abandoned by their friends, deprived of all medical treatment, pale, wasted, wallowing in their own filth, groaning under the weight of the chains which tore their wasted limbs, raving under the horrible sufferings to which they were subjected by their inhuman keepers.—*Gaz. Hebd.*

AN ORIGINAL LIBRARIAN'S REPORT.—Dr. Coale, Librarian to the Massachusetts Medical Society, "begs leave to make his annual report. In doing this he must premise he cannot say much, because he has not much to say. During the past year there has been the average number of omissions to inform the librarian of assessments having been paid, and of residences having been changed, and, consequently, the average number of complaints that books and periodicals have not been received. The result of these neglects and omissions the librarian has set himself diligently to correct, and going about his labours with a strong determination to please everybody in general and himself in particular, he flatters himself that he has succeeded in both aims. . . . The remarkable, not to say startling, event of the year, one that will make this an *annus mirabilis* in the history of the Massachusetts Medical Society, is the completion of 'Copland's Dictionary.' Through twenty-five years the publication of the work has been protracted. Empires have fallen, others have arisen on their ruins, and these in turn have given way to others; the scientific and political aspects of the globe have been changed many times and oft; but Dr. Copland, with continuous and unflagging pertinacity, has progressed steadily through the alphabet. All things sublunary, or to put it more strongly, all things finite, have a termination, and to-morrow, men, who, in the prime of life and in the full flush of youthful hope, consulted the letter A, may, in gray hairs and spectacles, improve their knowledge in all Medical subjects commencing with U, V, W, X, Y and Z. . . . The library is in good condition, but the permanent additions to it have been very few; but as none of the books are read, we cannot regret deeply that there are no more to read."

MISS MARTINEAU ON INFANT MORTALITY.—The fact is proved that in England 100,000 persons die needlessly every year, and of this number 40,000 are children under five years of age. Of all the infants born in England above forty per cent. die before they are five years old. Yet, what creature is so tenacious of life as a baby? Those who know the creature best say they never despair of an infant's life while it breathes, and most of us have witnessed some recoveries which are called miraculous. There is also no creature so easily manageable as an infant, so easily kept healthy and happy, merely by not interfering with the natural course of things. How, then, can this prodigious amount of killing go on in a country where infanticide is not an institution? It is precisely because the natural course of things is interfered with that infants die as they do. Nature provides their first food; and if they do not get it, whose fault is it? The great majority of mothers must be naturally able to nurse their own infants. Poor women do it as a matter of course; and, if gentlewomen did it as simply and naturally, that one change would largely modify the average of deaths. Gentlewomen may not be aware of this because the doctor is complaisant in bringing a wet nurse, and the indolent mother is unaware that her own infant probably suffers, though it does not die, from being put to the wrong breast, while it never enters her head that the nurse's baby probably dies. If, of the forty per cent. of English infants who die yearly we could know how many are the children of wet-nurses, the fact might startle the fine ladies who suborne the mothers, and might bring no small amount of reproach on the complaisant doctors. When the kind of food is changed, nature is still far from being deferred to as she ought.

HYDROPHOBIA.—The Academy of Medicine of Turin is at present investigating measures best suited to prevent the occurrence of this terrible disease. In France it was thought some years ago that the end would be gained by raising the taxes on dogs, and so diminishing their number. M. Lobligeois gives on this head some very interesting details. He states that, since the tax on dogs was established, the number of cases of hydrophobia have considerably increased at the

Veterinary School of Lyons. He attributes the fact to the chaining up of the animals, and to the state of forced continence in which they are kept. "The fact," he writes, "of the immunity of dogs in Constantinople has been contested. M. Bernis, Head Veterinary Surgeon of the army in Africa, asserts that hydrophobia is not very rare in our colony in Algeria. M. Magne, Professor at Alfort, knew a well authenticated case. These two distinguished Veterinary Surgeons do not, however, furnish any document which invalidates the general assertion of M. Hamont. M. Hamont, who has directed for fourteen years the Veterinary School at Cairo, admits the existence of cases of hydrophobia in Egypt, but asserts that they are never observed except in European dogs, who have afterwards inoculated indigenous animals. In support of this assertion, M. Lobligeois cites a fact signalised in a letter addressed by M. Sacc, Professor at Wesserling, to the Society for the Protection of Animals. Hydrophobia is not known on the Mussulman bank of the Danube, where the dogs wander freely about; but it is not very uncommon on the Hungarian side in dogs of the same race, who are chained up in farms, etc." In consequence of these considerations, and of this asserted fact, that hydrophobia is excessively rare in female dogs, M. Lobligeois advises that owners of dogs should keep only bitches, or castrated males, or dogs of both sexes; and that if they choose to keep males, they "ought not to impose upon them continence, but leave them to indulge in their traditional *cynisme*, and not chain them up."

Hygienic Treatment of Diabetes.—M. Bouchardat, in his treatment of this disease, advises that remedial agents should not be resorted to until after a full and complete trial has been made of all the plans which he suggests in the way of diet, exercise, and clothing, etc. The following are the rules which he prescribes in carrying out this object:—*Food:* The first rule to observe in the dieting of a diabetic patient is the suppression, or diminishing of the quantity usually taken of feculent foods; this forms the basis of the treatment. Bread, pastry, rice, maize, and other grains, are to be proscribed; so, also, radishes, potatoes, arrowroot, vermicelli, semola, maccaroni, haricots, peas, lentils, beans, chestnuts, preserves, etc. The exclusion of saccharine food should be even more rigorously enforced. The following are the principal of the foods which may be taken:—every kind of meats, boiled, or grilled, or roasted, or dressed with any kind of sauce to stimulate the appetite, provided there be no farina admitted. Liver and gelatinous parts should not be taken. Fishes of every kind may be taken; so also oysters, lobsters, frogs, prawns, etc. Eggs are highly useful. Milk is prejudicial, but fresh cream may be taken. Cheese also is useful. Many kind of legumes may be admitted, but in their preparation much oil, or butter, or fat should be used; the yolk of egg and cream replacing farina in the sauces. Truffles and mushrooms are good. From time to time moderate quantities may be indulged in of apples, pears, cherries, strawberries, but without any sugar, and when the urine is free from sugar. For seventeen years M. Bouchardat has employed gluten bread, and its utility cannot be denied. He does not consider this bread as the remedy for diabetes, but only as a means of replacing bread without inconvenience to the patient. Some, though only very few, patients support well the deprivation of bread, and for such persons gluten bread is not required. *Drink:* Wine is of great importance; and M. Bouchardat considers that the replacing of the feculent food by alcoholic drinks is as important as the abstinence from feculent foods. He prefers the red Burgundy and Bordeaux wines; but all red wines, which are more astringent than sweet, do equally well. In the twenty-four hours he gives a *litre* or more. Beer is very bad on account of the dextrine in it. Sweet liquers are proscribed, but a *petit verre* of rum or brandy is admissible with the chief meal of the day. Coffee, also, is useful—of course without sugar—brandy or cream being added to it; but all drinks should be taken in great moderation. Bordeaux wine allays the thirst of the diabetic better than any other liquid. Lemonade, etc., which are taken with so much avidity, are prejudicial; they do not allay thirst better than water, and they in part saturate the free alkali of the blood. M. Bouchardat utterly proscribes their use. Patients should also eat moderately, both to prevent indigestion and to favour the return of the stomach to its natural size. As regards *Clothing*: Chills are always hurtful, and flannel should be therefore worn, constantly, and over the whole body. *Exercise* should be taken as soon as ever the patient is strong enough; the amount of it being regulated by the strength of the patient. The regimen prescribed ought to be given up, even when the sugar has disappeared from the urine, only very gradually. In such case, the quantity of the calorific foods should be increased. Normandy butter and cod-liver oil should be given when baths or sea-bathing is resorted to.—*Clinique Européenne.*

Conviction under the New Medical Act.—This was a prosecution instituted by the Thorne and Goole Medical Registration Association. The case was heard at the Snaith Petty Sessions on Thursday, the 25th ult. before John Wells, Esq., and J. Egermont, Esq.; Mr Dalby, Solicitor, of Goole, appeared for the prosecution, and Mr. Clough, Solicitor, of Pontefract, for the defence. Two informations were laid against the defendant, one Thomas Firth Dewhurst, *alias* "Dr. Firth and Co., Consulting Surgeons, 6, Park-terrace, Goole." The first case, which was for wilfully and falsely assuming the name and title of a Physician, in the month of August, was adjourned in consequence of the absence of defendant's boy, who had been summoned, but did not appear, the prosecution consequently could not succeed in connecting the defendant with the bills, "Dr. Firth and Co., Secrecy, cured in a few days," etc., etc., and the various other bills exhibited before the Bench, and with which the whole country for miles round was placarded. The defendant had resided in Goole about two years. As a conviction was obtained in the second case, the first was afterwards withdrawn. The second information was for wilfully and falsely assuming the name and title of a Doctor of Medicine in the month of June last. R. Gillard, Esq., said he was a Surgeon at Thorne, and the Honorary Secretary of the Thorne and Goole Medical Registration Association; he produced a printed copy of the Medical Register, had examined it, and the defendant's name was not there; he also presented several bills to the magistrates, which he had taken down from walls, boards, and other places, on one of which was "Dr. Firth and Co." In the greater part of the bills the somewhat ingenious dodge of cutting out the letter *r* in the word Dr. had been resorted to. Mr. Clarke, a respectable tradesman of Goole, proved he had taken down two bills, with "Dr. Firth and Co.," which he presented to the Court, had seen defendant's boy paste similar bills on different places. Mrs. Lister, of Goole, said she had taken a child to Dr. Firth's residence, and asked for Dr. Firth; the defendant appeared, and prescribed for the child; she, witness, paid for the medicine. In answer to a question whether she knew the defendant, on looking round the Court she pointed him out to the magistrates. Hannah Green, of Raweliffe, said the defendant came to her mother's house, and left a bill similar to those produced; that the bill had "Dr. Firth and Co." on it; her mother read it; the Doctor called again in a few days, and told her she had the liver complaint, for which he gave her some pills; she paid him for them: this witness also pointed out the Doctor in the Court. An old man, a porter to the Goole packets, said he had gone to the defendant's house in consequence of seeing these bills, and asked for Dr. Firth; the defendant came, and said he was the Doctor. Mr. Clough contended that there was no case against his client, saying that as it was a penal act under which the defendant was charged, the magistrates were bound to take it literally, and the precise words of the section were Doctor of Medicine, and that the mere word Dr. meant anything or nothing; he, the defendant, had never said that he was a Doctor of Medicine. The magistrates (with E. E. Clarke, Esq., Solicitor, their Clerk) retired to consider their decision. On their return, the Chairman said the magistrates considered the charge proved, and convicted the defendant in the penalty of £5, and £1 17s. costs. Mr. Clough applied to have the penalty reduced, as it was the highest that had yet been inflicted; he had not addressed himself to the Bench on the amount of the penalty, as he had not expected a conviction. The magistrates refused to reduce the amount, the Chairman saying that they considered it a very gross case, and the whole neighbourhood for miles round was placarded with these bills, some of them of a very indecent character; and he might remark that he had himself warned the defendant.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 3, 1859.

BIRTHS.

Births of Boys, 878; Girls, 833; Total, 1711.
Average of 10 corresponding weeks, 1849–58, 1437·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	532	515	1047
Average of the ten years 1849–58	672·6	675·8	1348.4
Average corrected to increased population..	..	..	1123
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	22	21	43

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	5	1	8	4	..	25	4
North ..	490,396	5	5	8	4	3	30	10
Central ..	393,256	4	6	10	1	2	18	5
East	485,522	11	2	13	2	6	26	14
South ..	616,635	2	1	16	2	4	57	16
Total . ..	2,362,236	27	15	55	13	15	156	49

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·600 in.
Mean temperature	66·4
Highest point of thermometer	82·5
Lowest point of thermometer	44·5
Mean dew-point temperature	48·1
General direction of wind	S.W.
Whole amount of rain in the week	0·33
Amount of horizontal movement of air in the week.. ..	810 miles.

TO CORRESPONDENTS.

M.D. should address his questions to the Registrar of the Medical Council.

W. W.—It is probable that the appointment would be confirmed, but not certain.

Dr. Stone's "Cases of Chorea treated by Sulphate of Zinc" will appear next week.

An Old Hospital Physician; A Reader, &c.—The Stamp Duty on *Licences* has been remitted, but not on *Degrees*.

A first-rate Classic will find all the information he requires in our Students' Number, which will be published on the 24th inst.

Mr. Holberton.—According to the Medical Witness Act, the fee for each Medical witness attending a Coroner's inquest, in obedience to the official order, is one guinea, and another guinea if he has been desired to make a post-mortem examination. For attending Courts of Assize, Oyer and Terminer, Gaol Delivery, General Sessions of the Peace, or any other Court, having power to allow costs, expenses, and compensation to prosecutors and witnesses, the allowance fixed by the Secretary of State in March, 1858, for prosecutors and witnesses, being members of the Profession of the Law or of Medicine, attending to give professional evidence, but not otherwise, for their trouble and loss of time for each day they shall necessarily attend the Court to give professional evidence, a sum not exceeding £1 1s., and for each night the same as ordinary witnesses, viz., 2s. 6d., and for mileage a sum not to exceed 3d. per mile each way, but where it becomes necessary that scientific persons unacquainted with the facts to be given in evidence, should attend as witnesses in order to state their opinion on matters of science, the allowance to be made to such persons shall be subject to the decision of the Court before whom such persons shall be examined, which may direct such allowance as to such Court may appear reasonable. £2 2s. would, therefore, seem to have been all that could properly be allowed for the two days' attendance. However inadequate the fee may be, a Medical witness can claim no increased fee for attending in a case of disinterment, but we believe a Coroner could not compel an unwilling Medical witness to make a post-mortem examination in any case. If one Medical man were unwilling, the Coroner would usually appoint another.

THE BOTANIC INSTITUTE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The enclosed philosophical and logical paper seems to have escaped your notice in alluding to "Dr. Beaumont's Specific." I suppose it did not reach you with the other documents, as I can scarcely think you would consider the highly important and scientific views contained in it unworthy of being reproduced! Copies of all the three papers were laid before me by a Baronet, about a month ago, for my opinion of their value.

September 6, 1859. I am, &c. W. D.

"Botanic Institute, 152, Park-lane, Liverpool, 1859.

"SIR,—The Committee of the Botanic Institute have come to a conclusion, after debating for upwards of three months on the subject of Deafness, that the drum of the ear is somewhat like a drum, a musical instrument. There is no sound to the head if you slacken the cord of the said drum. So the gentlemen of the Committee have drawn an inference between the nervous system and the drum of the ear, that if the stomach is out of order the nervous system will likewise be impaired; for every nerve is connected with the stomach and spinal cord; in fact to cure deafness the nerves must be braced to give sound to the drum. To prove this fact, notice a drunken man's hand, for instance; how it trembles after the stomach is inflamed by alcohol!—showing the influence of the stomach on the whole of the nervous system, thereby correcting the quality of the contents of the stomach. It will not only strengthen the nervous system, but materially advance the sense of hearing. We have on hand 2000 testimonials of persons who have been cured of deafness and other diseases, by Dr. Beaumont's Specific."

MORE ADVERTISING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I enclose an advertisement which appeared in "Macanlay's Railway Time-table Monthly Advertiser." On examining the "London and Provincial Medical Directory," I find that Mr. Muggeridge possesses the qualification of L.S.A. only. I am, &c.

Sept. 6, 1859. HONESTAS.

"Diagnosis, or a Knowledge of Disease, goes a great way towards its cure.—Mr. Muggeridge, Visiting, Prescribing, and Dispensing *Surgeon*, 46, Minster-street, Reading, gives his advice at home, Prescribes and Dispenses Medicines before ten o'clock in the Morning and two in the afternoon, at charges that cannot fail to be appreciated; in nearly twelve years of general Practice, he has visited 5000 patients at their own homes, and of that number, and during that period, eighty-five deaths only occurred, from all causes, for which Medical certificates were given, which can be proved by the Registrars, or an average of 7 deaths yearly, or 17 in every 1000 sick patients: compare this with Homœopathic results, in real disease, also with the Registrar-General's return for the population of Reading, sick and healthy, which states 24 in every 1000 die annually, thus showing a balance in favour of the sick of 7 in every 1000; incontrovertible facts, which cannot be disproved. Mr. Muggeridge begs to observe, that if appointed Medical Officer to any Club, he should consider it his bounden duty to see the members at all hours, and to pay them the same attention as if they were private patients, in visiting them when unable to visit him. Children vaccinated with pure matter. Families attended and supplied with Medicines on contract, and by the year, if desired."

ERRATUM.—In our last week's Journal, p. 248, in a letter on "Grey Powder, its Use and Abuse," *for* "patent medicine" *read* "potent medicine."

COMMUNICATIONS have been received from:—
Dr. STRUTHERS; Dr. C. HANDFIELD JONES; Dr. LEET; Dr. DONNET, R.N. Lisbon; Mr. HEATH; Dr. BISHOP, Devonport; Mr. PELL; Mr. THOMPSON; Mr. WORKMAN; the REGISTRAR-GENERAL; Mr. HOOKER; Mr. AMYOT; Dr. CRUSHGAMMON; Messrs. FIRMIN DIDOT & Co.; Mr. DEAMER; Mr. COLLINS; Dr. KIDD; Mr. RIVERS; Mr. SANDS COX; Dr. A. WOOD.

APPOINTMENTS FOR THE WEEK.

September 10. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

12. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

13. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

14. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

15. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

16. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Lee.—Removal of Breast (two cases). Varicose Veins.

Westminster Hospital.—The following operations will be performed on Tuesday, the 13th inst.:—

Mr. Hillman.—For Prolapsus Uteri; Removal of Tumour from Popliteal Space, and Removal of Necrosed Bone.

Grosvenor Place School of Medicine.

No. 1, GROSVENOR PLACE (Adjoining St. George's Hospital).

WINTER SESSION, 1859-60.

LECTURES.

The INTRODUCTORY LECTURE will be delivered on MONDAY, OCTOBER 3rd, at Three o'clock, p.m., by Dr. COCKLE.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford and Mr. Lawson.
Practical Anatomy—Mr. Pittard.
Chemistry—Dr. Thudichum.
Principles and Practice of Medicine—Drs. Cockle and Leared.
Principles and Practice of Surgery—Mr. Spencer Wells & Mr. Adams.

Fees.—General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, 35 Guineas.

Special arrangements may be made for any one of the Examining Boards.

Prizes and Honorary Certificates will be awarded for general proficiency at the termination of the Session.

The Microscope is used to illustrate the Lectures and Demonstrations.

The Dissecting Room and Museum of Anatomy are open to the Students during day-light, where their Studies are superintended by the Lecturers on Anatomy and Mr. Pittard.

The Lecturer on Chemistry has a Private Laboratory, where Students are instructed in Analytical and Physiological Chemistry.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Further information may be obtained at the School, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

London Hospital Medical and Surgical

COLLEGE, Mile-end.—1859-60.—The next WINTER SESSION will commence on MONDAY, October 3, 1859, when the INTRODUCTORY LECTURE will be delivered by Mr. CRITCHETT, at Three p.m.

Nicholas Parker, M.D.—Medicine.
Thos. Blizard Curling, F.R.S., George Critchett—Surgery.
John Adams—Descriptive and Surgical Anatomy.
Andrew Clark, M.D.—Physiology and General and Morbid Anatomy. Practical Histology.
John Sharman, John Cooper—Practical Anatomy.
Henry Letheby, M.B. Lond.—Chemistry; Practical Chemistry.
H. J. Barrett—Anatomy and Pathology of the Teeth and Dental Surgery.
F. H. Ramsbotham, M.D.—Midwifery and Diseases of Women and Children.
F. H. Ramsbotham, M.D., Henry Letheby, M.B. Lond. — Forensic Medicine.
Herbert Davies, M.D.—Materia Medica and General Therapeutics.
George Critchett—Ophthalmic Surgery.
Robert Bentley, F.L.S.—Botany.
J. Langdon H. Down, M.B.—Comparative Anatomy.

General Fee for attendance on the Medical and Surgical Practice, qualifying for the examinations at the London University, Royal College of Surgeons, and Apothecaries' Hall, and for perpetual attendance on all the Lectures, 84 guineas, payable in two instalments of 42 gnineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectnses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1859-60 will be delivered by Dr. RUSSELL REYNOLDS, on MONDAY, the 3rd of October, at 8 p.m.; and after the Address a CONVERSAZIONE will be held, and the PRIZES of the past Session distribnted.

The Westminster Hospital was Instituted A.D. 1719, and Incorporated by Act of Parliament A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Ont-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Snrgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Snrgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Snrgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt, and Mr. Brooke, M.A. F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A. F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the new regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Assistants, Physicians' Clerks, and Surgeons' Dressers, are selected from the most qualified Students, without additional Fee.

The Entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of Seventy Guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Hospital.

King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1859-60, will commence on SATURDAY, OCTOBER 1, 1859, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology; General and Morbid Anatomy—Professor Lionel S. Beale, M.B.
Chemistry—Professor W. A. Miller, M.D. F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

KING'S COLLEGE HOSPITAL.

Physicians... George Budd, M.D. F.R.S. } With care of In-Patients.
R. B. Todd, M.D. F.R.S. }
George Johnson, M.D. }
W. A. Guy, M.B. F.R.S. } With care of Ont-Patients.
Lionel S. Beale, M.B. F.R.S. }

Physician for Diseases of Women and Children and Physician-Accoucheur—Arthur Farre, M.D. F.R.S.

Assistant-Physicians—Charles Murchison, M.D.; Conway Evans, M.B.

Surgeons ... W. Fergusson, F.R.S. } With care of In-Patients.
Richard Partridge, F.R.S. }
William Bowman, F.R.S. }
Henry Lee, F.R.C.S.... ... ... With care of Ont-Patients.

Assistant-Surgeons—John Wood, F.R.C.S.; John W. Hulke, F.R.C.S.

Surgeon-Dentist—S. Cartwright, jun.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House-Surgeons and dressers, are selected by examination from the Students of the Hospital.

Scholarships.—New Students will have the privilege exclusively of contending, in October, 1859, for five Warneford Scholarships—viz., two of £25 per annum, for three years, and three of £25 per annum, for two years. The Examination will commence on the 29th of September, in Divinity, Classics (subjects the same as for the Matriculation Examination this year at the University of London), Mathematics, History, and the Modern Languages.

One Scholarship of £40, tenable for two years; one of £30, for one year; and three of £20 each, for one year, will be filled up in April next. the snbjects of the Examination being exclusively Medical.

Further particulars may be obtained from J. Harley, Esq., Snb-Dean of the Department; and a detailed Prospectns will be forwarded by application to J. W. Cnnningham, Esq., Secretary.

R. W. Jelf, D.D., Principal.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by Dr. RT. DUNDAS THOMSON, on SATURDAY, 1st October, 1859, at Three o'clock p.m., after which the Distribution of Prizes, &c. will take place.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetnal.

PRIZES AND APPOINTMENTS FOR 1859-60.

Volnntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 Guineas.

2nd. In Physics and Natural History. A College Prize of £20.

3rd. In Modern Languages and Modern History. A College Prize of £20.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 Gnineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

The Dressers and the Clinical Clerks are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Clinical Assistants, a Prize of £10, and £5 to the two most meritorious.

Mr. Geo. Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The two House-Surgeons, the Resident Accouchenrs, and the Dressers, are periodically selected, and are provided with rooms and commons in the Hospital, free of expense.

A Hospital Registrar, at an annual salary of £80.

Students of each year are classed according to their respective total merits in the examinations, and all of the First Class receive Certificates of Honour.

Medical Officers.—Dr. Roots, Consulting Physician; Mr. Green, Consulting Snrgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

Clinical Instruction is given at stated times by the Medical and Snrgical Officers; and a systematic Course of Medical Clinical Lectures, by Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Mr. H. Gervis; Dental Snrgery, Mr. Patient; Medical Tntor, E. Clapton, M.D.

Lectnrers on Clinical Medicine—Dr. Barker. Medicine—Dr. J. Risdon Bennett. Surgery—Mr. South. Physiology—Mr. Grainger and Dr. Brinton. Descriptive and Surgical Anatomy—Mr. Le Gros Clark and Mr. S. Jones. Chemistry and Practical Chemistry—Dr. Rt. Dnndas Thomson. Midwifery—Dr. Waller. Practical Midwifery—Mr. H. Gervis. General Pathology—Mr. Simon. Botany—Dr. Bristowe. Comparative Anatomy—Mr. W. M. Ord. Materia Medica—Dr. Peacock. Forensic Medicine—Dr. Brinton. Public Health—Dr. Headlam Greenhow. Anatomical Demonstrations—Mr. Rainey and Mr. W. M. Ord. Demonstrations Morbid Anatomy—Dr. Bristowe and Mr. S. Jones. Microscopical Anatomy—Mr. Rainey.

Students can reside with some of the Officers close to the Hospital.

The Patients are admitted daily at Half-past Nine a.m., and the Out-Patients seen at the same time.

To enter, or to obtain Prospectuses and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXII.

ON SPURIOUS PREGNANCY.—ITS PROGNOSIS, PATHOLOGY, AND TREATMENT.

Gentlemen,—My last lecture was devoted, as you may please to remember, to the consideration of Spurious Pregnancy, or Pseudocyesis, a form of disease which, as I then told you, is in its more complete, but especially in its interrupted or fragmentary forms, by no means rare in practice, and ofttimes very puzzling to the Practitioner. Until you have met with a model case, and perhaps been deceived by it, you would hardly believe how readily you might be led into the mistake of making a false diagnosis. To show you how far the deception may sometimes go, let me state that a lady came to me from the country a few days ago with pseudocyesis, and bringing with her a letter from her Medical attendant, a highly experienced and intelligent Practitioner, who writes me that all the symptoms of pregnancy were at one time very decided, and that he even made himself believe he heard the sounds of the fœtal heart on applying the stethoscope to the patient's abdomen. Such a mistake might easily be made by any of us, and the possibility of its occurrence may serve to impress upon your minds the importance of studying and making yourselves practically familiar with all the various means which are likely to enable you to obtain a clearer insight into the nature of the affection. In continuing this subject, now, let me say a word or two, first of all, as to

The Prognosis of the Disease.

Spurious pregnancy does not always run a defined and determinate course, and the period of its existence differs in different cases without our being able to assign any particular cause for the variation.

1. The symptoms may be all more or less fully established, and go on unintermittingly for a few weeks or months, and then suddenly break down and disappear. There is a cessation or abortion, as it were, in the course of the disease. In pseudocyesis among the unmarried, this is, perhaps, its most common mode of termination.

2. The symptoms may continue for the space of nine months, and the delusion that a real pregnancy is running its normal course may be kept up till the end of the usual period of utero-gestation, when the series of the phenomena of simulated pregnancy may be concluded by the development of the phenomena of simulated parturition; or, what occurs far more frequently, the disease may be brought then to a more or less speedy termination without the production of any such symptoms.

3. In some cases the train of symptoms goes on uninterruptedly even after the patient has passed the ninth month of her supposed pregnancy, and does not break up till she has reached the tenth, fourteenth, or eighteenth month. I saw a patient to-day who knows that she is labouring under spurious pregnancy, and who has felt movements which she supposed to be fœtal for fourteen months. There is another patient coming occasionally to my house at present, with well-marked symptoms of spurious pregnancy, in whom I amputated the cervix uteri some twelve or fourteen years ago, and who since that period has never borne any children, but continued to menstruate regularly up to about eleven months ago. Nine months since, she came to me believing herself pregnant, but as the uterus was quite empty and only somewhat retroverted, I assured her that she was not in the family-way at all. A month ago, however, she returned, averring that I must have been mistaken, because soon after the date of her previous visit, she had begun to feel the movements of the child, which still continued very vigorous and distinct. She owned, certainly, that the movements were peculiar, and situated much higher up under the diaphragm than she had ever felt them in her real pregnancies, and on examination the uterus was found to be in exactly the same condition as it was nine months ago. Under the use of some of the remedies, of which I shall have to speak immediately, her symptoms have begun gradually to disappear. She is still inclined to aver that there is a child there, and that the child's movements are now lower down in the abdominal cavity, and she still retains a lingering expectation that she will soon be delivered; but her faith in the genuineness of the pregnancy has been materially shaken, and is slowly giving way.

4. The duration of the disease may not be limited by months, for the series of symptoms may continue, and the delusion be kept up for years. I have seen patients living in the belief that they were pregnant, and deluding themselves with vain hopes for long periods, frequently making preparations for their approaching confinement, and still persisting in their belief after oft-repeated disappointments. I have seen the disease go on in this way till the patient's mind became unhinged and she became incurably deranged. There is a lady in an asylum in the neighbourhood of this city who avers that she has inside her a child, which, according to her reckoning, must now have attained the age of, at least, ten years; and the last time that I had occasion to be in that institution, I saw that lady, and was favoured with the old announcement that she was to require my services very soon now. Such cases are, happily, extremely rare; but you do meet with them occasionally, and not in patients within the walls of a lunatic asylum only. It is told that a lady once came to Dupuytren to ask what was to be done in her case, as she had now been in the family-way for fourteen years,—and the great Parisian surgeon gave it as his opinion, that as the boy must be tolerably well grown by that time, the best thing the lady could do was to swallow a tutor immediately, that his education might not be neglected!

Pathology of the Disease.

The question as to the pathological nature of this peculiar form of disease is still involved in great obscurity. On making a local examination of the organs of generation, with the expectation of discovering in them the source of all the other changes, we may find these organs in very different states in different cases.

First, We may find the uterus and ovaries affected by some common form of disease. Not unfrequently the uterus is felt to be hypertrophied and engorged; or it may be in a state of anteversion or retroversion; more frequently still, perhaps, there is some degree of ulceration; or some form of eruption on or around the os and cervix; or a slight degree of inflammation in the body of the organ. Or the ovary may be enlarged, or otherwise morbidly affected; as in one of the most perfect cases of spurious pregnancy I ever saw, where the series of symptoms seemed to have taken their origin in an abscess of the ovary. But,

Secondly, Far more frequently we find no trace of uterine or ovarian disease whatever, so that when we do meet with morbid states of the uterus and ovaries as complications of spurious pregnancy, we can hardly recognise them as essential causes of pseudocyesis, but must rather regard them as coincidences; and this all the more, when we recollect how common such diseases are among women who present no such sympathetic constitutional phenomena at all.

Thirdly, When observed in the lower animals, spurious pregnancy has been remarked to occur within a certain period after the time of heat, and to be distinctly connected with that condition; so that in them it is most probably dependent on the physiological change or changes which are at that time set up in the uterus and ovaries. Menstruation in the human female, as you know, corresponds to the phenomenon of heat in the lower animals; in as far, at least, as the process of ovulation and the ripening of a Graafian vesicle is concerned; and I believe that the aggregate of symptoms which we class under the designation of "spurious pregnancy" in women is in some way or other dependent upon the changes which occur in the ovaries and in the uterus at the period of menstruation. When the irritation associated with the normal or physiological changes in these organs is somewhat excessive either in degree or in duration, and is repeated from month to month, the sympathetic phenomena excited at one

period have not had time, in some instances, to subside before a new stimulus is supplied for their continuation by the recurrence of the menstrual molimen. True pregnancy occurs when the ovulum which escapes from the Graafian vesicle duly meets within the mother's body with male spermatozoa, and as a consequence, a long nine-months' series of local and constitutional phenomena immediately begins to be set up. But the same series of constitutional phenomena, at least, is set up in cases of pseudocyesis when an ovulum escapes, or a reproductive nisus occurs, without any male spermatozoa being present; these phenomena occasionally ending, as we have seen, at the usual extreme term of utero-gestation, in a simulated parturition, or in a kind of *Lucina sine fœtu*, just as in some cases, as among the unmarried, they commence by a kind of *Lucina sine concubitu*, to borrow the language of the old physiologists. Experimental physiology, or experimental pathology, if you choose rather to call it so, might probably throw some light upon the subject. It is, at all events, extremely probable that careful observation of the phenomena of the disease as they occur in the lower animals, and a minute examination of the generative organs of some of them, which have been killed when in this state, might lead to the discovery of some appreciable and perhaps morbid condition of these organs which would serve to explain the peculiar phenomena of this disease. Perhaps we would find the *corpora lutea* under such circumstances, tending at least to simulate in their development and growth the *corpora lutea* of pregnancy. Pseudocyesis, let me again, in conclusion, repeat, though it may sometimes be found to be associated with, and to be exaggerated and continued by uterine or ovarian disease, yet it is not so necessarily or even most frequently; and, further, the local disease which is present may be of the most variable description. So that, on the whole, the disease would seem to depend rather on some disturbance of the ordinary function of the generative organs than on any organic disease of these organs attended and attested by organic changes in their intimate anatomical structure.

Treatment of the Disease.

But although, as Pathologists, our knowledge of the nature and causes of pseudocyesis is so very limited and so very vague, as Practitioners, fortunately, we can do a great deal towards moderating the symptoms and modifying or arrest-the course of the disease. For in almost every case there are some indications for treatment clearly presented to us, and by skilfully fulfilling these, we can often succeed in cutting short and dispelling the whole of the phenomena. The principal indications which we require to look to are the following:—

I. *Raise or Restore the Standard of Health.*

You will find that many of the patients affected with spurious pregnancy are in a state of impaired general health; and, independently of the nausea and vomiting which form part of the special symptoms requiring special treatment, they frequently suffer from indigestion and are often very hypochondriacal. When such is the case, you will give material aid to the action of more specific remedies, and do much towards the cure of your patient, by the administration of bitter vegetable infusions, and of such tonics as may seem to you to be best fitted in each particular case to increase the general tone and vigour of the patient's constitution.

II. *Counteract or Cure any existing Uterine or Ovarian Disease.*

Though this indication may not require to be fulfilled in the majority of cases of spurious pregnancy, seeing that in most you find, as I have said, no disease of the uterus or ovaries at all, yet when such diseases are present, it becomes a matter of paramount importance to employ all the usual remedies adapted for their cure; and that not because these diseases are of themselves sufficient to lead to the development of spurious pregnancy, but because the irritation they excite in the generative organs, plays an important part, if not in the production of that malady, at least in its continuance, and must be counteracted and controlled by all appropriate means. When the os uteri is ulcerated, we must promote the healing of the sore by the ordinary means and applications; when the organ is inflamed acutely, or as it more frequently is, subacutely or chronically, we must apply leeches and counter-irritants, and employ the various anti-phlogistics; and so on with all other forms of disease of the uterus or ovaries that may happen to complicate any particular case.

III. *Administer Uterine and Ovarian Sedatives.*

Perhaps the most important indication that presents itself for fulfilment in every case of pseudocyesis, is to diminish or dispel the irritation which we suppose in almost every case to have been set up in the uterus and ovaries, and which we believe to be the immediate exciting cause of all the other phenomena of the disease. Where this irritation is produced by, or connected with, any recognisable morbid condition of the organs of generation which is amenable to treatment, you must, as I have just stated, have recourse to all the usual remedies for the cure of that morbid state, in the hope that as the local disease is cured the symptoms of pseudocyesis may subside. But where there is no form of appreciable organic change to be detected, as is the case, I again repeat, in the greater number of instances, and where there seems to be merely some functional disturbance attended with irritation or excitement of the uterus and ovaries, then you must have recourse to the use of remedies which are likely to act as direct sedatives of the generative organs. But you may ask me, Have we any such remedies? To such a question I am inclined to reply by stating that I believe we have remedies of the kind indicated in the Bromide and the Iodide of Potassium. I know, at all events, that by the administration of these drugs, and particularly by the administration of the bromide of potassium, I have often succeeded in cutting short the disease, and in causing the train of symptoms to be suddenly broken down, after they had been in existence for a few months only, instead of allowing them to go on and annoy the patient till the completion of a period corresponding to the usual term of utero-gestation, or even for a greater length of time; and this striking effect of these remedies I am disposed to attribute to some specific sedative action exerted by them on the uterus and ovaries. And there are other facts known with regard to the use of these drugs, which go far to confirm the idea that they are possessed of such an action as I refer to. It is on this supposed action, for example, that Sir Charles Locock founds his recommendation of the bromide of potassium for the cure of epilepsy connected with menstruation. There is, as you are aware, a form of epilepsy which is liable to attack females, and more particularly young girls who have just reached the age of puberty, and who become subject to an attack of epilepsy immediately before, during, or after the recurrence of every menstrual period. The onset of the epileptic fits seems to be directly connected with some obscure kind of irritation set up at these periods in the organs of generation; and according to the experience of Sir C. Locock and others, this type of disease, which rarely yields to any other mode of treatment, may sometimes be cured by the use of bromide of potassium, which probably acts by quieting the excitement of the uterus. From these, and such-like observations as to the action of the bromide of potassium on the uterus, I was first led to try the effect of it in cases of spurious pregnancy; and from what I have seen of its efficacy in these cases, I can recommend you very strongly to have recourse to its administration. Give five or six grains of it three times a-day, either alone, or with the addition of from two to three grains of iodide of potassium, and I feel certain that you will often succeed in checking the progress of the morbid symptoms, and so in relieving your patient's mind of much anxiety, and in saving her much needless trouble and prolonged distress. The remedy, let me add, has this further recommendation, that it often proves a good tonic, so that its use is not contra-indicated by any constitutional debility on the part of the patient. The bromide of potassium, let me add, may also be applied locally to the uterus by having it made up in the form of a medicated pessary, and its action may then be aided or supplemented by the admixture of some other sedative, such as morphia or belladonna. Or you may employ other local sedatives. Thus I have sometimes attempted to allay uterine irritation in such cases, and more particularly where it was attended by, or amounted to, a certain degree of neuralgia, by the introduction of a stream of carbonic acid gas, or of that gas combined with the vapour of chloroform, into the vagina, in the manner I explained to you when treating of the palliative treatment of carcinoma of the cervix uteri. Sometimes, also, I have used leeches locally with a similar view.

By the mere application in this way to the uterus of local sedatives you can never, perhaps, expect to produce such a powerful effect on that organ as will lead to a cure of the disease; but I believe you will often find them most useful adjuvants to the internal remedies. But besides attempting to arrest the whole train of morbid phenomena by this kind of radical treatment, there remains, finally, one more indication to fulfil, for you will be obliged in most cases to try more or less to

IV. *Reduce and Relieve the individual Symptoms.*

The two symptoms which chiefly call for treatment in the course of the disease, are, first, nausea and vomiting, which are often as persistent and prostrating in cases of spurious as in cases of genuine pregnancy; and, secondly, tympanitis, which often gives great annoyance from the persistent attendant increase in the size of the patient.

a. Treatment of the Nausea and Vomiting.—The sympathetic sickness and vomiting of real pregnancy are, as you know, sometimes, though happily very rarely, so alarming and unmanageable as to oblige us to sacrifice the existence of the embryo to save the life of the mother by procuring abortion. Yet our treatment of symptoms which are thus occasionally so distressing and formidable, is in every instance of an altogether empirical nature, and when the same symptoms occur to such a degree as to call for treatment in any case of spurious pregnancy, they must then also be met by means which are purely empirical. It is just possible, indeed, that if by the application of leeches to the uterus and counter-irritants to the sacrum, aided by the employment of various antiphlogistics, we succeed in subduing some co-existing metritis,—or if, by other appropriate means, we effect a cure of any other co-existing disease of the uterus—our treatment may, at the same time, have the effect of subduing the concomitant sickness. Or the internal administration of bromide of potassium may, perchance, fulfil at the same time the double indication of diminishing the uterine irritation, and dispelling the sympathetic nausea and vomiting. But where this combination of secondary symptoms, namely, nausea and vomiting, really occurs to such a degree as to prove distressing to the patient, as it not unfrequently does, it then demands some specific treatment, and, if one or two methods fail, you may require to put your patient through a course of many different medicines, and to ring the changes on all the drugs that are usually found to act most powerfully and certainly as sedatives of the stomach, before you meet with ultimate success. Sometimes you can moderate and remove this sympathetic nausea and vomiting by regulating the diet of the patient with some degree of strictness, and especially by giving food in small quantities and often, instead of loading the stomach with a large meal, and desiring her to take everything cold, or even iced. External counter-irritation over the stomach is prescribed by some Physicians, and others advise us to apply morphia, etc. to such a surface when the cuticle has been removed by blisters. The internal remedies which are used for allaying nausea and vomiting, whether these phenomena be secondary and sympathetic, or directly due to some disease or disorder of the stomach itself, form a class comprising many and very different drugs; but from their very number and variety you may learn how uncertain each one of them is, and how frequently you may be baffled and obliged to try one after another before you succeed in relieving your patient. You can rarely, if ever, tell at first what remedy will prove successful in any particular case, and you must be prepared, when disappointed with the effect of one, to have recourse to the administration of some other form of sedative. In many cases you will very naturally have recourse, in the first instance, to the use of that most generally efficacious of sedatives—opium. You may administer it, for this purpose, in any of the multitudinous forms of the drug, but always in very small doses corresponding to a fourth, a third, or a half of a grain of the solid opium. It may be given alone; and, perhaps, no form of it is more convenient or more agreeable to the patient than solid opium in the form of a very small pill; or it may be given in the form of powder combined with some other simple sedative such as the sub-nitrate of bismuth, or that other preparation of bismuth which is now coming into fashion, and which is supposed to be more certain and speedy in its action, inasmuch as it is more easily soluble in the juices of the stomach—I mean the carbonate. But there are many patients with whom opium in every guise and in every combination disagrees, and its use is here attended with this further drawback, that it tends to produce or keep up constipation of the bowels, which is one of those symptoms which you are called upon to control. The vomiting may often be checked and the nausea abated by the administration of one or two drops of prussic acid given in a teaspoonful of water, or in some syrup. When other means have failed, you may sometimes succeed in fulfilling the same indication by the use of two or three drops of naphtha, administered, perhaps, in a teaspoonful of the tincture of hops, which is certainly a very disgusting mouthful, but sometimes apparently of essential service in different kinds of vomiting. The chief objection to the use of this remedy is its disagreeable taste; and this objection holds good also in the case of creosote, another supposed potent and kindred anti-emetic. In administering any of the remedies to which I have referred, you will do well to combine them occasionally with some of the ordinary carminatives, with the view at once of obtaining the effect of that class of medicines, and of covering the unpleasant taste of the special remedy. A less disagreeable agent, or rather, one whose use is positively pleasant, is carbonic acid gas, which is frequently efficacious, and which is always easily procurable. The only caution to be observed in its employment is that you must give it in moderate quantities, and not to such an amount as to produce over-distension of the stomach. You have it always at hand in champagne, soda-water, and the various aërated drinks, or you may order it in the form of an old and celebrated remedy once very extensively employed and known as the anti-emetic "potion of Riverius," which was a draught composed of a solution of a scruple of salt of wormwood (or carbonate of potass), mixed with a tablespoonful of lemon-juice. Effervescing wines are sometimes useful in small doses, both as containing carbonic acid, and as gentle stimulants when the latter are required. Again, you will find that swallowing frequently small pieces of ordinary block ice is often of very great avail in checking vomiting and allaying sickness; and I would recommend you in particular to have recourse to this remedy whenever the patient is at all feverish, or when she suffers from thirst. Salicine is at present, I believe, a favourite remedy with some English Physicians, and is frequently prescribed with success, in the form of a pill, powder, or solution, containing two or three grains of salicine to be taken three or four times a-day. From the class of metallic bodies we derive a number of remedies which are of essential service in cases of sympathetic vomiting. Such are the nitrate and oxide of silver, which, as well as the preparations of bismuth to which I have already alluded, have long been regarded and employed as amongst the most valuable agents we possess in many forms of the affection. In acetate of lead you have another therapeutic agent of occasional value as an anti-emetic, although it is more known and esteemed for its many other important medicinal virtues, than for the property which it possesses of allaying irritability of the stomach and sympathetic vomiting. Some fifteen or sixteen years ago I saw a case, in consultation with the late Dr. Abercrombie and Dr. Argyle Robertson, where the patient, who was in one of the early months of pregnancy, suffered from vomiting to such a degree that she was utterly prostrated; and at last it was thought we should be compelled to induce premature labour, or rather abortion, to save her life. But on the suggestion of Dr. Abercrombie it was agreed before having recourse to this extreme measure, to make trial of the effect of acetate of lead, which was almost the only drug of the class that had not been administered, and, to our great delight, the result of the trial was that the vomiting was immediately restrained and finally checked by the administration of the drug. You may never be obliged to make such an application of this agent; but lest occasion for it should arise, it will be well for you to bear in mind this property of it. I have never seen the vomiting of pregnancy, whether real or spurious, assume the form of hæmatemesis, and I believe that such is an extremely rare occurrence; but I am certain you will excuse me, even although it may thus appear somewhat foreign to the subject in hand, if I take occasion here to inform you of the very striking and satisfactory effect which I lately witnessed from the use of a solution of perchloride of iron in glycerine in a case of vomiting of blood. The patient, whom I saw in consultation with my friend Dr.

Andrew Wood, had been vomiting up great quantities of coagulated as well as fluid blood, and a great many different remedies had been employed, but without any good result. Having had frequent experience of the effects of the local application of perchloride of iron in arresting hæmorrhage, I proposed that some should be introduced into the stomach, in the hope that by coming into contact with the blood at the vascular orifice, or orifices rather, from which it was escaping, it might lead to its coagulation there, and so prevent its further flow. Accordingly, after a severe fit of vomiting, by which the stomach seemed to be for the time emptied of its contents, the patient was made to swallow a teaspoonful of the concentrated solution of perchloride of iron in glycerine, and from that hour to this, now several weeks ago, she has had no return of the vomiting. You need have no fear, I believe, of any bad consequences from the use of this remedy; at least, I know from experience that a much larger dose than that which I have indicated may be given with perfect impunity. For having had occasion once to carry to a patient's hotel some of the liquid to apply to leech-bites on the cervix uteri, which happened to bleed for an unusual length of time, I left the bottle of the liquid in the patient's room to use if the bleeding recurred. The lady's husband was at the time absent, but being an Englishman who believed that the prime duty of every Practitioner was simply and purely to administer drugs, when he came in and was told that no medicine had been given, but that the doctor had left a bottle behind him, he savagely insisted on making his unfortunate wife swallow all its contents, about two ounces of perchloride of iron solution. I was horrified when I heard of what had been done; but as it turned out, my alarm was groundless, for no bad effect whatever ensued, except that the walls of the patient's mouth felt for a time mercilessly puckered and pulled together.

I have thus named to you a variety of remedial agents, all of which, whether singly or combined, are more or less efficacious for the cure of vomiting; but I have not as yet said anything regarding the drug, which I have found to be, of all individual remedies, the simplest and surest agent that can be administered for arresting the sympathetic vomiting of pregnancy. The drug I refer to is oxalate of cerium, which I have seen successful in curing vomiting in a larger proportion of cases than any other single remedy which I have used; and its good effects are not confined to the forms of vomiting which depend on the sympathetic derangements of the stomach caused by changes, functional or pathological, in the uterus or other organs, but are manifested also in those forms of the disease which are due to different morbid conditions of the stomach itself. Cerium is, as you know, one of those rare and little-known metals which were first discovered in the early part of the present century, and is found chiefly in the Scandinavian mines, combined in small proportions in various minerals. I believe that any of the other preparations of the metal would fulfil the indication equally as well as the oxalate, which is used simply because it is the most easily procurable salt of cerium in the market; oxalic acid being used to separate the cerum from the metal with which it is most generally combined in nature, namely, didymium. The action of cerium on the stomach seems to be that of a sedative tonic, resembling in some degree the action of the salts of silver, and bismuth; and I have seen it succeed in curing the most obstinate cases of vomiting so much oftener, and so much more speedily than any other remedy, that I have come of late to have great faith in its employment. I would not lead you to suppose that by the administration of a quantity of oxalate of cerium you will succeed in curing every case of vomiting, or even in alleviating it in every case; but I am certain that you will find the remedy successful in a larger majority of instances than you will find any other one drug. You may give one or two grains of it, three times a-day or oftener, in the form of pill, or mixed with a few grains of gum tragacanth, in the form of a powder. The vomiting usually ceases after a few doses have been taken; but in some cases it does not abate till the remedy has been persevered with for several days. The effect is sometimes instantaneous. I had a patient some time ago from the west of Scotland, and when her husband first came to ask me to visit her I was engaged and could not go, but after hearing his account of the case, I gave him a prescription for cerium pills, which I desired him to administer to his wife till I could get to see her. He came back next morning, asking what the medicine was which I had given him, for the effect of it had been like magic. The vomiting, which had been going on almost incessantly, and which nothing seemed to have any power of alleviating, ceased upon the administration of two doses of the cerium. In a previous pregnancy in this patient it had been made a question for a Medical consultation whether abortion should not be induced, to save her from the effects of uncontrollable sickness and vomiting. But the good result is, unfortunately, not always so immediate. One of the earliest cases in which I employed it was in the case of a lady who came from Greenock, when she was pregnant for the fourth time, and had arrived to between the third and fourth months of gestation. For these three or four months she had been always vomiting many times a-day, and often during the night also; and that whether the stomach was empty or full. She could take but very little food, for she always sickened at the sight of it. It had been the same in all her former pregnancies; and on the occasion of the first of them the vomiting was so severe as to bring on a miscarriage, and the patient's own life was despaired of. She got, first of all, one grain of oxalate of cerium, but vomited three hours afterwards. She was then told to take a grain every three hours for a day, and afterwards one grain thrice a-day. This was successful in checking the vomiting, and a few days afterwards she left Edinburgh, feeling quite well, eating her meals heartily, and free from all sickness. Everything had been tried by different Medical men in the West which afforded any prospect of relief, as creosote, prussic acid, bismuth, lime-water, ice, champagne, opium, blisters, etc., but all without effect. The only thing from which she ever experienced any benefit, and that was only very transient and temporary, was calcined magnesia. Yet, as I have told you, it required only a very few doses of oxalate of cerium to produce a perfect cure. Shortly afterwards I saw with Dr. Craig, of Ratho, a case of severe and persistent vomiting in pregnancy, where he had tried everything; but in vain. She, too, was cured by a few doses of cerium. When the propriety of entering this and other modern remedies in the new Pharmacopœia to be published by the Medical Council was lately debated, it was objected that so little of the drug is used that it is not worth while classifying it among the other recognised medicinal agents. But on making inquiry lately at the drug shop of Messrs. Duncan, Flockhart, and Co., in this city, I was told that they had sold as much as sixty-four ounces during the preceding twelve months, and I feel assured that it only requires to be more widely known to make it more extensively esteemed and employed as a general metallic sedative tonic. But it is time that I should proceed to say a word or two as to the

b. Treatment of the Tympanitis.—The enlargement of real pregnancy will be borne by most patients without repining, whereas the distension of the abdomen which forms one of the most deceptive and striking symptoms of spurious pregnancy, is a source of constant complaint; and you will frequently be called upon to do all in your power to relieve it. Although the phenomenon is in a great measure due, as I have already endeavoured to explain to you, to a peculiar action of the diaphragm, as is shown by the flattening of the abdomen, which is seen when the action of the muscles is modified by the influence of anæsthetics; yet there is in most cases a physical cause which operates in some degree towards the production by continuance of the protuberance, and which you can, in some measure, overcome by means of medicaments—I mean, of course, flatulence. For this a variety of remedies may be employed, and perhaps there is none which you can use with more success than the ordinary compound galbanum pills of the Pharmacopœia, of which the patient should be made to take two, twice or thrice a-day. Some Physicians have faith in these cases in pills of ox-gall. The assafœtida pill is sometimes of great service, more particularly in those cases where hysterical symptoms are superadded. Some of the valerianates, such as the valerianate of zinc, may be administered with much advantage. Powdered charcoal used to be a favourite remedy with the late Dr. Abercrombie in many forms of flatulence; and a teaspoonful of that powder administered three or four times a-day often reduces the swelling more rapidly than anything else, more especially in those cases, where there is much flatus present. It acts probably in consequence of the well-known power which charcoal possesses of absorbing great

quantities of different gases. Where there is any degree of irritability of the intestinal mucous membrane, it may be very advantageously given in combination with bismuth; and, perhaps, some calcined magnesia; but the most elegant form in which charcoal can be administered is the charcoal biscuit which is sold by most chemists and druggists. In addition to other means, you will sometimes find it advisable to make the patient wear a binder applied pretty tightly round the abdomen, to afford support to the abdominal walls, and to assist by its pressure in causing absorption of the intestinal gases.

ORIGINAL COMMUNICATIONS.

CASES OF CHOREA TREATED BY SULPHATE OF ZINC,

AS COMPARED WITH OTHER METHODS OF TREATMENT.

By WILLIAM H. STONE, M.B. Oxon., L.R.C.P.
Medical Registrar to St. Thomas's Hospital.

Fifty-four cases of chorea were admitted into St. Thomas's Hospital during the year 1858. From the similarity of conditions under which they occurred, they offer a fair opportunity for comparing different methods of treatment. They have accordingly been collected with some more detail than could be attempted in the Registrar's statistical report; while, on the other hand, no attempt has been made to give the whole clinical history. Only so much has been preserved as may show the general type and causation of the disorder in the several cases, and tend to establish the efficacy of various medication.

Out of the whole number, fifty were put under the influence of three principal remedies, either singly or consecutively. In sixteen of these, the treatment mainly comprised the exhibition of sulphate of zinc; in twenty, of arsenite of potash; in fourteen, of ferruginous preparations. The remaining four cases have some exceptional modification. It is proposed in this communication to analyse briefly the group of cases treated by sulphate of zinc, and to compare them with the results obtained by other methods:—

Case 1.—M. D., aged 16, female servant. Catamenia regular and somewhat profuse. In other respects health good. Nine weeks before, after a fall, began to suffer from chorea, for which she was out-patient at Guy's Hospital. On admission, not a very severe case; speech and swallowing unaffected; some constipation and headache; aspect anæmic. Never had rheumatism. Took zinci sulph. gr. ij. t. d. for seven days; gr. iv. for seven days, but without much improvement. There was then some spinal tenderness, and a blister was made with liq. vesicatorius over the tender spot, with advantage. She then began to take ferri ammon. citr. gr. x. t. d., and a few days later a daily shower-bath. Under this treatment she rapidly improved, and on the twenty-sixth day of its administration was presented cured, having been in the Hospital altogether forty-two days.

Case 2.—T. F., aged 14, a female, at home. Chorea one month, entirely limited to right side of body; no cause known; suffers much from headache. Some evidence of commencing menstruation, but no complete establishment of the function. Appetite and digestion good; no difficulty of swallowing; speech had been affected at first, but was not so on admission. No history of rheumatism; no cardiac symptoms. Took zinci sulph. gr. ij., t. d. for three days; then gr. iv. for fifty-three days. Occasional purgatives, and a shower-bath daily. Made a slow, but steady recovery in fifty-six days.

Case 3.—M. L. D., aged 11, female, at home. Always a feeble child. Two months previously had some sort of febrile attack, with engorged glands in neck, and herpetic eruptions round the mouth. On recovering from this, was remarked to have choreic symptoms. These had been but slight until five days before admission; they then increased so much as to cause her to fall down, and to interfere much with articulation. Never had rheumatism. On admission she complained principally of weakness and vertigo: no headache; tongue spasmodically thrust out, and speech difficult, but no dysphagia. No cardiac symptoms; no digestive disturbance. Took zinci sulph. gr. ij. t.d., in infusion of valerian for seven days. The dose was then increased to gr. iij. for three days, then to gr. v. for seven days, then to gr. vj. for eleven days. With this were ordered shower-baths on alternate days, and occasional purges. She made some improvement, but at the end of twenty-eight days was far from cured. She then was ordered liq. arsenicalis ♏ ij. t. d., c. decoct. cinchonæ, under which treatment the improvement increased rapidly, and after taking this for thirty days, she was presented cured, having been in the Hospital altogether sixty days.

Case 4.—H. C., aged 11, male; at home. A very slight case; no assignable cause; general aspect and functions tolerably healthy; had been ill three weeks. Took zinci sulph. gr. ij. t. d. ex infus. valerianæ for seven days, increased to gr. iv. for two days; but as this quantity caused some sickness, it was again reduced to gr. iij, which was taken for twenty-two days, with steady improvement. He went out cured at the end of thirty-one days. Besides the zinc, a daily shower-bath was given, and occasional purgatives.

Case 5.—G. C.; aged 12, male; at home. Five weeks previously had been in Guy's Hospital, under Dr. Owen Rees, with rheumatic fever. There had been no cardiac symptoms or treatment. He left the Hospital pretty well fourteen days previously, and choreic symptoms came on about a week before admission into St. Thomas's. There was no fright or other cause. On coming in there was some dysphagia, much difficulty in speech, rapid and spasmodic protrusion of tongue. He complained of no pain, but was kept awake at night by the movements. These increased somewhat at first, and were accompanied by stupor and drowsiness. A fortnight later the spinal muscles became firmly contracted, so as to lift him from the bed, and there was then, for the first time, spinal tenderness in the interscapular region. This subsequently became very marked at the lower part of the lumbar region. A week later the choreic symptoms abated slightly; but tenderness became marked in the cardiac region, with much anxiety of aspect, and a to-and-fro sound was audible over the same spot. Pulse 136, large, but compressible; cough becoming troublesome. Soon afterwards inability to lie on the left side, with short breath, set in, the heart's action having become irregular.

Six weeks after admission the chorea was almost gone. Pulse 132, regular. From this time he improved rapidly, though exceedingly anæmic. There remained, however, some thickening and tenderness about many of the larger joints.

At the end of three months he was able to go out, in tolerable health, but with a persistent systolic mitral murmur, and increased impulse over the cardiac region.

On first admission he took zinci sulph. gr. ij. t. d. for ten days; then gr. iij. for fourteen days; then gr. iv. for fourteen days. At this time spinal tenderness was treated by a blister over the spot, and the syrup: ferri iod. was given in ʒss. doses thrice a-day. With this he improved in nervous symptoms, but the heart became affected. After taking the syrup for twenty-five days, the compound iron pill was substituted for eight days, and a mixture of quinine and iron for the three weeks before his going out. He was altogether fifty-six days under treatment. This patient returned to the Hospital a few weeks later with symptoms of cardiac disease, of which he died. On post-mortem, extensive cardiac mischief, principally involving the mitral valve, was found. The spine exhibited no morbid appearances.

Case 6.—E. H., aged 16; female, at home. Catamenia had appeared more than two years before, and had been fully established above a year. Had suffered from slight choreic symptoms rather over twelve months. They began in the head and neck, but had never been very severe. No cause could be assigned for the attack; speech, swallowing, and protrusion of tongue were normal; general aspect anæmic; no rheumatism or cardiac disease. The sulphate of zinc gr. ij. t. d. ex infus. valerianæ was given for seven days, then gr. iij. for seven days, then gr. iv. for thirty-eight days. Tepid shower-bath on alternate days, and latterly aloetic purges were added from menstrual insufficiency with constipation. Under this treatment she steadily improved, and was presented, after fifty-two days, in a fair way of recovery, though not quite cured.

Case 7.—A. W., aged 12; female. A feeble child; no appearance of catamenia; always nervous, and easily frightened; never had rheumatism; four days before admission frightened by "a ghost;" fell down and had spasmodic movements of

the right side of the body. They had somewhat increased, but were not very severe on admission. The bowels were confined; tongue foul; much nausea and retching, but no worms known of; latterly had been subject to short breath, and palpitation on slight exertion. At these times the cardiac action was excessive, but without definite murmur. She took zinci sulph. gr. ij. ter die, ex infus. valerianæ for seven days, with shower-bath daily, and occasional purges. But it caused so much disturbance of the stomach, already irritable, that it was exchanged for the liq. arsenicalis ♏ iij. ter die c. decoc. cinchona, with free purgation. This was taken for fifteen days with ease, and rapid amendment. She went out cured after twenty-five days.

Case 8.—S. A., aged 12; female. A second attack. The first had been slight; this was rather severe. It dated from a fright three weeks previously. No great affection of speech, more of swallowing. Tongue steadily protruded. General health good. Never had rheumatism. Took zinci sulph. gr. ij. t. d., ex inf. valerianiæ for three days; then gr. iv. for twelve days, with daily shower-bath. Recovered rapidly. Presented in fourteen days nearly cured, though still some movement.

Case 9.—A. P., aged 11; female. Third attack. The first occurred one year, the second five months, previously. Had been ill this time one month. The right side was principally affected. No dysphagia or difficulty of speech; tongue steady; general aspect healthy; bowels regular; appetite good; heart normal; never had rheumatism. She took zinci sulph. gr. ij. ex infus. calumbæ ʒj. t. d. for four days; then gr. iv. for twenty days, with daily shower-bath. Presented cured on the twenty-fourth day. When in the Hospital five months previously she had been treated by syrup, ferri iod. ʒss. t. d. for thirty-one days, and went out cured on the thirty-second day.

Case 10.—R. H., aged 8; male. Received a "thrashing" from his father for letting fall some article, and immediately afterwards suffered from choreic spasm. Was unable to say whether a spasm caused him to drop the vessel. This occurred four months previously. The attack had not been very severe, most so on the right side. Speech, sleep, and swallowing were unaffected. The tongue was protruded fairly. General health good. Never had rheumatism or cardiac symptoms. Some flying pains, apparently of a neuralgic character. Took zinci sulph. gr. ij. ex infus. valerianæ ʒiss. t. d. for seven days, and gr. iv. for twenty-two days, with daily shower-bath. Improved steadily. Presented cured on the twenty-ninth day.

Case 11.—H. C., aged 11; female at school. Had been ill three weeks previously, and had partially recovered. Ten days back had again become worse. It was stated that the illness consisted of pains and swelling in the feet and arms, with tenderness, the child being at the same time feverish and out of sorts. It was not considered as rheumatism, and had no medical attention. Ten days before admission, the febrile symptoms recurred, with pains in all the limbs. Choreic movements were first noticed in the left side four days before, and had interrupted the sleep at night. They may have been caused by a fright which she seems to have had on that day. When seen, the child was sensible and intelligent. The movements were active and constant. Speech was slightly affected, but the tongue was fairly protruded. Swallowing was not interfered with. There was no evidence of other disease. She took zinci sulph. gr. ij. ter die, ex infus. valer. for five days. The dose was then increased to gr. iv., and this was taken for twenty-one days, with some amendment. At the end of this time she was given a daily shower-bath and liq. arsenicalis ♏ iv. ter. die. This she took for six days, at the end of which she was presented cured, having been thirty-three days in Hospital.

Case 12.—D. R., aged 14; male. Had had chorea two months; no previous attack; never had rheumatism. No cause assigned for the attack. On admission the movements were extensive, involving many muscles of the trunk; he could, however, walk. Speech was indistinct, the tongue protruded rapidly, and swallowing difficult. As this proved a very obstinate case, a variety of treatment was employed. The sulphate of zinc was given in doses of gr. j. ter die, with inf. valerianæ. After four days the dose was increased to gr. ij.; again, after three days, to gr. iij.; again, after four days, to gr. iv., which dose was taken for three days. As there seemed little or no improvement, the ferri carb. saccharatum gr. x. t. d. was ordered; after four days increased to gr. xv.; again, after a week, to gr. xx.; and after a like period to gr. xxv. After three days this was raised to ʒss., which was taken for four days. There was then very little, if any amendment, though the general health was not materially impaired. The liq. potassæ arsenitis ♏ iij. bis die was then ordered, with aperients on alternate nights. Tepid shower-baths were also given twice a week. This medicine producing no effect after fourteen days, the ferri carb. saccharatum gr. xx. t. d. was again given for fourteen days, followed by a repetition of the arsenic in the same form for seventeen days. The effect of opiates was then tried. Morphiæ hydrochl. gr. 1-6th omni nocte, increased regularly to gr. 1-3rd for eleven consecutive nights, but without much effect. The morphia was then administered in the form of gr. 1-6th omni manè, with only partial success. The patient had now been in Hospital from December 31 to April 10 without very great improvement. At this date, however, the ferri carb. saccharatum was resumed in addition to the opiate in the last form, and increased regularly during the month from gr. x. ter die to ʒss ter die. The choreic symptoms at length began to give way, and on May 1 he was presented cured, having been 123 days under treatment.

Case 13.—M. F., aged 10, female; at home. Had recently had measles, from which she was only partially recovered. Ten days previously began to suffer from chorea. Never had rheumatism. No previous attack. Not a very severe case; swallowing unaffected, speech very slightly so; tongue protruded rather rapidly. After free purgation took zinci sulph. gr. j. ter die ex inf. valerianæ for three days; gr. ij. for four days; gr. iij. for three days; gr. iv. for four days. She was then removed from the Hospital while in a fair way of recovery, having been under treatment sixteen days.

Case 14.—J. B., aged 10, female. Not much history, except that she was a delicate and passionate child, and had had chorea about a fortnight. There was constant motion of both trunk and extremities, but the case was not very severe. Tongue hastily protruded. At first took zinci sulph. gr. j. ex inf. valerianæ ter die for three days; then gr. ij. for four days; then gr. iij. for four days with some advantage. But thirteen days after admission she was attacked with varicella, which ran its usual course, and was followed by some impetiginous irritation of the skin. These did not prevent steady recovery from the choreic symptoms. She was presented cured on the forty-ninth day.

Case 15.—S. L., aged 10, female. Had been ill four months with chorea following a fright. Had never had rheumatism. Heart normal; the symptoms were not very severe; could walk perfectly; speech and swallowing unaffected; tongue fairly protruded; bowels rather costive. At first was freely purged. Then took zinci sulph. gr. j. t. d. for three days; gr. ij. for four days; gr. iij. for seven days; gr. iv. for three days. During this time there was no great improvement. She was then ordered the ferri carb. saccharatum gr. x. ter die. This she took for four days. It was then increased to gr. xv. with the shower-bath daily; continued for seven days. Then increased again to gr. xx. which was taken for fourteen days. With this there was some amendment. She was then given vin. ferri ʒj. and ol. morrhuæ ʒj. bis die. With this she made a recovery, and was presented on the sixty-fifth day cured.

Case 16.—J. E. P., aged 11, male. Chorea a fortnight; not very severe; no previous attack; had rheumatic-fever some time before. No cardiac affection; speech and swallowing unaffected; tongue fairly protruded. At first had only cold shower-bath daily for eight days. Then took liq. potassæ arsenitis ♏v. ter die for eleven days, and had a blister on the nape of the neck. With this there was some improvement. The zinci sulph. gr. ij. ter die was then given for seven days with great improvement. It was increased to gr. iij. for three days, and to gr. iv. for ten days, by which time the cure was effected. Discharged after being in Hospital thirty-nine days.

Of the sixteen cases described above, five were males, eleven females. The ages of all are intermediate between eight and sixteen years. Previous attacks had occurred in two cases only. Duration of previous illness had been one week in two cases; two weeks in three; three weeks in three; a month in two; two months in two; three months in one; four months in two, and a year in one case. The attacks were without known cause in four instances, from fright in four, from a fall in one, and followed previous illness in five cases. This illness was in one instance of

febrile character, probably scarlatina; in another measles, and in three others acute rheumatism; of these latter cases one also suffered from cardiac disease, ultimately terminating in death. Two other cases, though not absolutely complicated with illness, showed evidence of being connected with commencing menstruation in a feeble habit. One case was attacked with varicella soon after admission.

As a general statement few of the above cases were characterized by great severity, and of these one, Case 12, which warrants such a description, was more remarkable for its obstinacy than for the acuteness of the symptoms. Accordingly, the graver disturbances of function are comparatively infrequent. Interference with articulate speech. was only observed in six of the cases; dysphagia, to an extent beyond what would naturally follow from spasmodic contortions of the face and hands, only in one case. The rapid and spasmodic protrusion of the tongue, to which much attention has been drawn as a symptom of chorea was observed in five cases. They formed the bulk of those which have already been mentioned for imperfection of speech. The one remaining case had recovered considerably from this latter symptom before admission, and it is probable that, at an earlier period, spasm of the tongue might also have been substantiated. Distinct spinal tenderness was only found in four cases.

Sulphate of zinc was alone exhibited in eight cases. Of these five were cured. Three were improved, though not cured. It was in all cases administered in increasing doses, beginning with one or two grains. Six grains was the highest dose given in the cases before us, though in others four times this amount has been exhibited with advantage, and without vomiting. The shortest effective administration was of twenty-four days' duration among the cured cases; the longest of fifty-six days. The average period of continuing the medicine was twenty-nine days for all the cases; two of which were removed before its full influence had been produced, and one was interrupted by an attack of varicella. In four cases the sulphate of zinc was followed by ferruginous preparations. One of these, Case 5, complicated by rheumatism and cardiac disease must be regarded as an exception. In the other three, Cases 1, 12, and 15, the remedy must be considered to have failed, or only to have succeeded partially; they were all ultimately cured under the administration of iron.

In four cases, the zinc was followed by a a course of liq. arsenicalis. In three of these, Cases 3, 7, and 11, this effected a cure; but in the other, Case 12, it was equally ineffectual with the zinc, and recovery took place under the iron treatment. In Case 16, on the other hand, the liq. arsenicalis was exhibited for eleven days in doses of mv. ter die, without much effect, and recovery took place after the administration of sulphate of zinc for nineteen days in doses of gr. iij. ter die. In two cases, 5 and 13, opiates formed part of the treatment. The former of these required their use principally from rheumatic and cardiac complication; in the latter they seem to have had a beneficial effect; inasmuch as recovery took place under their use combined with iron, though the disease had previously resisted both remedies when exhibited singly.

Besides the principal remedy, thirteen cases had the cold or tepid shower-bath during the treatment. Of the three not so treated, one was confined to bed with subacute rheumatism and cardiac symptoms; the second had only recently recovered from an attack of measles; the third had varicella soon after admission. It is not possible to give any separate estimate of the value of this application in bringing about the cure, though it cannot but be ranked very high. It may be omitted as an element of comparison, from its employment in all cases which did not exhibit a distinct counter-indication.

The general statistics are as follows:—Of 16 cases treated with sulphate of zinc, 13 went out cured, 3 relieved; but 2 of the latter were in a fair way of recovery, and may probably be set to the credit of the medicament. On the other hand, three of those ultimately cured, owed their improvement, partly to ferruginous preparations; and in one case the zinc had no effect whatever. It may, then, be stated generally, that advantage was derived from the zinc in 14 out of 16 cases. The longest stay in the Hospital among these cases was 123 days; the shortest 14; the average stay, 44·6 days.

Fourteen cases were treated during the same period with preparations of iron; all were cured. The longest stay in Hospital was 161 days; the shortest 6 days; average stay, 44·2 days.

Twenty cases were treated with liq. potassæ arsenitis:—18 cured; 1 relieved; 1 died. The longest stay in Hospital was 55 days; the shortest 6; average stay, 26·3 days. Average stay in Hospital of the 50 cases submitted to three principal remedies, 37·2 days; average stay of all the 54 cases, 35·4 days.

The results of this analysis are somewhat remarkable, as failing to confirm the usual estimate of the value of sulphate of zinc in this disorder. The iron seems to act more certainly, and the arsenic both more certainly and more rapidly than the zinc. The average duration of treatment both with iron and zinc, 44·2 days and 44·6 days respectively, is very similar, and both are above the general average of the whole number of cases, namely 35·4 days; whereas the average stay of the arsenic cases falls as low as 26·3 days. This difference is the more remarkable, as the character of the cases submitted to the arsenical treatment rather exceeded in severity that of the others; and, indeed, the only death recorded belonged to this division.

It remains a question whether the discrepancy between these results and those of some previous well-conducted observations is due to mere accident, or to some real difference in type between cases originating at different times and under dissimilar circumstances.

CASE OF

RECOVERY AFTER STRANGULATED HERNIA AND ARTIFICIAL ANUS.

By JAMES DONNET, M.D. R.N.
Surgeon to the Naval Hospital at Lisbon.

The following case presents a certain degree of interest: if you think it worthy of a corner in your valuable paper, it is at your service.

Captain E., aged 34, commanding a barque bound for Genoa, put into Lisbon on the 17th June, 1859, afflicted with strangulated hernia, and was placed under the care of Dr. Brandt, the Medical officer in charge of the British Merchant Seamen's Hospital of this city. He had been ruptured in 1854, but for three years after suffered little inconvenience, and only in 1857 first had recourse to the use of a truss, which he wore till within a month of his accident, when he abandoned its use, considering it no longer necessary. He left England in his ship on June 5, 1859, in perfect health. On the 12th, while engaged in the active duties of his profession, the hernia protruded and resisted all his efforts at reduction; the following morning his mate found him suffering very much, and considering his state to proceed from colic, recommended and administered purgatives, among which was croton-oil; no evacuation followed; his sufferings were increased; everything taken by mouth was vomited shortly after; and as the case became a serious one, the ship put into Lisbon for Surgical assistance.

At 11 a.m. of the 18th June I first saw him at the request of and with Dr. Brandt. On examination, we found an oblique inguinal hernia of left side, of the size of a large orange, distending scrotum, and hard as a cricket-ball. On attempting taxis, a slight gurgling sound was heard, but no sensible reduction of the tumour took place. His pulse was 84; he was labouring under great physical and moral suffering; nothing had been retained on his stomach, nor had any evacuation taken place per anum since the 12th June. As an objection was made by the patient to an operation until other means had been tried, pounded ice enclosed in a bag was placed over the constricted part until partial congelation was produced; he was put into a hot bath until he became faint, and chloroform was administered. Under these various agents taxis was tried without effect. At 4 p.m., the patient consenting, we decided upon an operation, and, at the request of Dr. Brandt, I operated. The patient objected to chloroform; we therefore proceeded without its use. The fasciæ were firmly attached to the sac; the sac was opened, and from it flowed a quantity of fluid resembling muddy port wine. The stricture was firm, and was largely divided by a probe-pointed bistoury passed flat along left index-finger of operator, the cutting edge being raised as the knife passed beneath

constricted part. The knuckle of intestine found in sac was of a livid colour; it was, after a careful examination, returned into abdominal cavity. The wound being cleansed, the lips were brought in apposition by four interrupted sutures, assisted by strips of adhesive plaster; a wet compress was placed over this, and a figure of 8 bandage applied.

June 19th.—Has passed a restless night; anxious expression of countenance; is much depressed; vomited some stercoraceous matter; abdomen somewhat tender on pressure, and slightly tympanitic. Pulse 80, small. Tongue covered with a thick white fur.

Vespere.—Stercoraceous vomiting has occurred several times during the day, at noon some beef-tea was given by mouth and vomited shortly after, an injection of beef-tea and wine was administered which he retained for some time; fomentations have been applied to abdomen. At about six p.m. vomiting had passed away. Pulse 80, fuller; had a slight evacuation per anum containing some fæcal matter. Has taken and retained some wine.

20th.—Had a better night's rest. Is more cheerful, expresses himself hopefully. Pulse 88, beats with more tone; no return of vomiting; has had four liquid fæcal stools; makes water readily, tympanitic state of abdomen has disappeared; complains of some pain about wound. Has taken some fowl broth with relish.

21st.—Much disturbed yesterday by transacting business of ship. Pulse rose to 104 at night, fell afterwards, and slept well. Pulse this morning is 88, all excitement has passed away. Bowels have been opened, stool shaped and of a natural colour; tongue still coated, wound discharges slightly.

26th.—Had been progressing quietly and seemingly well, when at four p.m. yesterday, he was seized with a severe rigor, followed by much heat of skin. He felt easier afterwards, complained, however, of a degree of tension in wound. This morning a quantity of gas, with a fluid matter tinged with bile, came away from wound; the sutures have cut themselves through. On pressing abdomen gently downwards more gas and yellow fluid make their escape through wound. These matters come from intestinal canal; precautions taken to prevent excoriation of skin.

30th.—Has been doing well since last report; a circular opening of the size of a pea exists at upper part of wound surrounded by granulations, from whence the matters from intestinal canal escape mingled with bubbles of gas. The skin around opening is excoriated. Patient takes his broth, jelly, and wine with much relish. Bowels have been opened sometimes with, at other times without, the aid of medicine; stools generally natural and shaped. To-day a portion of sloughy shred appearing at circular opening was gradually drawn away, and was followed by a large quantity of thin yellow fluid mingled with bubbles. Patient lies on back or either side with ease; he is gaining strength.

July 30.—For the last month he has been doing well; the wound has been gradually healing; the artificial anus has contracted itself greatly; the excretion, at times more abundant than at others, has almost ceased; the lint covering opening to-day is very slightly tinged yellow. Is gaining his health fast; has been able to walk about.

August 16.—The matters from intestinal canal ceased exuding on July 30. The wound and artificial anus are now closed; his health and strength are good. He returns to-morrow to England perfectly cured.

This case offers several points of interest:—

1. As the patient, when first seen, objected to an operation, other means were tried, and only when such means had been exhausted was the operation performed. The strangulation had existed six days; it had been aggravated by a repeated and ill-performed taxis, and by the administration of croton-oil and other purgatives; and, in spite of the protracted strangulation and the ill-judged measures resorted to, the patient recovers. Such a case is an encouragement to the Surgeon not to despair.

2. The vomiting of stercoraceous matter following on the footsteps of the operation, abating within twelve hours, and leaving no bad traces behind.

3. The intestinal canal communicating with external wound, and its contents passing by this communication from the 26th June to the 30th July, yet not interfering with the natural evacuations per anum. This artificial anus may have arisen from some gangrenous point of the intestine coming away, opening a communication with external wound, subsequent probably to adhesion between peritoneal surface of intestine and abdominal parietes; the sloughy shred, which was drawn from opening on the 30th June, was followed by a greater flow of bilious fluid, mingled with gas, and no doubt was portion of intestine itself.

4. The ready closing of the artificial anus, which was formed and healed in the space of five weeks.

Lisbon.

THE LONDON AND PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

REPORT ON MALIGNANT DISEASE OF THE TESTIS.

(Concluded from page 259.)

We gave last week the particulars of thirty-six cases of malignant disease of the testis, in all, exeepting one, of which excision of the diseased gland had been performed. We shall proceed to eomment upon the eases, and to point out the eonelusions which the series appears to warrant. Before doing this, however, it will be a convenience to the reader to arrange the cases in a tabular form.

TABULAR STATEMENT OF THIRTY-SIX CASES OF MALIGNANT DISEASE OF THE TESTIS.

No.	Hospital and Surgeon.	Age.	Duration of Disease.	State of Health.	Operation.	Proximate Result.	Ulterior Result.	Other Facts.
1	King's College.—Mr. Partridge.	40	1 year	No indications of malignant eachexia.	Excised	Died of erysipelas on eighth day.	..	Autopsy revealed a large eancerous mass in lumbar glands.
2	,, Mr. Fergusson.	51	..	Cachectie	Excised	Recovered.		
3	,, Mr. Partridge.	43	3 ycars	No cachexia ..	Excision	Erysipelas; the patient died on the eleventh day.	..	Very large malignant tumour found after death in abdomen.
4	,, Mr. Fergusson.	38	2 years	Fair health ..	Excision	Recovered.		
5	,, Mr. Fergusson.	59	..	..	Excision of testis and serotum.	Recovered.. ..	..	Three years ago Mr. Fergusson had removed a large fibrous tumour from scrotum, leaving the testis. The testis was lost in the general mass of disease.
6	St. Bartholomew's.—Mr. Lloyd.	34	7 months ..	..	Excision after exploratory operation.	Returned to his employment in a month.	In good health six months after the operation.	He returned to the Hospital for acute engorgement of the inguinal glands. At the end of six months he was in excellent health, but the glands were still suspiciously indurated.
7	,, Mr. Stanley ..	38	Enlarged for 20 years, but more rapidly for 6 months	..	Testis and part of cord exeised.	Convalescenee tedious.	..	Left Hospital in delicate health after two months.

No.	Hospital and Surgeon.	Age.	Duration of Disease.	State of Health.	Operation.	Proximate Result.	Ulterior Result.	Other Facts.
8	St. Bartholomew's.—Mr. Skey.	30	6 months ..	Good health ..	Excision	..	..	The excised gland for the most part consisted of medullary cancer, with some small cysts.
9	,, Mr. Skey ..	37	2 years	Healthy	Testis and lower third of the spermatic cord were excised.	Recovered.. ..	Readmitted shortly afterwards, and died of pleurisy.	In this instance the disease was undoubtedly malignant, as it recurred in glands and internal organs; its structure, however, was not medullary, but cartilaginous.
10	,, Mr. Lawrence	21	6 months ..	Good	Excision	Recovered.. ..	The disease returned in the cord before the man left the Hospital.	
11	Guy's.—Mr. Cock ..	26	1 year	Pale and cachectic.	Excision	Recovered.. ..	..	The tumour was an example of mixed medullary and cystic disease.
12	,, Mr. Hilton ..	34	10 months ..	Fair health ..	Testis excised. The inguinal canal was opened and cord divided high up.	Recovered.		
13	,, Mr. Hilton ..	31	13 months ..	Good health ..	Excision	Recovered.		
14	,, Mr. Cock ..	37	..	No cachexia ..	Excision	Recovered.		
15	,, Mr. Hilton ..	56	1½ years	Good health ..	Excision	Recovered.		
16	,, Mr. Cock ..	28	4 or 5 months.	Good health ..	Excision	Death; six weeks.	..	Cancerous deposit was found after death in lumbar glands, right lung, and above clavicle.
17	Metropolitan Free.—Mr. Hutchinson.	2¼	10 months ..	..	Excision	Recovered well	Died eleven months after operation.	He enjoyed good health for eight months after the operation, when symptoms of cancer of the lung showed themselves. Autopsy: both lungs infiltrated; with the exception of a small nodule the size of a pea, no disease was found in the abdomen. Two of his paternal aunts had died of cancer of the breast.
18	Marylebone Inf. —Mr. Thompson.	35	9 months ..	..	Excision	Recovered quickly.		An example of mixed cystic and medullary disease.
19	Westminster. — Mr. Brooke.	31	1 year	..	Testis diseased. Integument and lower part of the cord removed.	Recovered.		
20	Charing Cross.—Mr. Canton.	9	Referred to a kick some time before.	Healthy looking	Excision	Wound healed well, and he left the Hospital.	Disease returned in the cord and lumbar glands. Death three months after operation.	
21	St. Thomas's. — Dr. Barker.	26	3 months ..	Pale, sallow. Had rapidly lost health and strength.	Not removed ..	No operation had been performed	..	This patient died four months after he had first noticed the enlargement of the testis. No post-mortem was permitted. There was on admission (two months before his death) a large tumour in his abdomen, which grew rapidly.
22	,, Mr. Mackmurdo	50	..	Fair health ..	Excision	Recovered well.		
23	,, Mr. Solly ..	38	..	Good health ..	Excision	Recovered well.		
24	,, Mr. Simon ..	37	15 months ..	Sallow and cachectic.	Excision	..		
25	The London. — Mr. Luke.	4	..	Stout, but pale child.	Excision	Recovered.		
26	St. George's. — Mr. Cutler.	40(?)	..	..	Excision	Death on seventh day.	..	Autopsy showed evidences of peritonitis and of encephaloid disease of lumbar glands.
27	University College.—Mr. Quain.	16	8 months ..	..	Testis and cord as high as inguinal canal were removed.	Death a fortnight after the operation.	..	Autopsy revealed a large mass of medullary cancer in the right lumbar region.
28	Bristol Gen. Inf.—Mr. Lang.	Adult	5 months ..	..	Excision	Recovered.. ..	..	At the time of the report one edge of the wound had assumed a suspicious appearance.
29	Dorset County Inf.—Mr. Sayle.	43	7 years enlarged, but increased rapidly lately.	Very healthy ..	Excision	Wound healed; man discharged well.	..	Notwithstanding the unusually long duration of the disease in this instance, it proved after excision to be medullary cancer. Probably in the first part of the time the enlargement had been of a simple nature.
30	Durham Infirmary.—Mr. Green.	21	18 months ..	Sallow and cachectic.	Excision	Recovered.	In three months the disease returned in cicatrix, and in lumbar glands	
31	Bradford.—Mr. Popleton.	25	3 years	..	Excision	Wound healed rapidly.		
32	Leeds Infirmary. — Mr. Hey.	45	..	Healthy looking	Excision	Died of acute peritonitis three weeks after the operation.		
33	Sheffield Hospital.—Mr. Jackson.	25	6 months ..	..	Excision	Recovered well.		
34	Derby Infirmary. — Mr. Johnson.	26	..	..	Excision	Recovered.		
35	West Norfolk.—Mr. Kendall.	34	6 months ..	..	Excision	Recovered.		
36	,, Mr. Kendall ..	56	6 months ..	In failing health.	Excision	Died three months after the operation.	..	Erysipelas of the scrotum and groin and thigh followed the operation, and when recovering from this, three weeks after, a fungous bleeding growth appeared from the extremity of the cord. He died three months after the operation.

COMMENTS ON THE SERIES.

Forms of Cancer to which the Testis is liable.—Of the above thirty-six cases it would appear that in almost the whole the form of cancer was the soft form of medullary. In several the structure of the diseased mass was firmer than that of a typical medullary growth, but in none did it approach that of true scirrhus. Modern histological investigations have indeed tended to show that true scirrhus, such as that so commonly seen in the mammary gland, for instance, is never met with in the testis. The supposed instances of it described by Sir Astley Cooper, and other writers, have proved on microscopic examination to be not cancer but cartilage. It is quite possible also that examples of syphilitic sarcocele, with an unusual degree of induration, may occasionally have been regarded as scirrhus.

In Case 9 the original disease of the testis itself was simply cartilaginous, and the subsequent deposits in internal organs, which were very numerous, were of the same material. As to the malignancy of the disease in this case, there can, however, be no doubt, as the man died of its development in the lungs within a short period of the operation.

In Case 5 a "fibroid" tumour had been excised three months before from the scrotum, and the recurred one, which had involved the testis, if it did not originate in it, was of the same nature. This case probably stands on the border ground between true cancers and recurrent fibroids, and there is room for question as to the propriety of its being included in this series.

Cases 8, 11, and 18, are examples of the co-existence of medullary cancer, with well characterised cystic development.

Age most liable to Malignant Disease of the Testis.—It would appear that all periods of life, excepting the senile, and including even those of infancy, are liable to the occurrence of malignant disease of the testicle. In the youngest patient in our list it began at the age of one year and eight months, whilst the oldest was 59. Taking the decennial periods, we have three instances of the disease occurring between the first and tenth years, one between 10 and 20, eight between 20 and 30, thirteen between 30 and 40, six between 40 and 50, and five between 50 and 60. The age stated in each case is that at which the patient came under Surgical treatment for his disease, and the age at which the latter had first commenced was most probably about a year younger. Bearing this fact in mind, we can have no hesitation in accepting the conclusion, that the first half of adult life (from 20 to 40) is the period in which the testis is most liable to be attacked by medullary cancer.

The instances in which the disease began in early boyhood have a peculiar interest. It is an important fact that the testis should be so liable as it is to the attacks of disease (benign as well as malignant) at periods considerably prior to its full development, and to the assumption of functional activity. Parallel instances of disease in the ovaries or mammary glands of preadolescent girls are undoubtedly far more rare. The converse comparison holds good as it regards the age at which the function of the gland in question has either ceased or is greatly on the wane. We have in the present series no example of cancer of the testis later than the age of fifty-nine, whilst but a very small proportion of the whole are met with so late as the fifth decade. In females, as is well known, diseases of the breasts and ovaries are still very frequent.

Usual Rate of Progress of Cancer of the Testis.—Malignant disease of the testicle has often been taken, and very properly so, as a typical example of cancer. It is acute in its onset, and very rapid in all its stages of progress. The facts recorded in the above series fully bear out these statements, and the inference is of great importance in its practical aspects.

In Case 21, the only one in which the disease ran its course without surgical interference, the patient was dead within four months of his having first noticed enlargement of the gland, at which time he was in what he considered robust health. The duration of the disease in Mr. Kidd's case (see foot-note to page 258), which was probably a similar one, was exactly the same.

In Cases 16, 36, 20, and 17, although an operation was performed, and in several of which it in all probability prolonged life, the whole duration from first to last was only six, nine, twelve, and twenty-one months respectively. In Cases 1, 3, and 27, which ended fatally within a week or two of the operation, deposits of cancer were found in the lumbar glands, which must have induced death within short periods, even if the patients had recovered from the immediate effects of the operation. The average previous duration of the disease in these cases had been only eighteen months. In two or three instances in which durations of unusual length are assigned to the disease, it is not improbable that the testis during the earlier portions of the time, had not been affected by cancer, but by some inflammatory enlargement, on which at a subsequent period cancer had become engrafted. It is not at all unusual for cancer to attack organs damaged by previous chronic inflammations; and the fact that in the cases adverted to a recent rapid increase in size had been observed is in favour of our supposition.

Treatment.—Immediate Results of the Operation of Exeision.—Although not a few and very different schemes of constitutional treatment have been proposed for the management of the more chronic cancers, none have, we believe, been suggested as likely to retard the progress of malignant disease of the testis. In this instance, the question as to treatment is simply, Shall extirpation be performed, or not? the alternative being certain and speedy death. As might be expected, therefore, under such circumstances, the propriety of extirpating a testis affected with malignant disease, provided the cord be healthy, is one of the rules in Surgery about which there is no dispute. The operation *per se* is one of little or no danger if done early, whilst the gland is not enlarged beyond a certain size, whilst the cord is healthy, and before the lumbar glands have been affected. In nearly all the cases in our series in which death followed as a consequence of the operation, large tumours were found in the abdomen, which had been unsuspected previously, but which had no doubt exercised a most prejudicial influence on the patient's chance of recovery. That excision of the testis in itself is not an operation attended by any material risk is proved by the facts that of the above series 26 out of 36 recovered from it, while of the cases to follow this report, in which the testis was removed for diseases of non-malignant nature, the proportion of recoveries was 26 to 1 death.

In determining which cases are best suited for operation, and those in which for the credit of Surgery it will be well to decline using the knife, regard should be had to the size and duration of the tumour, to the condition of the cord, to the patient's general health, and to the indications of disease of the lumbar glands. If there be good reason to think that the lumbar glands are already enlarged, or if the cord be positively enlarged at a point above where it could be divided, an operation could only end in disappointment. Too much weight in either direction must not be allowed to attach to the state of the patient's health. In not a few instances, owing to its rapid rate of progress, the disease has advanced beyond hope of benefit by Surgery, before the patient's aspect has assumed any very decided indications of malignant cachexia. In many of the cases in our list the statement is, that "the man was in good general health." On the other hand, it is quite possible that a patient might appear very cachectic from accidental causes, whilst still his lumbar glands were free from disease. The large size of the tumour, although "equalling that of a cocoa-nut," would not, of course, in itself deter any Surgeon from attempting its removal, other circumstances being favourable. It must be granted, however, that it renders the prognosis much more serious.

Ultimate Result of Cases Operated upon.—As just stated, five out of the thirty-five cases ended in death within a week or two of the operation, and either as its immediate or indirect consequence. In five others (Cases 7, 28, 30, 10, 36), the patients did not while under observation regain their health, and in four of these the disease already appeared to be recurring, *i.e.*, within a month or two of the operation. In Cases 17, 20, and 30, although the patients regained good health after the operation, yet the disease recurred subsequently in internal organs, and death took place at the respective periods of three and ten months afterwards. In Case 16 the patient died within six weeks of the operation; not, however, from its effects, but from recurred and rapidly advancing disease. In Case 6 the patient was known to be in good health, but with suspicious induration of inguinal lymphatics, six months subsequent to his discharge from the Hospital.

These cases deducted, we have remaining twenty in which, beyond the fact that the patients left the Hospital well within short periods of the operation, we know nothing. Not a few of these men have, in all probability, since died of internal cancer; while there is a fair foundation for the belief that others are still in good health.

Mr. Cock has mentioned to us the case of a man whose testis he removed for medullary cancer, and who remained under observation and in good health for six years afterwards, being at length lost sight of in consequence of his emigration to Australia. This fact is the most important in relation to this subject that has come within our knowledge in the practice of the London Hospital. Whole histories of cases of malignant disease of the testis are much wanted in the literature of Clinical Surgery.

It is quite possible that some of our readers may be able to furnish us with the concluding histories of cases left incomplete in our series. If so, we shall, on behalf of Surgical science, feel much obliged by their supplying us with the wanting facts, which we shall have much pleasure in placing on record. In many instances the patients returned home into the country after leaving the Hospital.

MALIGNANT DISEASE OF THE CELLULAR TISSUE OF THE SCROTUM REQUIRING THE REMOVAL OF BOTH TESTES.

The Hull Infirmary: Mr. Craven.—A man, aged 45, admitted on account of great swelling of the scrotum, which had existed two months, but with rapid increase latterly. A puncture had been made in consequence of a deceptive sense of fluctuation in one part, but blood only flowed. Much pain in the back was complained of. The removal of the tumour, which included both testes, was at length decided on. It was found, on examination, to consist of a large growth of medullary cancer, in the cellular tissue of the scrotum, by which both the testes had been enveloped. The testes themselves were healthy. Under the microscope the usual appearances were seen. The man suffered much constitutional disturbance after the operation, but ultimately recovered. Some months after his return home (to Doncaster) he died of internal disease, probably of malignant character.

The above is included in the present series, because the operation involved the removal of both testes. It is an example of an exceedingly rare form of disease. Excisions of the entire scrotum for chimney-sweeps' cancer are not so very unusual, and every now and then it is necessary to remove the testes also; but in the above it will be seen that the deposit took place into the cellular tissue of the scrotum, and was of the medullary, not the epithelial, variety. The case has its analogues in respect to other organs. It is well known as regards malignant disease of the eye in children, that in not a few instances the malignant deposit takes place not into the eye itself, but into the cellular tissue surrounding it, and in certain instances of soft cancer of the breast it is probable, though less easy of demonstration, that the disease invades, in the first instance, the cellular tissue rather than the gland itself.

EXCISION OF THE TESTIS FOR ENCHONDROMA.

In Case 9 of the Malignant series, although the structure of the tumour was cartilage, its habitudes were those of acute cancer. The following is, consequently, the only example of benign enchondroma of the testis in our series. The specimen was a very well-characterised one, and was exhibited by Mr. Hutchinson, to whom it had been sent for examination, at one of the meetings of the Pathological Society:—

York County Hospital: Mr. Hey.—W. S., aged 55, was admitted on account of great enlargement of the right testicle. According to his account, three years ago the gland had wasted to the size of a hazel-nut. It remained very small for about a year, and then began to enlarge. It had been, throughout, the seat of slight darting pain. Its enlargement was rather rapid, and in the course of two years it had equalled the size of a large fist. It was very heavy and solid feeling, being also slightly nodular in parts. The cord was not thickened. Mr. Hey removed it in the usual manner, and the man recovered. It was a most excellent specimen of enchondromatous and cystic disease.

CASES OF CYSTIC SARCOMA OF THE TESTIS.

Four years ago we devoted a special report to "Cystic Sarcoma of the Testis." (See October 20, 1855, page 394). We were then only able to collect from the London Hospitals five cases. In a tabular statement which accompanied our report we included all the examples of this disease which we were able to bring together, either from the Museum of the College of Surgeons, from Sir Astley Cooper's work, or other accessible sources. The whole number amounted only to sixteen. We now have to record four additional cases. In the latter number we have included only such examples of the disease as were pure, and unmixed with carcinoma. In the series of cases, of the latter disease, the reader will find several examples (Cases 8, 11, and 18) in which the cystic element co-existed with medullary cancer. In the report to which we have referred we entered into some details, under the heads of prognosis, diagnosis, pathology, etc. respecting various points of interest in connexion with this special form of disease, and it is therefore unnecessary that we should again do so on the present occasion. Our additional cases supply data which are closely in keeping with the conclusions then arrived at. They are interesting, however, as giving us an example of the disease occurring at the earliest age at which it has as yet been noticed. Of the sixteen cases given in our tabular report the average age was 44, the extremes being 18 and 58. In Case 3, given below, the age of the patient was only two years and nine months. The whole of the sixteen cases given in the table resulted in recovery, and the same was the fact with the four now added.

The small number of cases of this peculiar disease which we have been able to collect in so large a field of observation, as that supplied by the whole of the Metropolitan and more than half of our Provincial Hospitals, may afford a fair estimate of its comparative rarity.

As our present Report is intended to be statistical as regards the operation of excision of the testis, and to comprise all cases within a certain period in which it has been performed, we are obliged here to repeat briefly the particulars of two cases (Cases 1 and 2) which were given in our former one.

Case 1.—King's College Hospital: Mr. Fergusson.—A healthy-looking man, aged 32. The disease was consequent on a blow received eighteen months ago, since which time it had enlarged. It proved to be a good specimen of cystic disease. (Previously reported, p. 394, October 20, 1855.) The man recovered well after the excision.

Case 2.—St. Mary's Hospital: Mr. Coulson.—A healthy-looking man, aged 18, was admitted on account of considerable enlargement of the right testicle. The disease was believed to have existed only two months, and had only occasioned slight pain at intervals. The gland was about the size of a goose's egg, smooth, with a tight, elastic feel, but without fluctuation. The cord was not affected. The scrotum was red, and a little inflamed. After a fair trial of mercurial and iodine treatment, the removal of the gland was decided upon. After the operation, the patient had an attack of scarlet fever, from which, however, he recovered well. The wound soon healed. The disease proved to be cystic sarcoma, and involved the greater part of the gland. (Previously reported at page 394, October, 1855.)

Case 3.—Hospital for Sick Children: Mr. Athol Johnson.—A child, aged 2 years and 9 months, was admitted into the Hospital for Sick Children. Enlargement of one testis had been noticed almost from birth, and it had now increased till the gland measured about seven inches in circumference. It was removed, and found to be an example of cystic disease. The child recovered well. (For description of the specimen, see Report of the Pathological Society for February 5th.)

Case 4.—The Leicester Infirmary: Mr. Benfield.—A man, in good health, aged 43. The right testis had been enlarging for more than four years, and was now as large as two clenched fists. The whole was excised. In the operation the cord slipped, and the inguinal canal had to be laid open in order to secure the spermatic artery. The cord was healthy. The disease was cystic sarcoma. The wound healed well. A gland in the groin, which was at the time of the operation somewhat enlarged, increased subsequently, and a month afterwards was the size of a hen's egg. The man was still in excellent health.

Case 5.—The Leicester Infirmary: Mr. Macaulay.—A healthy man, aged 47. The enlargement of the testis had commenced about five years before, and on admission its size was that of a child's head. About four ounces of serum were drawn off from the tunica vaginalis on the day prior to the operation. The mass was excised in the usual way. The cord was tied *en masse* by a strong ligature. Before the man's removal from the operating-table this ligature slipped, and it became necessary to lay open the inguinal canal, in order to secure the bleeding vessels. Considerable oozing from the bottom of the wound continued for about five hours after the operation. The disease consisted of cystic sarcoma.

Case 6.—The Leeds Hospital: Mr. Smith.—A strumous man, aged 21, excision of the testis on account of well-characterized cystic sarcoma. Recovered well, and left the Hospital in much improved health.

CASES IN WHICH THE TESTIS WAS REMOVED FOR SCROFULOUS DISEASE, ABSCESS, ETC.

In the following group we have placed all the cases in which, during the last six years, the testis has been removed for other diseases than those included in the preceding Reports. ("Medullary Cancer," "Cystic Disease," etc.) The group therefore includes examples of syphilitic sarcoma, strumous disorganization of the gland, abscess, and one or two of certain rare forms of cyst within the tunica albuginea. We will arrange these cases under their several heads.

STRUMOUS AND SYPHILITIC DISEASE OF TESTIS.

In a great number of cases it is quite impossible to make a correct differential diagnosis between strumous and syphilitic disorganization of the gland, when the disease has advanced so far as to necessitate removal; we have, therefore, placed these two forms of chronic orchitis together in the subjoined list. Number of cases, 17; recovered, 16; died, 1:—

Case 1.—Guy's Hospital: Mr. Cooper Forster.—A man, aged 37, pale and emaciated, was admitted on account of diseased testis. The testis was as large as a fist, and no one who saw it expressed any doubt as to its being cancerous. Excision was performed, and on examination afterwards the whole gland was found to be disorganized by the infiltration of tubercle, the epididymis also being involved.

Case 2.—Guy's Hospital: Mr. Bryant.—H. M., a dark strumous child, aged 2½, was admitted into Guy's Hospital, October 13, 1858, under the care of Mr. Bryant. The disease had lasted for six months, and had increased rapidly in spite of all constitutional and local treatment. The organ was about eight or ten times its natural size, and was perforated by a sinus, which had been discharging for four months, and which communicated with a large abscess in the interior of the organ. It was removed October 26. On section a large mass of strumous deposit softening down, was seen to have been deposited in its centre, dilating the organ which appeared as a mere shell, some healthy structure being visible about the mass. In the epididymis were also three distinct masses of the same material.

Case 3.—The London Hospital: Mr. Luke.—A man, aged 21, the subject of strumous disease of the right testis, which had existed for nearly five years. The gland was excised, and the operation was followed by a low form of phlegmonous erysipelas, which extended gradually over the lower part of the abdomen, and into the thigh, and under which the patient gradually sunk. Death occurred eighteen days after the operation.

Case 4.—St. Bartholomew's Hospital: Mr. Lawrence.—A delicate man, aged 43, the subject, for seven months, of strumous disease of the testis. The gland was greatly enlarged, but no suppuration had occurred. After its extirpation, a severe attack of phlegmonous erysipelas occurred; but it was subdued, and a good recovery ensued.

Case 5.—St. Bartholomew's Hospital: Mr. Lawrence.—A mulatto, aged 29, the subject for thirteen months of strumous enlargement of the testis. No suppuration had occurred. Removal by the écraseur was attempted, but when nearly complete the instrument broke, and the knife had to be used to divide what remained. Two hours after removal hæmorrhage set in, and the only plan found efficient for controlling it was the pressure of the pad of a Signoroni's tourniquet screwed down on to the crest of the pubes. Some sloughing of the edges of the wound, probably from the bruising inflicted by the instrument, followed, but the patient ultimately recovered well.

Case 6.—St. Bartholomew's Hospital: Mr. Lloyd.—A man, aged 36; the whole testis and cord were converted into a hard mass, which, prior to the operation, all believed to be malignant. It proved, however, to be tuberculous only. The disease involved the cord higher than the external ring, and in the dissection the former was cut through a good half-inch above the latter. The man recovered well, and left the Hospital six weeks after the operation.

Case 7.—The Westminster Hospital: Mr. Hillman.—A man, aged 30; the testis was excised on account of scrofulous disease, which had destroyed its structure. Recovered.

Case 8.—St. Bartholomew's Hospital: Mr. Paget.—In this case Mr. Paget had performed the plastic operation recommended by Mr. Syme for the cure of fungous testis. The patient, a man, aged 31, remained well for about two months, and was engaged in a very laborious occupation. Ultimately, however, the cicatrix again ulcerated; and he applied for re-admission, It was now decided to remove what remained of the diseased gland. This was done; the patient has since done well, and the wound is now nearly healed. The gland was found, on examination to be so much disorganised that there could have been no object gained in attempting to preserve it.

Case 9.—Guy's Hospital: Mr. Cock.—A man, aged 57, who had been for some time under treatment on account of fungous protrusion of the right testis. Escharotics had been applied, and several times it had seemed about to heal, when fresh inflammation would occur. The patient at length desired the removal of the organ; and as it was plain that even, if preserved, it must be, as regards function, useless. Mr. Cock acceded to his wish. After removal, there was found very little of healthy gland tissue remaining, the greater part of the organ having been converted into a fibrous structure. The wound healed well.

Case 10.—Guy's Hospital: Mr. Hilton.—A man, aged 22, in good health, until within the last two years. For two years the left testis had been gradually increasing in size, and an abscess had formed, which had left a small sinus leading into the gland. Excision of the whole was performed. The gland was found infiltrated with tubercular deposit, which choked the tubes. The head of the epididymis was especially affected, and in some parts the structure of the gland itself remained sound.

Case 11.—University College Hospital: Mr. Erichsen.—A man, aged 40, under care on account of strumous disease of the testis of some years' duration. Excision of the gland. Recovery.

Case 12.—King's College Hospital: Mr. Fergusson.—A man, aged 33, the subject of strumous disease of the testis of six years' duration. It was the size of two fists. Excision. Recovery. In the specimen after removal the proper structure of the testis could not be discovered.

Case 13.—The Queen's Hospital, Birmingham: Mr. Langston Parker.—A labourer, aged 44, was admitted on account of enlargement of the left testicle, which he attributed to its having been squeezed in a "lark" eight months before. The skin was adherent and ulcerated; the increase in size had been gradual; the gland and the diseased skin were removed, and the former presented a specimen of chronic or strumous orchitis. The cord was tied *en masse* by a double ligature passed through it. Very little bleeding occurred at the time, but an hour afterwards it came on profusely. Ice, astringents, etc., were applied without avail, and finally the hæmorrhage was arrested by a large Signorini's tourniquet applied so as to compress the cord on the pubes. This was quite effectual. The man afterwards did well.

Case 14.—The West Norfolk Hospital: Mr. Kendall.—A man, aged 34, had suffered for several years from an enlargement of the right testis. It was the size of a goose's egg, not painful to the touch, but liable to severe shooting pains, which also affected the lumbar region. Treatment having failed to effect its diminution, it was excised. The man recovered well.

Case 15.—The York County Hospital: Mr. Hey.—A man, aged 37, was admitted on account of great enlargement of the right testis, which had been progressively increasing for nearly a year. It was the size of a goose's egg, and liable to aching, but not particularly tender. The scrotum was somewhat reddened, and adhered to the

gland. The cord was healthy. The man had had primary syphilis some time ago; but did not now present any very marked indications of constitutional taint. The testis was removed, and was found to have been destroyed by a large collection of soft curdy matter in its structure, the centre of which was almost purulent. In the structure surrounding this collection were two or three cysts of moderate size. The man recovered well; but about a month after dismissal he was re-admitted, on account of acute orchitis of the remaining gland, which, however, subsided under the usual treatment, though leaving some induration.

Case 16.—The Liverpool Royal Infirmary: Mr. Long.—A man, aged 26, the subject of strumous disease of the testis following a blow. Excision of the gland. Recovery.

Case 17.—The Liverpool Royal Infirmary: Mr. Stubbs.—The gland was excised on account of strumous disorganisation, and the man recovered. (No details.)

EXCISION OF THE TESTIS FOR CIRCUMSCRIBED ABSCESS.

A soldier, aged 24, was admitted into one of the London Hospitals, in consequence of diseased testis. The affected gland was as large as a goose's egg, and the scrotum was reddened and adherent. Two small fistulæ led deeply into the organ from which small quantities of thin pus escaped. The disease was attributed to a blow received eighteen months before. The entire gland was excised, and the man recovered well. On examination there was found in the middle of the testis, a circumscribed abscess about the size of a hen's egg, distended by thick pus, and lined with a villous membrane. Around the cavity the structure of the gland was spread out, appearing to be in most parts quite healthy.

EXCISION OF THE TESTIS FOR THICK-WALLED CYST WITHIN THE TUNICA ALBUGINEA.

The Metropolitan Free Hospital: Mr. Hutchinson.—A man, aged 65. The left testis was enlarged to the size of a small fist, but was quite moveable in the scrotum. The history was of an increase for six years. It was removed chiefly on account of its weight and inconvenience. The disease proved to be a thick-walled cyst in the tunica albuginea. (See Report of the Pathological Society.) The man recovered well. In the operation Mr. Hutchinson employed for holding the cord an ingenious little instrument, devised by Mr. Callaway, of Guy's, for that purpose. The incision instead of being made, as usual in front of the scrotum, was made at the bottom, a depending opening for the escape of matter being thereby secured.

EXCISION OF THE TESTIS FOR ENCYSTED HÆMATOCELE OF THE EPIDIDYMIS.

The London Hospital: Mr. Curling.—J. B., aged 49, was admitted in 1853. Thirteen years ago he received a sharp blow over the left testicle. The acute symptoms soon subsided, but the enlargement continued, and had increased during the last ten years. During the last week the swelling had increased more rapidly and had been attended with pain. The left side of scrotum contained a fluctuating tumour of large size, with a solid-feeling mass (testis) at the bottom. Cord, thick and firm. On dissection after removal, there was found a thick-walled cavity in the head of the epididymis, not communicating with the tunica vaginalis in any way.

Radcliffe Travelling Fellowship.—In conformity with an ordinance of the University Commissioners, the electors under the will of Dr. Radcliffe have directed that an examination for a Travelling Fellowship shall be held in the course of next term. The Examiners will hereafter notify the particulars of the examination, which will be in sciences connected with Medicine. The successful candidates will receive £200 per year for three years, half that time being occupied in Medical study out of Great Britain. One such Fellowship will henceforward be offered for competition every year. Those may be admitted as candidates who have taken a first class in the Natural Science School of Oxford, and who intend to qualify themselves to practise Medicine as Medical Graduates of the University.

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SATURDAY, SEPTEMBER 17.

POOR-LAW MISDEEDS AT THE CORK WORKHOUSE.

The unfortunate persons whose poverty, disease, helplessness, or old age, drives them within the walls of a British workhouse are too often subjected to an amount of tyranny, cruelty, and neglect little understood by the general public, who imagine that the funds raised by the poor-rates are equitably administered in the relief of suffering humanity. The injustice inflicted upon these helpless inmates of our modern Bastilles is scarcely ever revealed to the public gaze. The so-called guardians (Heaven save the mark!) regard the poor as so many burdens upon the rate-payers; and whether the pauper has been reduced to his miserable condition by the ravages of disease, by the vice or neglect of parents, by the feebleness of age, by the pressure of unavoidable misfortune, or by his own misconduct, he is placed in the same category, and exposed to the same merciless and undiscriminating *régime*. Now and then, it is true, some patriotic person, perhaps a Medical officer of the establishment, not having before his eyes the fear of dismissal from his situation, raises his voice against the iniquity which he sees perpetrated, and drags into the light of day a story of oppression and neglect, which for a while jars upon the popular ear, awakens a cry of commiseration, then forthwith dies away into silence. The solemn farce of an appeal to the Poor-Law Commissioners is occasionally enacted, and the facts represented are proved to be literally true, but the conscientious witness is dismissed, and the abuses go on as before.

These remarks have been called forth by the report of some recent proceedings at the Cork Workhouse, which, as it would appear, is urgently in need of some sweeping measure of reform. In this instance, the Medical officers of the institution have not endangered their places by any unseemly revelations of the misconduct of their employers, and the duty of exposure has devolved upon a gentleman who is quite able to substantiate his case, and who, from his influential position, is in no fear of any consequences disastrous to himself. This social reformer is Mr. John Arnott, Member of Parliament for Kinsale, and Mayor of Cork; and we think that public gratitude is due to this energetic man who has had the boldness to reveal the misdeeds of the Cork Guardians, and who possesses sufficient energy to maintain his opinions against the odium which his interested opponents have not failed to lavish upon him.

It appears that on visiting the Cork Union Workhouse, Mr. Arnott was shocked at the appearance of the children, of whom a large number are maintained in the building. Upon investigation, he discovered that an enormous proportion were afflicted with scrofulous diseases, many of them dying prematurely, others becoming blind, and those who

survived dragging on a miserable and feeble existence, to which death itself would almost appear preferable. We must quote Mr. Arnott's own words in describing this appalling spectacle:—

"For want of proper nutriment and change of diet, scrofula has so infected these young creatures, that there was scarcely one of them whom I examined that did not bear plain and frightful tokens that their blood had been wasted to that degree, that the current which should have borne vigour and health to their frames, was only a medium to disseminate debility and disease. Not to speak of some fifty children *sent from this institution to the Blind Asylum*, for ever lost to the first blessing which God poured upon creation, from the disease engendered by the diet here; not to dwell upon the cruel spectacle of the Infirmary, where, in every phase, this shocking infliction may be seen in its most revolting forms, I will only point attention to the children who are still able to attend school. As I have said, *there is scarcely one of these not diseased;* but besides 115 that can move about, and are not perfectly ruined, there are in an upper school-room 48 young creatures so stunted in growth and intellect, and awfully affected, that no humane man could look upon them without the deepest compassion. In the female school the same general remarks apply; but there are 92 girls still presentable, and 84 in the infant class; but there is another lazar department of 64, as fearful objects as those I have just described. There is no separate register of the deaths of children kept in the house; but I have been told, and can well believe it from what I have witnessed and detailed, *that four out of every five die before they are adults*, and that the survivor is, in the majority of instances, destroyed in constitution."

The causes of this fearful amount of sickness and mortality may be readily explained by reference to the dietary of these poor children, and on this subject we may quote the evidence of Dr. Callanan, who inspected the Workhouse, and who was examined on oath before the Poor-Law Inspector:—

"On the day I arrived," says Dr. Callanan, "it was the hour the boys were at their dinner. I examined the food, and after their meal I inspected it. I asked for a bowl of the soup. I examined and tasted it, and I found it almost *perfect water*. I asked of what it consisted, and I was told *of rice, and oatmeal, and vegetables*. Some green leaves of leek were in the soup. I went along the form while they were at the meal, and I found some of the porringers untouched. I asked them why they did not take their soup, and they said, They could not drink it. I saw the bread, and I thought it very inferior: it smelled sour, and was heavy and gluey; it appeared to be composed of very coarse flour, and of an inferior quality."

On this evidence Mr. Arnott makes the bitter remark, that in Dickens's "Oliver Twist," the Workhouse-boy astonishes his superiors by *asking for more;* but in the case of the Cork Workhouse-boys, they prefer starvation itself to eating the food placed before them.

Humanity shudders at this revelation of the amount of sickness and mortality in an institution founded for the relief of the poor and destitute, and science is at no loss to explain the results upon ordinary physiological principles. Here are growing children fed upon soup consisting of *water, rice, oatmeal, and vegetables*, including a few green leaves of leek, and this diet is varied with sour bread, made of inferior flour, and occasionally with skim milk. To Medical readers it is needless to remark that such a diet as is here described is insufficient to nourish the human tissues, and that in the absence of nourishment, disease, especially scrofula, with its concomitant sufferings and death, must ensue. The Medical officers of the Cork Workhouse appear to be fully aware of this truth, and one of them has avowed his convictions in his evidence before the Poor-Law Inspector.

Dr. W. C. Townsend, one of the Medical officers, states:—"Such a dietary, in my opinion, would not keep the children in vigorous health. On the contrary, it would reduce their bodies into such a state that they would easily become victims to disease, and if an hereditary taint existed in the system, it would be readily called into action. . . . . I think the diet deficient in many things; I think the children ought to be provided with new milk; I think they ought to get white bread and meat twice or three times a week; and I am opposed to giving them soup—even meat-soup—without the meat in which it is boiled."

Dr. Townsend, however, goes on to state that he did not report his opinion to the guardians, because he was an officer of short standing: that he did not communicate his views to his colleagues nor to the House Committee: that except in cases of actual sickness *the Medical officers had little or nothing to do with the dietary of the house:* and he thought that if he reported the matter to the Board, "*he would very likely have been snubbed.*" "I recollect," he says, "on one occasion being sent for to the Board-room, when tenders were about to be accepted; and although I was sent for to give my opinion, *a guardian ordered me to be turned out.*"

Such is the system of dietary adopted for the poor children in the Cork Union Workhouse; such is the respect paid to the opinions of the Medical officers; and such are the fatal results of the inhumanity of the proceedings. We turn from the Cork Workhouse—the inmates of which are brought there by misfortune and disease—to the Spike Island Government Prison, where, we are told, the prisoners have beef, beef-soup, and vegetables, four times a week; and that the results of this diet are manifest in the improved health of the prisoners, and in the extraordinary reduction in the number of deaths among them. Commentary upon these facts is needless. It would seem as if our rulers rewarded crime, and reserved punishment for the victims of misery and disease.

Mr. Arnott writes:—"Our prisons and reformatories are leaving our workhouses far behind. There is a sore temptation presented to the poor by the contrast which these institutions bear to our workhouses, to *qualify themselves* for places where they are better fed and better taught. As matters now stand, there is a premium on crime, not that our criminals are treated too well, but our poor not well enough, or well at all."

THE WEEK.

As all the world is interested in the *Great Eastern* steamship, we insert the following lines from a Medical friend who was on board at the time of the explosion which took place on Friday last:—

"The power and good qualities of the vessel have been proved beyond all kind of doubt. She has done, as a conveyance on the ocean, more than has ever been anticipated from her. With a very strong gale dead a-head, and steaming at half power, she accomplished the journey from the Nore to Portland in about twenty-four hours. While the Folkstone and Dover boats were jumping about like cockle-shells, the motion of the *Great Eastern* was actually imperceptible to those on board of her. She answered her helm with surprising readiness; and, in a word, five minutes before the catastrophe—which has thrown such a cloud over the vessel—occurred, every soul on board thought and felt that she was the model of steam-ships, and that the way to cure sea-sickness was at length discovered. Calmly and deliberately, I do not hesitate in affirming that the accident which has occurred ought in no degree to alter the opinion of the excellence of the vessel, as thus demonstrated by her course in St. George's Channel. The accident was one of the purest negligence, and will have to be accounted for elsewhere. I would add, that from personal observation, I gladly bear witness to the fact, that every thing which could be done, after the accident, in the way of rescuing the wounded, and securing the ship, was done, and done at once, by Captain Harrison and his officers and crew. Before the steam and stench had cleared away, the gallant Captain was already lowered down into the saloon, seeking for wounded passengers. Again, directly that it was possible for any one to descend into the stoke-holes, bold fellows were there as volunteers to rescue the wretched firemen, and bring them up out of the sulphurous vapours in which they were immersed. The scene was indeed a fearful one, but it was bravely encountered;

and it is only bare justice to Captain Harrison and his admirable officers, that this fact should be everywhere known. The success of the ship will be delayed; but this accident will not prevent its ultimate triumph;—of that I feel most fully satisfied."

Another painful inquiry has taken place near Durham, consequent upon the death of a poor woman from rupture of the uterus in labour. The account we have received does not lead us to any further conclusion than that the labour was a lingering one, and the pelvis rather small; that no instruments were used, that the rupture of the uterus was spontaneous, and that the woman died undelivered. It seems, however, that there was some charge of malpraxis made, not by one Medical man against another, but by the assistant of one against the assistant of another, and the respective employers afterwards followed suit. The verdict of the Coroner's jury was that the woman died of "rupture of the uterus, and hæmorrhage," exonerating the attending assistant from blame. The *Durham County Advertiser* thus concludes a long report of the inquest:—

"During the progress of the inquest it appears that a large number of persons had assembled in front of the house, and as soon as the verdict was known, and Messrs. Jepson, Russell, and Ridley came out, they were hissed and hooted by the crowd. Messrs. Shaw, Galt, and Laidler were, on the contrary, received with cheers, and the crowd surrounded the house where they dined, and loudly expressed their satisfaction at the verdict. It appears that Mr. Jepson is the Surgeon appointed to the colliery, by the owners, and has Mr. Ridley as his resident assistant. Mr. Shaw visits Thornley as a private Practitioner, and has Mr. Galt as his resident assistant—this may, perhaps, in some degree account for the popular feeling on the occasion. Mr. Galt has not yet passed his examination, and is consequently not a qualified Medical Practitioner,—although he has attended lectures with a view to passing. Mr. Laidler holds a midwifery diploma from Glasgow University, but is otherwise, we believe, not duly qualified. Mr. Ridley, on the other hand, is we understand a duly-qualified Practitioner. As a close to the proceedings of the day, Messrs. Brignal, Jepson, and Russell, were hooted out of the village, while Messrs. J. Marshall and Shaw made a triumphant exit. One of the jurors remarked during the progress of the case that it was a 'Doctor's squabble,'—we think he was about right."

We should not give this further publicity to so distressing a scene, did we not hope that a lesson might be inculcated,—that every means which good-feeling teaches might be taken to prevent the repetition of any such discreditable exhibition of Professional bickering, and that all may see how much the whole Profession must suffer in public estimation from the petty jealousies of some few of its members being paraded on every possible opportunity.

Another charge of poisoning bids fair to rival in medico-legal interest the Smethurst Case. The prisoner has been committed to take his trial for murder. In the present state of the case, however, it is only necessary to state that a young woman died soon after getting over her confinement, and with symptoms of irritant poisoning. Dr. Letheby could find no metallic poison in the body, except a little mercury, traceable to some calomel administered; but he found in an alcoholic solution of the stomach, and of a portion of its contents, and of some vomited matter, "a small quantity of oily-looking matter, which I found by experiments was a very powerful irritant; for, on applying it to the corner of my mouth, it produced intense burning pain and great swelling of the lips, followed by the appearance of small vesicles." Finding after exhumation of the body some of the same kind of acrid matter in the intestines, Dr. Letheby says:—

"Not being able to identify the nature of it chemically, I tried the effect of it on a guinea-pig. The coloured matter amounted to four grains only. It killed the animal in ten minutes, as I thought by producing spasms at the entrance of the windpipe. I then removed the stomach and œsophagus from the guinea-pig, and again extracted the poison, and tried its effects on three sparrows. The first was killed in four minutes, the second between four and five minutes, and the third, which I treated a little differently, died in three days; I treated it differently as an experiment. I dropped the poison into the mouths of the first and second birds, and added a little treacle and water in the poison I gave the third bird. The total quantity extracted from the stomach and intestines amounted to about four drops. I have made a great many experiments with vegetable matter, in order to endeavour to arrive at the nature of this matter, but have not succeeded. I have no doubt it is capable of producing the effects mentioned in this case. Having seen three birds killed by it, and a guinea-pig also killed, and feeling myself the effects of it, I have no doubt but that it is a poison, and that it would produce the symptoms and the effects in the stomach that have been described by Mr. Webb and Mr. Smith. It is like croton-oil, or white hellebore. It is different from cantharides. A mixture of the two, I mean croton-oil and white hellebore, would exactly produce the effect I have described. Uphorbium has also a somewhat similar effect. From the symptoms before death, the appearances and the results of the chemical analysis, and the experiment made on myself and on birds and animals, I am of opinion there was present a powerful irritant taken by the deceased, and it was the cause of her death. That powerful irritant must have been taken by the deceased, and could not have been spontaneously generated in the system."

There is ample room here for another great battle of scientific witnesses in the criminal court.

We trust that some member of our Profession will not fail faithfully to observe and record the different phases of the curious Religious hysteria which is now raging in the North of Ireland, and which is threatening to invade some districts of England. Enough has been shown to prove that the "Religious Revivals" are an actual and real mental malady, and no imposture at all.

Our readers will doubtless recollect our account of Mr. Frank Buckland's discovery of the remains of John Hunter, and we feel certain they will now hear with great pleasure that the Leeds School of Medicine have presented him with a medal in commemoration of this circumstance. At a meeting of the Council of this School, held a few days ago, Mr. Samuel Smith moved the following resolution which was carried unanimously:—

"That a silver medal be presented to Francis T. Buckland, Esq., as a mark of respect from the Council of the Leeds School of Medicine, for his exertions in placing the remains of the late John Hunter in Westminster Abbey."

This graceful act is as creditable to the Leeds School as it must be gratifying to Mr. Buckland.

The question as to the right of Dentists to call themselves Surgeon-Dentists if they are not members of a College of Surgeons, has been rather warmly discussed by the respective Secretaries of the College of Dentists and the Medical Registration Association. The former gentleman throws down the gauntlet thus, gallantly suggesting "that the question be fairly tried in a London Police Court, when, if there should still appear good grounds for doubts as to the real spirit and intention of the last clause of the Medical Act, the matter could be finally settled in the Court of Queen's Bench. As the President of the College is also a Member of the College of Surgeons of England, it is thought by the Council to be desirable that your Committee should prosecute some member of the Council (not of those also members of the

College of Surgeons) resident in London or in the immediate neighbourhood, and they would be prepared to defend his ease. I may mention that I practise, as I have done for many years, as a 'Surgeon-Dentist;' and for the sake of settling the question, I am willing to be proceeded against." The other disputant replies that the Association will legally contest the point "at a convenient time." In the meantime he argues that the title Surgeon-Dentist is used to draw other business than pure dentistry, adding,—

"The Committee regard it as extremely unfair that dentists should assume a title which has not been obtained by any surgical education or examination. The object of those, however, who assume that title improperly is apparent—viz., to have an honourable distinction with its concomitant advantages, and to enjoy privileges which they have not legally acquired. To sum up the views of the Committee, they are as follows—viz., 1st. The word 'dentist' means 'an operator on the teeth.' 2nd. 'Surgeon-dentist' implies that, in addition to the occupation of 'dentist,' the party has the statutory qualification of 'Surgeon.' 3rd. It is penal to use the prefix 'Surgeon,' unless in possession of the legal qualification conferring such title."

In founding the Medical Registration Association for Birmingham and the Midland Counties, which we have mentioned in a former number, the question was discussed whether Homœopaths should be admitted as members. A rule was proposed that "orthodox," members of the Profession should be eligible as members. This drew forth the following letter from four Homœopaths:—

"Birmingham Homœopathic Hospital, 2, Upper Priory, September 1, 1859.

"Dear Sir,—An advertisement having appeared in the public papers of the proceedings connected with the formation of a Medical Registration Society, we have observed that one resolution states that only *orthodox* Medical men are eligible for membership. The fact of our not having received any invitation to take part in the formation of the Association, while other Medical men in the district have received such invitation, and the circumstance that an impression prevails among the public that the term 'orthodox' has been purposely made use of in order to exclude homœopathic practitioners, induces us to request of you, as Chairman of the meeting, an explanation of the matter. Being legally qualified and duly registered Medical men, does our approval of the homœopathic system of medicine, and our open practice of it, disqualify us from becoming members of the proposed Medical Association, founded as that Association, is professedly for public objects, and based as it is on an Act of Parliament, which expressly discourages disqualification on the ground of difference of Medical creed and practice?

"We are, dear Sir, yours faithfully,
"George Fearon,
"Joseph Lawrence,
"W. A. Parsons,
"Henry Robertson,
"Medical Officers of the Birmingham Homœopathic Hospital and Dispensary.

"To Dr. Bell Fletcher."

A sharp discussion ensued; some gentlemen moving that "legally qualified" be substituted for "orthodox," others waxing eloquent upon the stale and exploded clap-trap of persecution,—Harvey, Jenner, Galileo, and so on; and a third party endowed with more common sense, asking why the Homœopaths did not form an Association among themselves. Why should they aspire to join a body of men they constantly stigmatise as poisoners and murderers? On a division only two hands were held up for the globulists, and the restriction of the membership to the "orthodox" carried by the rest of the meeting.

Dr. J. E. T. Parratt, Deputy Inspector-General of Hospitals, and principal Medical Officer at Woolwich, examined on the 9th inst. the man who was flogged there on the 1st; and he writes as follows:—

"I beg to state that yesterday morning I examined the man, and found the remains of a small boil, the size of a shilling, over the upper part of the bladebone, where the mark of the lash appears not to have reached, and two or three small pimples, the size of small peas, where the punishment was inflicted, the laceration from which was so superficial as evidently not to have penetrated deeper than the skin, and consequently had nearly healed."

We have already alluded to the brutal and brutalising punishment called *flogging* in the Army; and we sincerely hope that this question, which has been principally brought into consideration before the public at the present moment by the history of the case above alluded to, will not be suffered to vanish away on a side wind. It affects the main point in no manner of way, whether this particular man's back was or was not covered with boils at the time of his being flogged. The very spirit in which some "authority," who was present at the flogging, addresses the *Times* on the subject, proves the demoralising influence which acquaintance with such torturing has upon the minds of those who superintend and direct it. "Not fourteen," he says, "only about ten were carried fainting at the sight out of the ranks!" This subject should not be suffered to rest until the abomination is purged from the Army. We may be sure that the Horse-Guards will never cure itself of the disease.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ELIMINATION OF LEAD FROM THE SYSTEM.

By Dr. BACON.

"For some years past I have had occasion to make many analyses of the urine in cases of chronic lead-poisoning. Some points which have attracted my attention may have a practical interest. It is not known in what state of combination absorbed lead is locked up in the tissues. An organic compound of albumen with oxide or chloride of lead may be formed; or a double chloride of lead with chloride of potassium or sodium, as was long since maintained by Mialhe. Various compounds of lead taken into the stomach, except perhaps the sulphide, are decomposed and dissolved by the alkaline chlorides normally present in the alimentary canal; and a recent analysis by Professor Würtz shows that a leaden bullet, which had been for many years embedded in a cyst in the lung, was corroded, much diminished in weight, and surrounded by a crust of chloride free from sulphate or phosphate. In that case lead was found in the substance of the lungs and the diaphragm. Absorbed lead is diffused generally through the system, but not uniformly. The spleen contains the largest proportion, and next to that, the liver. Lead also occurs in the urine, which seems to be the chief channel of elimination. When once deposited in the tissues, it is very slowly removed, and the symptoms continue for many months after exposure to the cause of lead-poisoning has ceased. Still there is no doubt that in time it will be eliminated spontaneously. In cases where I have analysed the urine previous to treatment, but after removal from the source of poison, lead has rarely been present.

"Of late years iodide of potassium has been much used as a means of eliminating absorbed lead, and most of my analyses have been made in cases under this treatment. Melsens maintains that large amounts of lead were removed in form of iodide of lead, easily soluble in iodide of potassium, which is well known to pass off readily by the urine. In the cases that have come under my notice, repeated analyses, made at various periods after the use of the iodide was commenced, and under large or small doses, have never detected more than a very small proportion of lead. Usually, it is more easily discovered after than before taking the iodide; but sometimes none at all can be detected, when the symptoms are even well-marked. As the processes employed allow of

the detection of exceedingly minute quantities of the metal, the conclusion cannot be avoided that, in cases of chronic lead-poisoning the process of elimination is very slow, and a long time must be required to remove any considerable deposit from the tissues. . . . It is evident that iodide of potassium, the most energetic agent known for removing absorbed lead from the system, is far less efficient in this respect than is generally believed."—*Boston Journal*, June, p. 429.

ON THE CAUSE OF LONG AND SHORT SIGHTS, AND ON THE VOLUNTARY CONTRACTION AND DILATATION OF THE PUPIL.

By Dr. CHARLES WRIGHT.

Dr. Wright presents the following new theory of long and short-sightedness, as the result of a long series of experiments and observations. Rejecting the explanation of the phenomena by a change in the refractory power of the transparent media, he considers that "the essential cause of short-sightedness is to be sought for in the iris, which in all cases is preternaturally contracted, or possesses an unusual degree of irritability. When the case is congenital, the iris possesses an excessive degree of sensibility to impressions of light; in fact, this form of the affection is almost always observed in individuals of a nervous temperament, together with an excessive degree of muscular irritability. Exposure to a bright light aggravates the congenital form by producing contraction of the circular fibres of the iris, and the same remark will apply to large doses of opium, which not only aggravate the affection in the myopic individual, but will produce temporary near-sightedness in a person not so afflicted. In congenital cases any means that will produce dilatation of the pupil, as belladonna, will enable the person to read with the book held at the same distance as a person would require it to be whose eyes are sound. I have repeatedly experimented with opium and belladonna, and always with the same opposite results—shortening the field of vision with opium, extending it with belladonna.

"The true cause of long-sightedness consists in a preternatural dilatation of the pupil, or, what amounts to the same thing, a loss of irritability of the circular fibres of the iris. This, as is well-known, is a condition common to persons advanced in life, or those who are in the habit of viewing objects in the distance. Contrary to the statement of most writers on the subject, the sight of the myopic improves as he advances in life, nor have I ever known such a person to become long-sighted. In senile presbyopia the iris does not respond so readily to the rays of light as it does before that condition obtains. . . . . From the foregoing observations it would appear that the iris is the principal means by which the eye is enabled to adapt itself to viewing objects distinctly which are situated at different distances from the observer. As to the power which the ciliary muscle is supposed to possess in adjusting the focal distance of the eye, nothing definite is known. At most, its action is subsidiary, inasmuch as such an arrangement is not at all necessary to the successful operation of the optical mechanism of the eye.

"As regards the power which man has over the muscular fibres of the iris, there can be no doubt but that by a little practice the pupil can be made to dilate and contract with as much facility, by an effort of the will, as that the number of respiratory movements can be increased or diminished at pleasure. This power over the iris can be acquired by rapidly changing the focal distance of the eye, which can be accomplished by interposing a small object between the eye, and a larger one situated a mile or more from the observer. A common pin, held at a distance of four or five inches from the eye, and on a line with the distant object, is well adapted to the experiment. On viewing alternately the far and the near object, the iris will be observed to dilate when the eye is fixed on the former, and to contract on the latter. On making this experiment a few times the observer will be enabled to contract or dilate the pupil at will. At first, by fixing the eye upon imaginary objects, and, in a short time, without any assistance of the kind. The experiment is best conducted in a room where the sun's rays have not a direct entrance; but in other respects the light may be as intense as that which is most agreeable in reading. In a strong light voluntary control over the iris greatly diminishes."—*North American Medico-Chirurgical Review*, July, p. 705.

EXCERPTA MINORA.

Transposition of Viscera.—On examination of the body of a patient who had died of phthisis, Dr. A. Smith found a complete transposition of the viscera of the thoracic and abdominal viscera from the innominata to the rectum. The left lung had three, and the right two, lobes. The heart lay with its apex directed to the right side. The mitral valve and the aorta were on the right, the arch of the latter curving out upon the same side, and sending out the innominata on the left side of the arch. The venæ cavæ were both on the left side. In the abdomen on the right side were found the spleen, stomach, descending colon, sigmoid flexure, and rectum; on the left were the liver, ascending colon, and cæcum. The larger lobe of the liver was upon the left side, though there was much less disparity between the two lobes than usual.—*North American Medico-Chirurgical Review*, July, p. 682.

Case of Cæsarean Section.—Dr. M'Clelland relates a case in which this operation was resorted to in great contraction of the pelvis, with the effect of saving both mother and child.—*Ibid.*, July, p. 707.

Case of Spontaneous Evolution.—Dr. Richardson relates the case of a woman in whom labour was brought on several weeks before the full time in consequence of a blow. She had suffered greatly for three days when she was brought to the Blockley Hospital, and it was found that an elbow was presenting; owing to the rigid contraction of the os uteri about the arm, no attempt at rectification was made. About two hours subsequently, the os and the vagina had become relaxed, and an arm protruded. Turning was now attempted; but owing to the extreme sensitiveness of the uterus, had to be desisted from. The pains continued violent, and on a subsequent examination, the arm was found to have become withdrawn as far as the fingers. In an hour and a-half a dead fœtus, weighing five pounds and a-half, was born, the head coming first, and constituting a case of spontaneous evolution. The whole time occupied from the first examination was about five hours.—*American Journal of Medical Science*, July, p. 279.

Amputation at the Hip-joint in the United States.—The *Chicago Medical Journal* in announcing the performance of this operation by Dr. Brainard, quotes from Dr. Eve the statistics as regards the States. It has been done six times, and four of these with success. In another case the patient recovered, but died of a recurrence of the disease; and in one case the result is not stated. Dr. Brainard's case, which makes the seventh, was unsuccessful. Dr. Warren performed the operation upon a lad 17 years of age, who will in all probability recover.—*Boston Journal*, April, p. 227.

Injection of Iodine in Chronic Hydrocephalus.—Dr. Brainard, of Chicago, relates two cases in which he has performed this. In one the child was two months old, and the head measured twenty inches in circumference. At the first puncture eleven ounces, and on the second twenty-four ounces, of serum were withdrawn. Three drachms of tincture of iodine diluted with twenty-four of water were then injected, one-eighth part being allowed to flow out. It was calculated that about sixteen grains of iodine and ʒiij. of alcohol were inserted. Twenty days after the operation the head was the natural size, and so remained on the thirty-fifth day. The second case was four days old, and had also spina bifida. The head measured nineteen inches in circumference. The spina bifida was cured by an injection of gr. $\frac{1}{16}$ of iodine, and gr. $\frac{1}{8}$ of iod. potass in aq. dist. ʒ$\frac{1}{2}$. There were made twenty-one injections of iodine into the ventricles during eight months, when the child died. The amount of iodine injected each time varied from gr. $\frac{1}{16}$ to gr. xij., with from two to three times the quantity of iod. potass., and the excretions frequently gave evidence of the presence of iodide. The case was a very unfavorable one, but the life of the patient was probably prolonged by the treatment.—*Boston Journal*, May, p. 344.

The funeral of Surgeon Simpson, of Haslar Hospital, who died at that establishment on the 28th ult. of brain fever, took place on Thursday week with military honours in the grounds attached to the Hospital. Dr. Simpson served five years in the Arctic expedition in search of Sir John Franklin in the *Plover*, commanded by Lieutenant R. Maguire, now commanding Her Majesty's ship *Imperieuse*.

GENERAL CORRESPONDENCE.

RESULTS OF EXCISION OF MALIGNANT DISEASE OF TESTIS.

LETTER FROM MR. JACKSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your report of operations on the testis in the *Medical Times and Gazette* of to-day, a case of mine in the Sheffield General Infirmary is reported as a successful one. As statistics, to be useful, must be correct, I send you the following account, by which you will see that this is another instance of recurrence of the disease terminating fatally.

The testis was extirpated on the 27th of May, 1857; and on the 23rd of July, the wound having healed, the patient was made an out-patient. There was at the upper part of the cicatrix a suspicious-looking fulness, but otherwise he was quite well. On the 2nd of September he was re-admitted, the suspicious fulness having rapidly developed itself into a tumour of large size. He sank on the 3rd of November.

I am, &c. HENRY JACKSON,
Senior Surgeon to the Sheffield General
St. James's-row, Sheffield, Infirmary.
Sept. 10.

DR. BARKER AND MR. CHAVASSE.

LETTER FROM DR. BARKER.

[To the Editor of the Medical Times and Gazette.]

SIR,—A letter by Mr. P. H. Chavasse in your number of to-day claims a few lines from myself. A foot-note, containing certain pap formulæ, and which had been transferred from a little work on the Diet of Infancy and Childhood, published ten years ago, constitutes a ground of complaint. Now, for the first time, I find that four out of the nine pap formulæ I have given in the said foot-note, Mr. Chavasse lays claim to.

Pap, in some shape or other, is, doubtless, an important part of the dietary of children; but I was not aware that any one in the nineteenth century laid claim to a patent right in the description of its manufacture. At any rate, it may positively be affirmed that the literature of this and other countries affords, from a very early period to the present time, abundant evidence that pap of all kinds,—bread pap, boiled-flour pap, baked-flour pap, rusk pap, rice pap, pap with milk, pap without milk, sugared pap, non-sugared pap, pap with loaf sugar, pap with raw sugar; in fact, paps of every conceivable form and shape,—have been used and described in innumerable formulæ.

My nine pap formulæ were given in a foot-note, because I did not think them worth a place in the text of the work; nor did I think it necessary to specify that any one member of our Profession, or any one old nurse in particular, was entitled to any great amount of credit and immortality for describing the precise number of spoonsful of flour which should be used in this pap, how many grains of sugar in that pap, the exact number of minutes the third pap should be boiled, or whether the fourth pap should be made with new or with skimmed milk,—when, in fact, every old woman in the kingdom could extemporise at least twenty such formulæ. Moreover, if I had thought it necessary to specify any authorities whatever on pap—if I had deemed the modes of making pap less insignificant than Mr. Chavasse seems to think they are,—I should have found the list of authors, and among them many lady writers, by far too extensive for insertion in a practical manual for the mother. I can assure Mr. Chavasse, too, that many—very many—writers would justly have claimed precedence of himself in reference either to priority in time or value of materials.

In a letter to Mr. Chavasse last month, and pending legal proceedings which he had commenced, I concluded with these words:—"I am now engaged in preparing a second edition, and all I can say is, that if it can be made to appear that anything has crept into my work which ought not to have been there, and to which alone you are solely entitled, I will amply, and to your heart's content, set you 'right with the Profession and the public.'"

It appears, however, that he was not satisfied with this. I will gladly give him his choice of the following propositions, viz.:—

First. To expunge from my next edition the four pap-formulæ, the patent right in the description of which he claims. Their absence will make a long and ugly foot-note somewhat shorter, and more elegant.

Secondly. To write a short essay on the "History of Pap;" in which essay I will undertake to do the amplest justice to Mr. Chavasse's claims. The literature of the subject is most interesting, and a thousand copies of such essay shall be circulated among the Profession, and the same number among the public.

One of these propositions, I trust, will meet Mr. Chavasse's wishes, and set him perfectly "right with the Profession and the public." I am, &c.

T. HERBERT BARKER, M.D.

Bedford, September 10, 1859.

REPORTS OF SOCIETIES.

HARVEIAN SOCIETY.

MAY 19, 1859.

Dr. E. HART VINEN, President, in the Chair.

THE PECULIARITIES AND SEQUELÆ OF DIPHTHERIA.

DR. HEADLAM GREENHOW related a case of diphtheria in which albuminous urine appeared at an early stage of the disease, thus distinguishing it from scarlatina. He had seen about one hundred and fifty cases, and in one-third of these albumen was found in the early stage, whereas it was never found in scarlatina until the later stages of the disease. Another peculiarity in the case was, that a superficial scratch on the thumb extended rapidly to the cutis, and became covered with a thick tenacious membrane of a fibrous and corpuscular character, which was torn from the subjacent cutis with much difficulty. He related the case as a good type of a great number which he had had the opportunity of observing. Sudden death when the patient was apparently convalescing was not uncommon in this disease. A girl who had been suffering had recovered sufficiently to be up and about the house, when she suddenly sank and died. A boy had an attack and improved sufficiently to eat a meal of bread and milk during which he died. Another girl was getting better after an attack, and died whilst undergoing an examination of the throat. Dr. Greenhow inquired, "Is this a nervous or a vascular affection?" He inclined to think it was a heart affection. In the post-mortem examination of a case that died in Guy's Hospital, the heart was found softened and ecchymosed. There are, however, remarkable nervous sequelæ sometimes observed, such as partial amaurosis and even paraplegia; but generally these symptoms subside after a time. With reference to treatment he depended principally upon the sesquichloride of iron topically and internally, good living, and especially absolute rest.

An interesting discussion arose, supported by Dr. POLLOCK, Dr. CAMPS, and Dr. WADHAM.

Dr. POLLOCK then read his paper

ON THE ELEMENTS OF PROGNOSIS IN PHTHISIS,

which he illustrated by the exhibition of several photographic portraits of patients in whom the disease had been arrested.

The following is an abstract of the paper:—

Dr. Pollock began by observing that the subject of phthisis had fallen into disrepute with medical men, who were accustomed to bestow the largest amount of attention only on what is new and striking. The prevalent idea that the disease is incurable, and that its progress is only a continuous declension towards the fatal result, also retarded new researches—the Profession conceiving that it was to be palliated, but never eradicated. This condition of the professional mind was most to be deprecated, as from it would spring no progress, and under its influences even an impartial examination of facts

became impossible. It were inflicting a mental blindness on ourselves to allow this state of things to continue without a protest occasionally from those who have large opportunities of seeing this disease. For some years the author had enjoyed these opportunities at the Consumption Hospital; and he proposed, without reference to theories, to offer a few rules for guidance in forming an opinion on the probabilities regarding the future course of any case of phthisis. The value of correct prognosis was very great, involving the personal interests of the patient and his friends, and the character of the Physician. The applause and the highest pecuniary rewards of the public also attend on our proficiency in solving these questions; and the author conceived that he should not exaggerate their importance if he stated that more fortunes had been made by scientific accuracy in prognosis, and more credit lost by mistakes in the same, than by all other incidents of professional life put together. The recent practice of insurance offices to accept diseased lives at an increased premium, also added to the importance of an accurate knowledge of the subject. To the attainment of this careful observation and precise knowledge, must be added individual tact. In speaking of consumption, he must be understood to mean a deposit of tubercle indicated by the known physical signs. The first stage meant a simple deposit; the second, its softening; the third, an excavation. Medical language and that of the public greatly confuse one another: the latter desiring to indicate the degree of danger alone. Patients die in all three stages: a fatal result often occurring with extensive deposit only, which had never softened—the sick person being thus in the first stage of tubercle, but in the last of the disease. Let it at once be stated that the degree of disease in the lung and the condition of the patient cannot be expressed by the same formula. Physical signs can never be the measure of the danger, any more than symptoms alone: both must be studied together. It was first necessary to ascertain the average duration of the disease—all stages and varieties being put together. Here we found great difference of opinions, of which the following is an abstract:—Portal says it may last from 1 to 40 years; Louis and Bayle in 314 cases found the mean to be 23 months—of these, more than half (162) terminated in 9 months, and the greatest proportion between the third and ninth month; the average duration was 18 months. Audeal, at La Charité, found the average duration 2 years; Sir James Clark, in the upper classes "enjoying advantages," 3 years; Dr. Williams, assuming the average duration to be two years, considers (in the last edition of his work) that it has been doubled, or raised to four years, by the introduction of cod-liver oil as a remedy. Three years would be the medium of these opinions. The author inclined to place the duration at a much higher figure, and was satisfied that if cases were earlier recognised, they would be found to last much longer than now supposed. The method of invasion of the disease, and its progress, were next dwelt on. It was evident from the study of some thousand cases which have been under the author's care, that phthisis proceeds by a succession of attacks, and he doubts if even galloping consumption is ever present without a previous, but perhaps unnoticed attack,—an opinion which has been expressed by Louis. The symptoms and physical signs of such an attack of tubercle were then described, the patient presenting with slight dulness of percussion, prolonged expiratory murmurs, roughness of respiration, and slight increase of vocal resonance—the symptoms being fever, more or less severe, of a remittent form, cough, and slight evacuation, with or without an hæmoptysis. From this there is partial recovery, but the patient ever after remains below his normal standard of health. Dr. Pollock has seen perfect recovery occur, though rarely, the physical signs being occasionally quite removed. Now, it is obvious that if the subsidence of the attack were overlooked in prognosis, we might deliver a false opinion as to the danger of our patient. A second invasion of disease invariably occurs at a shorter or longer interval. The circumstances which might be considered favourable as regards duration (or the disease becoming chronic) were then dwelt on. These are the softening being limited in extent; the fresh deposit occurring in the same lung lower down; and a clear respiratory sound persisting at the base. The limitation of disease to one lung, whatever be its extent or stage, is more favourable for prolongation than if the affection be double, and the stage earlier. Two varieties of very chronic phthisis were then described. One, a limited excavation, of well-defined characters, in one apex, the physical signs showing consolidation of the lung tissue below this, and the base being quite free from deposit; the other consisting in a cessation of all activity on the stage of softening, and a coincident improvement in symptoms. The physical signs evidence a diffused deposit, shown by a crepitation of a dry character, with here and there a bubble, intervals existing in which the respiratory sound is bronchial and dry, and nothing to indicate a cavity in any part. The expectoration is moderate, the cough confined to certain hours of the day, the health tolerable, but on a low par, but there is considerable dyspnœa on exertion. Dr. Pollock has known such cases last as long as fifteen or twenty years in persons who outlived middle age; and some interesting photographs were handed round, of young girls who had been for some years in this condition, who appeared in tolerable flesh, and were in good general health, the menstrual health becoming established, with improvement of all the symptoms. It would thus appear that there are two kinds of tubercle, one prone to rapid softening, the other presenting inert features. Dr. Pollock also cited cases to prove that there occasionally exist cases of strumous deposit in the lungs in young persons, analogous in all respects to that in the cervical glands, and which become slowly absorbed in the same manner. The prognosis in children must therefore be most guarded. The importance of examining *the whole chest* was then dwelt on in forming an opinion as to the probable duration of a case. The localisation of the deposit is worth observing. Softening most frequently begins at the posterior part of the apex, and its signs, when not discoverable under the clavicle, may often be found above the spine of the scapula. In tubercle which assumes a chronic form of diffused deposit, it is not uncommon to find the following order:—First, one apex; next, the opposite apex; third, the base of the side last attacked. The most chronic is, however, often diagonal, as right apex left base, left apex right base successively. A curious result of some thousand observations may be thus stated:—When the observed and customary order of physical signs is reversed, or in any important respect anomalous, the chances of prolonged life are greater. For example, when the base is first attacked and the apex secondarily, the case will be a long one. One anomaly, again, generally implies several, as when softening began at the base, there was often absence of hæmoptysis or of hereditary taint, etc. In a word, the more each case approaches to the ordinary type of the disease, the more rapidly fatal is it sure to be. The conditions which are either antagonistic to tubercle, or which are rarely found in combination with it, were then noticed, and the rule deduced that where any of these are present the case tends to great prolongation. Tubercle seems to monopolise the system. Skin disease (excepting syphilis and the milder rashes, as acne simplex, urticaria, and herpes), external suppurating scrofulous abscess, cancer, gout, tumours, aneurism, and eminently emphysema of the lung are among these. Acute rheumatism after a deposit of tubercle is rare, but not unfrequently precedes it. Of all these combinations that with emphysema tends to the greatest longevity. Persons with dark hair and eyes, although prone to phthisis, generally exhibit it in the chronic form. A freckled state of skin is rarely seen in the consumptive, and the influence of solar light as a counteractive agent was hinted at. Simple anemia is rarely found in the first stages of the disease; in the later it occurs as a symptom of blood impoverishment. Of tubercular symptoms it may be remarked, that an early profuse hæmoptysis is unfavourable. A single, late, profuse hæmoptysis is often accompanied by relief to the symptoms, and followed by a pause in the progress of the disease. Dry pleurisy (indicated by *frottement*) is theoretically an almost necessary occurrence to insure insulation of diseased parts, and is not unfavourable to prolongation of all favourable symptoms. A quiet pulse and the absence of fever are the most important. Hectic often occurs early before physical signs are present. Its recurrence in advanced cases is invariably associated with either an advance in the stage of existing disease or with a fresh deposit. The wasting of the tissues in consumption has its meaning in keeping the system at a balance with the respiratory power, and a uniform spare habit of body is the most favourable for chronicity. With this is often associated a most valuable condition, which may be called nervous vitality, conferring on the system great powers of endurance.

Dr. Pollock next exhibited a table of the particulars of about 190 cases of phthisis under his care which had already lasted upwards of four years, each case being noted and examined by himself:—

Cases over Four Years.

Males	111
Females	82
Under 20	25
Under 30	71
Under 40	60
Over 40	36
First stage	60
Second stage	56
Third stage	71
One lung affected	84
Both lungs affected	97
Hæmoptysis	124
None	65
Have taken cod-liver oil	144
Have not taken cod-liver oil	44
Diarrhœa	39
No diarrhœa	151
Larynx affected	21
Larynx not affected	170
Hereditary predisposition	69
No hereditary predisposition	113
Have taken cod-liver oil three months	82
Have taken cod-liver oil six months	37
Have taken cod-liver oil for years	32
Degrees of Waste :—	
First (slight)	97
Second (decidedly thin)	80
Third (extreme)	12
Hectic, marked by Sweatings :—	
Now	88
Formerly	30
Not	38

An analysis of the above table is in favour of males.

Advanced age shows increased toleration of phthisis. An individual is not only less likely to contract consumption after thirty-five; but if he has it the disease inclines to the chronic form. The remarkable number of seventy-one are found with cavities, and the emaciation was not in proportion to the stage, for only twelve were in the extreme of wasting. One half had never spat blood, the ordinary proportion of all cases together being about sixty-three per cent. This illustrates the rule of anomalous occurrences referred to above. The absence of hereditary taint is very remarkable. The secondary affections, diarrhœa and disease of larynx, were exceedingly rare. The pressure of hectic was also rare. Finally, the favourable conditions in phthisis may be thus summed up:—

From Physical Signs.

1. Limited quiescent deposit in one lung.
2. Limited well-defined cavity in one lung.
3. The sounds denoting softening becoming dryer in a one-sided deposit.
4. The concurrence of emphysema of the lower parts of the lungs with tubercle in the upper.
5. Any unusual localisation of physical signs.

From Symptoms.

1. The absence or rarity of fever.
2. The concurrence of skin diseases, external struma, gout, tumours, aneurism, fistula in ano.
3. The lymphatic temperament.
4. A spare habit of body without much variation in the weight.

Dr. Greenhow, Mr. Ballard, Dr. Camps, &c., having spoken,

The President announced that the session was at an end, and that the next meeting of the Society would be held in its new rooms in Tichborne-street, Edgeware-road, on the third Thursday in October.

Last week orders were issued that the fresh rules and regulations for the newly-enrolled Medical Staff Corps were to come into operation directly.

THE SMETHURST CASE.

Our readers will doubtless be much interested by the following letter from Dr. Todd, dated Vevay, Switzerland, September 5:—

Now that the fate of the unhappy culprit in the recent poisoning case at Richmond must have been decided (and at this distance I have no means of knowing how), it cannot be improper that I should ask you to admit into your columns a detailed statement of Medical facts and arguments which favour the verdict of the jury that he was guilty of the crime imputed to him, and that he effected his purpose by the administration of certain poisons.

In my evidence on the trial I stated that the poisons used were, in my opinion, antimony, arsenic, and corrosive sublimate.

Antimony was found in the tissues of the body; and the excessive vomiting from which Miss Bankes suffered was explained by the frequent administration of that poison.

Arsenic was found in one of the discharges from the bowels, and a peculiar morbid change in the lining membrane of the stomach was decidedly indicative of the irritation of arsenic. It is not improbable that the vomiting was partly due to arsenic; and the peculiar constriction in her throat, of which she complained frequently, was also in part, at least, due to that drug.

No trace of arsenic, however, was found in any of the organs or in the blood. But how could it have been, for with or after every dose there was given a certain quantity of antimony, which did not allow the metallic agent to remain long enough for its absorption, and barely sufficiently long to cause a slight irritation of the stomach and throat?

This poison was used, I have no doubt, very cautiously and in comparatively small quantities, and most probably only during the last ten or fourteen days. It was not intended to employ this agent otherwise than in aid of others, to promote their action and to confuse the medical attendants by modifying symptoms, and to divert the attention of the chemical investigators from the poison which was really the most destructive. Perhaps, also, it may have been thought that the employment of arsenic might embarrass the chemists, in drawing conclusions from their tests.

Of the third poison, the bichloride of mercury, commonly called corrosive sublimate, although it has been ignored by the chemists, and, notwithstanding that other medical witnesses for the prosecution have not seemed to attach importance to it, I have no hesitation in expressing my opinion that it was the principal agent in causing the death of the victim, aided very much by antimony and slightly by arsenic.

It must be admitted, however, that two most important points were wanting in the evidence in favour of this view; and it was the absence of these proofs which, no doubt, prevented the counsel for the prosecution from directing the attention of the jury more fully to the influence of this poison.

The proofs to which I allude were the detection of the mineral in the body of the patient, and the occurrence of that which so often follows the administration of mercurial agents—namely, salivation.

That no trace of mercury was found in the tissues or in the bowels I ascribe chiefly to its having been given in small doses, accompanied by more or less of antimony. It passed through the bowels rapidly, and was either not at all absorbed into the blood, or in such very minute quantities as admitted of a rapid elimination. Its action was, therefore, purely topical upon that part of the bowel towards which it has an affinity, and it is not improbable that its energy as a purgative was greatly increased by the combination with antimony, while its specific action in producing salivation was diminished by the same combination.

It is not improbable that Miss Bankes may have been one of those persons whom mercury cannot salivate.

But another drug was given which tended to prevent the salivation, the occurrence of which would have instantly led to the detection of the poison employed. This drug was chlorate of potash.

It had become known early in the inquiry that the prisoner had employed this drug without the sanction, and, if I am not mistaken, without the knowledge of the attending Medical men.

It had been suggested that the object of giving chlorate of potash was to promote the elimination of arsenic, and that the prisoner was aware of the fact (new to the most experienced chemical analysts) that chlorine will dissolve out arsenic from its association with copper.

The influence of chlorate of potash as an eliminator of arsenic is new in medicine, so far as my reading and experience inform me; and it seems to me highly improbable that this is true; nor do I believe that the drug was used for that purpose. Not less improbable is it that the prisoner, a man certainly not of a high order of education, nor devoted to scientific pursuits, should have been familiar with a delicate point of chemical analysis hitherto undiscovered. The admission of either or both of these propositions would tell materially against the prisoner, as indicating that his mind had been much directed to the study of poisonous agents.

That the chlorate of potash was used with reference to the administration of mercury and not of arsenic is clearly suggested to me by the testimony of the very last witness for the defence. It seems that as long ago as February last the prisoner was anxious to discover something which would correct a foul smell on the breath. He applied to the witness, a dentist, who recommended him chlorate of potash for this purpose.

Now, chlorate of potash is a known remedy for the foulness and fœtor of breath which arise from salivation. It is often used to moderate salivation, to promote the healing of the ulceration and sloughing of the mouth which accompany it, as a local application, and if given internally it is supposed by some to prevent or retard salivation.

This testimony (which had not been given while I was in court, and which I learnt from the newspapers after the conclusion of the trial) supplies an important additional link in the chain of evidence in favour of bichloride of mercury having been much relied upon by the poisoner. He knew how important it was to prevent salivation, and he did not wish to trust to antimony alone.

Is it impossible, even now, to find out where he got his chlorate of potash?

I would also ask, is it impossible to make a further search for mercury? If the body were disinterred, I should recommend that the salivary glands should be examined.

Additional proof that bichloride of mercury was used is furnished by the symptoms. These symptoms were those of a dysenteric diarrhœa of the most acute and irritant, and, at the same time, of a peculiar kind; and the most important question raised by the defence was as to the probability that this was, in reality, a case of disease arising from natural causes, and not from poisoning.

It will be remembered that the symptoms under which the deceased lady suffered were those of a severe and obstinate diarrhœa, accompanied by frequent bloody discharges, with incessant vomiting, and of the most distressing kind, to which must be added the frequent complaint of a peculiar burning sensation in her throat. There was abdominal tenderness, and, on one occasion at least, a peculiar rigidity of the abdominal muscles forcibly excited by the least pressure. These symptoms, it will be further remembered, not only resisted a variety of appropriate remedies, such as in the most severe cases generally give at least a temporary relief; but latterly, in the most mysterious way, they seemed aggravated by each medicine in succession to an alarming extent, and led to the objectionable practice of frequent change of remedies. Thus, among other instances, one or two pills, consisting of a quarter of a grain of sulphate of copper, and a third of a grain of opium, in all (if two had been taken) half a grain of the first and two-thirds of a grain of the second, seemed to produce a frightful increase of every symptom, including the peculiar burning sensation of the throat,—a result which no Medical man could believe would arise from such a cause, and which is equally opposed to all Medical experience and to the dictates of common sense.

The symptoms suggested to the Medical men in attendance the existence of ulceration of the bowel of great acuteness and extent; but the intense vomiting and the peculiar throat affection were inconsistent with the opinion that the case was one of ordinary dysentery, or, in other words, a very extraordinary case of acute dysentery. Looking at all the circumstances, Dr. Julius, Mr. Bird, and myself came independently to the conclusion that the symptoms were not those of a natural disease, but were excited and maintained by the frequent administration of one or more irritant poisons of a nature to promote at once an excessive vomiting and severe diarrhœa.

We have now the additional information afforded us by the post-mortem examination. Acute sloughy ulcers of the upper part of the large intestine were found, and smaller and less numerous ulcers existed in the lower part of the same great division of the bowel.

The existence of such ulcers, and in such positions, was consistent with the supposition that the disease was dysentery, but they were too much in the upper part and too little in the lower part of the bowel. In fact, the position of the ulcers was reversed from that which they occupy in the natural disease. In dysentery the ulcers are chiefly accumulated to the lowest part of the large bowel, and are least numerous in its upper part. In this case the ulcers were most numerous above, and gradually diminished in number at the lower part. The ulcers also wanted a certain degree of thickening about them which belongs to disease.

Now, these ulcerations were exactly, both in position, nature, and relative number such as bichloride of mercury would produce. When this salt is given in small but poisonous doses, it seems to pass over the stomach and the small intestine (25 or 30 feet of bowel), and expends its action on the first part of the large bowel, sometimes the lower part of the small bowel, and in a less degree the lower part of the large bowel.

To put this matter in a plainer light, I will arrange in parallel columns the leading points which favour each view,—namely, those which indicate the use of a combination of antimony and bichloride of mercury, and those in favour of the natural disease.

Poisoning.

Excessive and uncontrollable vomiting.

Severe dysenteric diarrhœa.

Absence or slight development of certain symptoms of dysentry.

Extreme rarity of very acute dysentery, especially as an isolated case, in this country.

Aggravation of symptoms on each change of remedy.

Frequent changes of remedies suggested by the poisoner.

Position occupied by the ulcers, being the reverse of that occupied by the ulcers of disease; absence of thickening of the edges of the ulcers.

Peculiar throat symptoms,—the sense of burning and constriction.

The peculiar terrified aspect of the patient, unlike that of abdominal disease.

Disease.

The dysenteric diarrhœa and evacuation of blood

The existence of ulcers in the large intestine.

To explain the excessive vomitting, the defence suggested that it was caused by early pregnaney. The advocates of this hypothesis forget that a major irritation with scarcely an exception, controls a minor, even although in a different organ; and in such a case as this there cannot be a doubt that the excessive intestinal irritation would have kept in abeyance that from the uterine condition, had it existed. Nor, I may had, is it likely that men of large experience would overlook an irritation of that kind.

It is true that a case apparently to a certain extent in point was adduced by one of the witnesses for the defence. This case was so imperfectly reported that I could draw no conclusion from it, and most certainly I should have my fears of "foul play," or "*mala praxis*," if I met with such a combination as uncontrollable sickness, excessive diarrhœa, and pregnancy.

I have thus endeavoured fairly to analyse this very serious case, and after the most careful consideration I find myself unable to arrive at any other conclusion than that Isabella Bankes died from the frequent administration of antimony and bichloride of mercury, with occasional doses of arsenic. Had iodide of potassium or iodine in any other form been occasionally added, the effects of the other poisons would have been enhanced.

I trust this very important case will not be lost upon toxicologists, and that it will lead to new and careful observations upon the effects of poisons in combination, upon their mode of elimination, upon the means which may be used to prevent the accumulation of them in the tissues and organs of the body, and, finally, that it will induce analytical chemists

to review carefully all the processes hitherto in use for the purpose of detecting mineral and other poisons with a view to clear up every possible source of fallacy.

The interests of science and the good of mankind (the constant aim of the best cultivators of science), demand all this.

I need scarcely add that it will be infinitely more agreeable to me to learn that all my arguments are fallacious, and that the innocence of the prisoner has been proved, than that another life should be sacrificed.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 8th September :—

BURFORD, WILLIAM HOWSE, Oxon.
LEVER, REGINALD CROFT, Army.
MOORE, THOMAS, Hales Owen, Worcestershire.
PARK, JOHN STEELE, Ballarat, Australia.
WHITE, FRANCIS THOMAS, Rawreth, Wickford, Essex.

The following gentleman also on the same day passed his first examination :—

COLBECK, THOMAS WILLIAM, Kensington.

APPOINTMENTS.

BROWN, AND ELLISON.—The Queen has been pleased to appoint Henry Brown and James Ellison, Esqrs., jointly, to be Surgeon and Apotheeary in Ordinary to Her Majesty's Household at Windsor.

LONGMORE.—Surgeon Thomas Longmore, from the East Indies, is appointed head of the Medical Staff at the camp at Colchester, in the room of Dr. Taylor, ordered to Canada.

STEDMAN.—James H. Stedman was appointed Resident Medical Officer to the Royal Infirmary for Women and Children, Waterloo-road, on the 7th instant.

DEATHS.

CONNOLLY.—September 10, at Bourton-on-the-Hill, Staffordshire, George Strutt Connolly, M.D., M.R.C.S.

HUGHES.—September 3, Joseph Hugh Hughes, Surgeon in the Royal Navy. The deceased was grandson and heir of George Baron Sempill and Elliottstown, of Renfrew, N.B. The baronial estates were forfeited as a consequenee of the Great Rebellion of 1745. Aged 88.

LADY SYDNEY MORGAN has bequeathed the manuscripts of her late husband to Dr. Robert Ferguson, M.D.

THE criminal classes of this country entail upon it an expense of not less than £10,000,000 per annum.

LAST week in London twenty-seven lives were lost through small-pox, chiefly through the neglect of vaccination by the parents.

A "MEDICAL PROTECTION ASSOCIATION" has been established in Ulster, and the first annual meeting held under very favourable auspices.

"WE shall soon," writes a French Medical Journal, "no doubt, embrace many of our brethren who will be brought back to their family hearths by the amnesty. Dear exiles, you are welcome! May the air of your country be sweet and pleasant to you!"

THE CHOLERA.—The latest advices from Mecklenberg state that the cholera is continuing its ravages there. In some villages half the inhabitants have been carried off. Agricultural operations are suspended, and the cattle let loose in the fields, there being no one to attend them.

"THE sulphurous mineral prineiple is much less abundant in the waters of St. Sauveur than in those of Luchon ; and yet what a difference in the degree of excitement produced by them! What can be the cause?" asks the writer. He forgets, does this questioner, that the Emperor and Empress patronised St. Sauveur!

M. VELPEAU has been raised to the rank of Commander in the Legion of Honour. It is thought that the honour is especially significant in his case, on account of the prominent part which he has lately filled in reference to a certain "Black Doctor," notoriously patronised by the courtly nobility.

EFFECTS OF ARSENICAL CANDLES 200 YEARS AGO.—"In 1670 Leopold fell ill, and all the skill of his Physicians failed in bringing back his health. As a last chance, a noted alchemist, who had been taken prisoner, was sent for by the Emperor. He at once saw that the candles which lighted the dark room gave a strange flame. He called for fresh candles, and by analysing the others found that their wicks had been steeped in a solution of arsenic. In less than a month the Emperor was in good health."—*Secret History of the Austrian Government, by A. Michiels.*

POCKET ELECTRO-MEDICAL APPARATUS.—M. Despretz has recently submitted to the Paris Academy a new Electro-Medical apparatus, invented or combined by Ruhmkorff, and reduced to its simplest condition. A small box, in size about four cubic inches, contains—1. An induction coil; 2. A small Bunsen's pile of zinc and charcoal, in which nitric acid is replaced by M. Marié-Davy's sulphate of mercury; 3. Some handles, a brush, and some needles for distribution of the direct currents, or of the extra current to the surface of the patient. The manipulation of the apparatus is as simple as its construction. No vapours are disengaged. This apparatus will maintain its activity during a day. Its price is said to be moderate.

INCREASE OF CRIMINAL LUNATICS.—Criminal lunaties (so called) have increased by 11·0 per cent. 146 were committed in the year (103 males and 43 females); 33 died, 1 escaped, 25 were discharged as sane, and 16 were removed as sane for trial or punishment. 686 remained under the charge of "mad doctors" at the end of the year. The 798 criminal lunatics reported on as coming within the category during the year included 130 murderers, 75 would-be murderers and maimers, 6 manslayers, 3 ravishers, 6 assaulters with intent to ravish, ten unnatural criminals, two treasonable and seditious offenders, 44 assailants, 5 indecent exposers of person, 41 burglars, 191 petty thieves, 37 incendiaries, 5 forgers, 42 rioters, 46 vagrants, 2 "dangerous persons at large," and 7 deserters. The cost of these lunatics was £22,122, of which part was defrayed by local rates, £10,271 by the public revenue, and £1519 derived from the private funds of the lunatics or their friends.

STUDIES ON LIGHT.—M. Niepce de Saint Victor, who has been long engaged in these studies, has succeeded in devising a method for measuring the action of light. He fills a flask with a solution composed of oxalic acid and nitrate of uranium, which produces, under the action even of diffused light, a disengagement of carbonic acid gas with effervescence. In order to assure himself that heat has nothing to do with this phenomenon, the vessel containing the solution was placed in a bath, and heated to the boiling point, but no disengagement of gas took place. There is in this fact the principle of an apparatus to measure comparatively the action of light. A graduated tube passing across the stopper of the flask receives the liquid, which, under the pressure of the gas disengaged, rises more or less, according to the power of the luminous rays, during a given space of time. Mr. Draper, of New York, has been also engaged in the same researches with a similar objeet.

FEES TO MEDICAL MEN.—At Marylebone County Court on Friday, Dr. Wall, a consulting surgeon, residing at Bayswater, proceeded against Mr. Gordon, a wine merchant, of Kildare-road, Westbourne-terrace, for the recovery of fees during attendance on the defendant's wife. The facts of the case were briefly these :—The defendant's wife cut her throat while on a visit to some friends in Berkshire, whence she was removed to London, and was attended by Dr. Wall, who visited her twice, and sometimes thrice, in the course of the day, at her request. The lady died, and the plaintiff charged 5s. for each visit, his claim amounting altogether to 15 guineas. The defendant refused to pay for more than one visit a-day, and it was contended that Medical men could not charge for more. Several Medical witnesses were examined with a view to prove that they may charge what fees they please, and for every visit.—The judge, Mr. J. L. Adolphus, was of opinion

that there is no law limiting the fees or the number of visits, and the jury gave a verdict for the plaintiff for the full amount.

NERVOUS EXCITEMENT AND THE RAILWAY.—"I dare say many will differ from me, that if there is not an actual increase of insanity, there is developed a very considerable tendency towards it; and I think it arises from the exaggerated state of society—the new state of society, in another aspect upon which we are entering. It is impossible not to see the effect that is produced by the immense speculation that takes place among all the various small trading-classes and people keeping costermongers' shops, and every one who has £5 that he can invest; they are carrying it on to a very great extent; and the number of disappointments, and the great ruin that have come upon so many people, and the horrible distress to which they have been subjected, have had a very considerable effect upon their minds; and society is living in a state of perpetual agitation. It does not signify whether it be political life or literary life. Every one must see, now, that life is infinitely more active and stirring than it used to be; the very power of locomotion keeps persons in a state of great nervous excitement, and it is worthy of attention to what an extent this excitement prevails. I have ascertained that many persons who have been in the habit of travelling by railway have been obliged to give it up, in consequence of the effect upon the nervous system. I was speaking to one of our commissioners the other day, who had just come off a journey, and he said that his whole nerves were in a state of simmer; and he was not able, without some period of rest, to enter upon business. I think all these things indicate a very strong tendency to nervous excitement; and in what it may issue I do not know; but I am quite sure, with regard to persons in that class of life entering into trade, and living in, and very constantly under, the influence of this stir and agitation, that the nervous systems of these persons are in a much more irritable state than they were twenty years ago.....The predominant cause among the richer classes of lunatics appears to be a disordered imagination, the pursuit of money, disappointed ambition, or great losses in trade, and sometimes you will find it from overwork."—*Evidence of Lord Shaftesbury on Lunacy.*

THE MILITARY HOSPITAL AT NETLEY.—Though it is likely to be four years yet before the great Military Hospital at Netley, near Southampton, is absolutely finished, the three and a-half years which have elapsed since the foundation-stone was laid have seen a great advance. The Hospital, which of itself is upwards of a quarter of a mile in length from end to end, is situated on a high and gently sloping bank of light gravelly soil, about 300 or 400 yards from high-water mark, and closed behind by a continuation of the hill, which is well and richly timbered. The building, in accordance with the established rules for such edifices, in order to give them the greatest amount of light and sunshine, runs due north and south. It is quite in the decorated Italian style, with purple bricks and Portland stone, the latter being used most extensively. The whole structure consists of a massive and highly decorated centre, with two main wings, the latter being each of three stories, about 600 feet long and 70 feet high, with a light ornamental belfry tower on the northern and southern extremities. The centre is of four stories and 216 feet wide, with a dome-shaped campanile rising above it to the height of 150 feet. A noble portico of double columns of Portland stone gives a good effect to this centre wing, if we may so term it, and most materially adds to the fine and imposing character of the whole design. The centre is intended mainly for the use of the officers connected with the Hospital, and for the surgical and medical stores, etc. In this part of the building, however, a large swimming-bath, 57 feet long by 34 wide, is placed for the general use of the inmates; and near this is the library, of the same dimensions, and 15 feet in height. In the vicinity of the swimming-bath also are placed a range of bath-rooms only to be used medicinally, such as sulphur-baths, acid-baths, etc., and which are quite distinct from the hot and cold baths, at intervals throughout the building. The north and south wings are the portions of the Hospital which will contain the great mass of the convalescents for whom it has been erected. Viewed from the outside, these wings seem all windows. In the front of the building alone there are no less than 200, four feet wide by eight high, opening into immensely long corridors, into which the wards lead. This arrangement has been made the subject of many complaints, and it has been urged that the ventilation so obtained will be very defective. Besides these windows, however, there are many elaborate contrivances for ensuring a healthy circulation of air—hollow columns and girders, and perforated tiles being everywhere made the most of. The building itself occupies ten acres of ground, and some idea of its massiveness and extent may be formed from the fact that it will require upwards of 30,000,000 bricks and between 2,000,000 and 3,000,000 cubic feet of stone to complete it. The extent of ground around it, all of which, we believe, will be converted into terrace gardens, is no less than 193 acres. But a considerable time must elapse before the rose will bloom in this wilderness, now fruitful only in saw-dust, splinters, stone, and bricks. Before the garden can be made, too, the drainage of the building must be perfected. All the drains are to meet in one main sewer, which carries it into the Solent beyond low-water mark. As regards that very vexed question, the healthiness of the site, it is alleged by one party that the sewage of Southampton sends a powerful odour around the Hospital; by the other, that the great banks of mud, which every visitor to Southampton will remember, are really of inorganic materials, and without smell.

PHARMACIENS' EMBLEMS.—Pharmaciens have at all times placed a serpent over their doors; our books still bear the impress. This serpent was the attribute of Æsculapius, and the symbol of prudence; and we must therefore not be surprised if our forefathers went so far as to hang up in their houses the skins of stuffed serpents. There were always, however, those who rejected these *souvenirs* of Paganism, and placed their houses under the protection of some favourite saint. Thus, St. Christopher, a handsome figure, well cut and painted by one of the best sculptors of France, decorated the *façade* of the shop of the Sieur Thibouce, master apothecary, in 1550. Others of a more simple cast of mind affected the venerable mortar—material emblem of their profession,—and decorated it with lilies, with Maltese crosses, and the following inscription, which may be still read on some of these utensils:—"I take pleasure in well serving my master."—*Gaz. Méd.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 10, 1859.

BIRTHS.

Births of Boys, 875; Girls, 826; Total, 1701.
Average of 10 corresponding weeks, 1849–58, 1531·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	539	572	1111
Average of the ten years 1849–58	720·4	740·7	1461·1
Average corrected to increased population	..	..	1102
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	35	21	56

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	5	2	1	9	4
North	490,396	6	5	20	5	5	33	4
Central	393,256	4	6	8	2	7	24	2
East	485,522	9	3	23	1	3	34	8
South	616,635	5	1	12	6	2	48	12
Total	2,362,236	25	17	68	16	18	148	30

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·841 in.
Mean temperature	58·0
Highest point of thermometer	79·2
Lowest point of thermometer	44·8
Mean dew-point temperature	49·6
General direction of wind	S.W.
Whole amount of rain in the week	0·35
Amount of horizontal movement of air in the week	760 miles.

BOOKS RECEIVED.

Traité d'Electricité et de Magnétisme. Par M. et E. Becquerel. Paris: 1855-58.

Traité de Chimie Technique. Par M. G. Barruel. Paris: 1856-58.

Handbuch der Medicinischen Klinik, von Dr. R. Lenbuscher. Leipzig: 1857.

Harveian Oration. By Dr. Aldis. London: 1857.

The Roman or Turkish Bath. By W. Potter. Manchester: 1857.

Report of the Pennsylvanian Hospital for the Insane. By T. S. Kirkbridge, M.D. Philadelphia: 1859.

Reform of the Poor-Law System in Ireland. By D. Phelan, M.R.C.S. Dublin: 1857.

The Work and the Counter-work. By E. A. Stopford, Archdeacon of Meath. Dublin: 1819.

Thirteenth Report of the Commissioners in Lunacy. (Blue Book.)

Annual Report of the Grant Medical College. Bombay: 1859.

Notes on the Wounded from the Mutiny in India. By G. Williamson, M.D. London: 1859.

The Medical Topography of Bengal. By J. M'Clelland, F.L.S. London: 1859.

The British Soldiers in India. By F. J. Monat. London: 1859.

Ophthalmic Hospital Reports. London: July, 1859.

Annual Report on the Sanitary Condition of St. Pancras. By T. Hillier, M.D. London: 1859.

Report of the Salisbury Infirmary. Salisbury: 1859.

Nature and Her Agents. London: 1859.

TO CORRESPONDENTS.

M.—Only £10, now that the Stamp Duty is remitted.

H. B.—No,—he can only sign "Licentiate of the Apothecaries' Company."

Dr. Young.—A reply to Dr. Gillespie will be inserted as a matter of course.

A Lover of London.—The licence of the Edinburgh College is no longer given without examination.

Dr. Doig's paper on Turning has been accidentally mislaid, and the address cannot be found. Can another copy be sent?

Mater.—"Rub your sore eye with your elbow," is a useful domestic old proverb. It means that you had better let the rubbing alone.

Pons.—During the late great heats in Paris, we hear that Doctors and Apothecaries have reaped a fine harvest: "The Parisian has ill supported the excessive heat of the month of July."

Mr. M.—Archbishop Tennison was bred a Physician, and practised as such in the time of Cromwell. During the horrors of the plague at Cambridge he acted both as Physician and clergyman.

J. P.—Eleven of the jurymen who assisted at the famous inquest at Richmond, have written to the *Times* to say they have in no way whatever altered the opinion which they then formed concerning the guilt of Dr. Smethurst.

Countryman.—Some of our benevolent French Confrères begin to think that it is time the word "Incurables," was effaced from the *Hospice des Incurables.* They think, and truly, that the term grates harshly on the public ear, and sounds like a "*lasciate ogni speranza,*" to the poor who pass under the portals of the Asylum.

T. Y. S.—Professor Dove, of Berlin, has made experiments to show that the ear, like the eye, and the organ of smell, may, under certain conditions, lose it proper power—audition. The eye, as we well know, becomes insensible to colours when long fixed on one colour; and Professor Dove now shows, that the ear, subjected for a long time to one sound, at length ceases to appreciate its existence.

Hypodermic Treatment.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read with much interest the papers on the Hypodermic Treatment of Disease lately published in your Journal. Mr. Hunter would confer a favour on many if he would state the precise way in which he introduces his injection, and the quantity of fluid introduced.

September 4. I am, &c., Medicus.

"The Vaccination Act."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have been induced to offer some remarks on a previous occasion, in your valuable Journal, respecting the Vaccination Act, as at present in force in the different Unions throughout the country; and I ventured to offer some remarks which, it appeared to me, might be of material advantage, both to the Medical Officers, and the Boards of Guardians to adopt, in order to secure a more accurate return of the persons vaccinated in the different Unions, and a better means of enforcing the due employment of those means so necessary to prevent the increase and further propagation of small-pox.

I find (from enquiries which I have made among the different Registrars appointed to carry out the provisons of the "Vaccination Act,") that as the law at present stands, they have no check on the Medical Officers in respect to the returns of their cases vaccinated; or rather, that unless the party vaccinated is a pauper, the Registrar has no means of ascertaining whether the operation has been performed or not; or, if that operation should be performed by other than a District Surgeon, no return is ever made; hence, not only is it a point of doubt whether the child has been vaccinated at all, but also the Registrar is deprived of his own legal sum of his registration fee, from the absence of the return being made by the Medical Officer to whom the certificate of vaccination has been taken.

Now the remedy I would adopt in all cases (as both being fair to the Medical Officer and the Registrar), whereby the due performance of the "Vaccination Act" would be effectually carried out, is as follows:—I propose, that any Medical Officer, whether attached to any Union or District, or not; or whether practising solely on his own responsibility (provided he be registered under the New Medical Act), shall, on remitting to the Registrars a certificate that a child has been successfully vaccinated by him, for every such certificate be entitled to receive the sum of one shilling as a remuneration for such written certificate. The payments to the Medical Officers of Unions for Vaccination to be as at present constituted: the fee of one shilling being only applicable to those Medical Officers who are unattached to any Union, or district appointment, under the direction of the Poor-Law Board.

I am inclined to believe, that by this small acknowledgment for their services, the Registrars would not only receive back their certificates of successful vaccination, duly attested; but the Guardians of the different Unions would also have the opportunity of knowing that all within the range of their respective districts were properly and effectually vaccinated. By this means too, a saving would be actually made in the expenses of the vaccination, for, whereas at the present time, the sum of 2s. 6d. is usually paid for each case; by the allowance I have proposed one shilling only would be charged to the Parish account, the remaining sum being arranged between the patient and the Medical officer, in any way they think fit.

I think the small sum proposed to meet the existing evil could not be objected to by any constituted Board of Guardians; it appears to me that it would be entirely successful in getting the necessary returns; at the same time I am compelled to admit that, mean as the sum I propose is, hitherto not one farthing has been granted for the written certificate, as at present appointed by the provisions of the Vaccination Act.

I am, &c.

Ashby-de-la-Zouch. Perry Dicken, M.D.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. G. Johnson; Dr. T. Herbert Barker; Mr. Havland; Dr. Browne; Registrar-General; Mr. Jackson, Sheffield; Dr. Camps; Dr. Venables; Dr. Young, Edinburgh; Dr. Robert Lee; Royal College of Physicians, London; Middlesex Hospital; Dr. W. D. Moore; Mr. J. H. Stedman; Mr. J. R. Kealy; An Enquirer; Mr. A. Ransome; Mr. B.; Mr. C. Williams; Mr. J. Scott; Dr. A. Anderson; Mr. H. A. Bathurst; Mr. Southam; Mr. F. Jones; Mr. T. M. Stone; Mr. J. Romelly, M.A.; Dr. Withecombe; Dr. Graily Hewitt; Mr. C. C. Atkinson; Mr. Spencer Smith; Dr. Bakewell; Mr. E. W. Rowden; The University of Durham; The University of St. Andrews; Dr. R. Haldane; Dr. A. Bryson; Mr. H. Moore; Society of Apothecaries; Westminster Hospital; Mr. E. E. Tucker; Mr. S. Millard; Mr. W. Aspinall; University and King's College, Aberdeen; Faculty of Physicians and Surgeons, Glasgow; Mr. E. W. Hopkins; Investigator; A Constant Reader; M.D.; Mr. John Scott; W. D. G.; Mr. W. J. Cockerill.

APPOINTMENTS FOR THE WEEK.

September 17. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

19. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

20. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

21. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

22. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

23. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. H. Lee—Removal of Breast; Perineal Section; Varicose Veins; Hæmorrhoids.

Westminster Hospital.—The following operations will be performed on Tuesday, the 20th inst.:—

Mr. Holt—Stricture of Urethra. Mr. Hillman—Urethral Stricture (two cases).

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TO CORRESPONDENTS.

We beg to return our best thanks to the Registrars and Secretaries of the various Universities, Colleges, Schools, etc., for their prompt replies to our Circular, and for the trouble they have taken in supplying us with the latest Regulations of the Institutions with which they are connected.

In order to confine the whole of this week's number to information specially important to Students, we are compelled to defer answers to numerous correspondents until next week.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 24.

ADDRESS TO STUDENTS.

So many and such great alterations have been made since the passing of the Medical Act in the Regulations laid down by the different Examining Bodies for those who wish to obtain degrees, diplomas, or licences, and the Act itself has made such very important alterations in the positions of the different classes of the Profession, that we this year confine our usual Address to Students strictly to an explanation of those portions of the Act with which every one desirous of entering the Profession should be acquainted; referring to the full account of the regulations, which will be found in this number, of the different Universities, Colleges, and Halls, for all further information as to the precise course these bodies have lately imposed upon students.

We must premise, however, that these regulations do not affect those gentlemen who have already commenced their attendance on lectures. Some of them affect those who will begin to do so next week. As to preliminary education, it will be seen that some new Regulations of the College of Surgeons only affect those who commence their professional studies after the close of the present year; while the recommendation of the Medical Council, "That all Medical students shall pass an examination in general education before they commence their professional studies," certainly will not affect the gentlemen we are now addressing,—namely, those who are about to take their seats in the lecture-room at the beginning of the coming Winter Session; and to these only we have now to point out what they have to do in order to become legally qualified Medical Practitioners.

Now, "The Medical Act,"—or, according to its full title, the "Act to Regulate the Qualifications of Practitioners in Medicine and Surgery,"—declares that "it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified Practitioners;" and it is enacted that,—

"After the first day of July, one thousand eight hundred and fifty-nine, the word 'legally qualified Medical Practitioner,' or 'duly qualified Medical Practitioner,' or any words importing a person recognised by law as a Medical Practitioner or Member of the Medical Profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act."

It is clear, therefore, that all Medical Students must seek to obtain the right to register under the Act. They obtain no exclusive privileges by so doing. Parliament admits no monopoly. There is no attempt to restrict the public from applying for Medical aid in sickness to Divines, Lawyers, Bone-setters, Old Women, Homœopaths, Mesmerists, American Botanists, or "Secret Friends." But it is enacted that the public shall not be deceived. It is enacted that the public may know, by the Register, who are qualified to practise Medicine, and who are not; and the following penalty is imposed upon any one who falsely pretends to be a registered person:—

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

A penalty is also imposed, by the following Clause, upon any one who obtains registration by false representations:—

"If any person shall wilfully procure, or attempt to procure, himself to be registered under this Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months."

On the other hand, the following Clauses confer certain privileges upon those who are truly registered:—

"*Privileges of Registered Persons.*

"Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their Fellows or members shall be entitled to sue in manner aforesaid in any Court of Law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or member of such College.

"*None but Registered Persons to recover Charges.*

"After the first day of January, one thousand eight hundred and fifty-nine, no person shall be entitled to recover any charge in any Court of Law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act.

"*Registered Persons exempted from serving on Juries, etc.*

"Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia, and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid.

"*Unregistered Persons not to hold certain Appointments.*

"After the first day of July, one thousand eight hundred and fifty-nine, no person shall hold any appointment as a Physician, Surgeon, or other Medical officer either in the military or naval service, or in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poor-

house, parish union, or other public establishment, body, or institution, or to any friendly of other society for affording mutual relief in sickness, infirmity, or old age, or as a medical officer of health, unless he be registered under this Act: Provided always that nothing in this Act contained shall extend to repeal or alter any of the provisions of the Passengers Act, 1855.

"*No Certificate to be valid unless Persons Signing be Registered.*

"After the first day of January, one thousand eight hundred and fifty-nine, no certificate required by any Act now in force, or that may hereafter be passed from any Physician, Surgeon, licentiate in Medicine and Surgery, or other Medical Practitioner, shall be valid unless the person signing the same be registered under this Act."

It will be well, also, for the Student of Medicine to be acquainted with the following Clause as to the publication of the Register annually:—

"The Registrar of the General Council shall, in every year, cause to be printed, published, and sold, under the direction of such Council, a correct Register of the names, in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule D to this Act, or to the like effect, and Medical titles, diplomas, and qualifications conferred by any Corporation or University, or by Doctorate of the Archbishop of Canterbury, with the dates thereof, of all persons appearing on the General Register as existing on the first day of January in every year; and such Register shall be called 'the Medical Register;' and a copy of the 'Medical Register,' for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all Courts and before all Justices of the Peace and others, that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy, under the hand of the Registrar of the General Council, or of any Branch Council, of the entry of the name of such person on the general or local Register, shall be evidence that such person is registered under the provisions of this Act."

The next question for the Student to consider is, "How am I to obtain the right to register?" The answer is simple,—1st, By the possession of a qualification; 2nd, By payment of a fee of five pounds; and 3rd, By production of evidence of qualification to the Registrar. With the second and third of these regulations we have at present nothing to do; the question of qualification is the all-important one for the Student. And the Act says, that "every person hereafter becoming possessed of any one or more" of the following qualifications shall be entitled to be registered:—

"1. Fellow, Licentiate, or Extra Licentiate of the Royal College of Physicians of London.

"2. Fellow or Licentiate of the Royal College of Physicians of Edinburgh.

"3. Fellow or Licentiate of the King's and Queen's College of Physicians of Ireland.

"4. Fellow or Member or Licentiate in Midwifery of the Royal College of Surgeons of England.

"5. Fellow or Licentiate of the Royal College of Surgeons of Edinburgh.

"6. Fellow or Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

"7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.

"8. Licentiate of the Society of Apothecaries, London.

"9. Licentiate of the Apothecaries' Hall, Dublin.

"10. Doctor, or Bachelor, or Licentiate of Medicine, or Master in Surgery of any University of the United Kingdom; or Doctor of Medicine by Doctorate granted prior to passing of this Act by the Archbishop of Canterbury.

"11. Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the first day of October, 1858, who shall produce certificates to the satisfaction of the Council of his having taken his Degree of Doctor of Medicine after regular examination, or who shall satisfy the Council under section forty-five of this Act, that there is sufficient reason for admitting him to be registered."

In the following pages the Student will find full details of all he must do in order to obtain any one or more of the above qualifications. Probably the great majority of Students have decided, or it has been decided for them, which "one or more" they "go in for." But there are other Students, and there are many parents and tutors of Students, who are still undecided, entertaining great doubt as to the precise meaning of the 31st Clause of the Act—that quoted above as to the Privileges of Registered Persons. The Clause says, "Every person registered under this Act shall be entitled, *according to his qualification or qualifications*, to practise Medicine OR Surgery, or Medicine AND Surgery, as the case may be, in any part of her Majesty's dominions." Now, as we said last year, "there is no difficulty here to the Physician, who only practises Medicine, or to the Surgeon who only practises Surgery, or to the Apothecary who partly by law and partly by usage, has acquired the right of charging both for the medicines he supplies and for attendance in *Medical cases*. But there is a great difficulty to the Physician or Apothecary who wishes to practise Surgery without a Surgical qualification; and an equal difficulty to the Surgeon who wishes to practise Medicine without a Medical qualification." This difficulty is met in various ways—

1. It is contended that the Physician is entitled to practise Surgery. A learned Professor writes to us as follows—

"By an Act passed in the year 1540 (32 Henry VIII., c. 40), intituled 'For Physicians and their Privilege,' after exempting 'the President of the Corporation of the Commonalty and Fellowship of the Science and Faculty of Physic in the City of London, and the Commons and Fellows of the same' from liability to serve certain civic and other offices, and enacting that the said President, Commons, and Fellows shall yearly elect four of their number to search the houses of Apothecaries in the said city, and examine drugs, and destroy the same if found defective, and subjecting them to a penalty for neglect of duty, it is enacted,—

"'That forasmuch as the Science of Physic doth comprehend, include, and contain the knowledge of Surgery as a special member and part of the same, any of the said Company or Fellowship of Physicians being able, chosen and admitted by the said President and Fellowship of Physicians, may, from time to time, as well within the City of London as elsewhere within this realm, practise and exercise the said science of Physic in all and every his members and parts.' This statute, it will be seen, enacts two things as to Medicine and Surgery. It declares, 1st, That Surgery is a part of Medicine or 'Physie;' and, 2nd, Authorises the Physicians of England to practise it throughout the realm.

"Doctors of Medicine are also specially authorised to practise Surgery. By the 14th and 15th Henry VIII., c. 5, (being the Act by which the College of Physicians holds its Charter,) it is enacted, 'that no person from henceforth be suffered to exercise or practise in Physic through England, until such time as he be examined at London by the said President and three of the said Elects, and to have given the said President or Elects letters testimonial of their approving and examination, except he be a Graduate of Oxford and Cambridge, who hath accomplished all things for his form without any grace.' It is plain, therefore, that English Medical Graduates and Licentiates have a right to practise Surgery as a part of Physic.

"Now, by the New Medical Act, it is enacted, that 'every person registered under this Act shall be entitled, *according to his qualification or qualifications*, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions,' etc. Hence, an 'Apothecary' must be a 'Surgeon,' to practise Medicine *and* Surgery, and a Surgeon must be also a Doctor, or a Physician, or an Apothecary, to practise Medicine; but a Fellow, Licentiate, or Extra-Urban Licentiate of a College of Physicians, or a Bachelor or Doctor of Medicine of the United Kingdom, practising according to his qualification, can, in virtue of the 32nd Henry VIII., c. 40, practise Surgery as a part of Medicine, and need not, therefore, be a Member, Licentiate,

or Fellow of a College of Surgeons. In fact, that explicit enactment was obtained to define the rights of the Physician by law, as to this very point; and so set at rest the disputations of the Barber-Surgeons of the day, in opposition to the Physicians. So that there is nothing more certain in English law, than that the Physician and Doctor of Medicine is entitled, if duly examined, to practise Surgery and act as a Surgeon."

The only remark we have now to make upon this legal opinion of a Medical Professor is that Doctors of Medicine of the London University are specially denied any right of practising "Surgery, Midwifery, or Pharmacy" on the strength of their Medical qualification only; and that until the question has been decided in a Court of Law or by an Amended Medical Act, the easiest and safest course to be taken by the Student who wishes to practise both Medicine and Surgery, in other words to become a General Practitioner, is—

II. That he should obtain a Double Qualification; *i. e.*, he should obtain a Surgical qualification from one of the Colleges of Surgeons and his Medical qualification either by obtaining a University Degree or the Licence of a College of Physicians, or by joining the Apothecaries' Company.

We will conclude, then, that all those Students who do not intend to practise as pure Physicians will strive to obtain the qualification of a College of Surgeons. So far the course is clear. The Regulations of the Colleges will be found in these pages. But a few words are necessary as to the Medical qualifications of the General Practitioner.

1. *Medical Degrees* can only be obtained in British Universities by *residence*, with the exception of that of St. Andrew's, and of the London University, which latter Institution admits to examination qualified Practitioners whose diplomas date before 1840. *At present*, the Diploma of a College of Surgeons entitles the possessor to present himself for examination at St. Andrew's, without any other qualification, or any stipulation as to residence; and *at present* this is the simplest mode of obtaining a respectable Medical degree for any Surgeon—but it is doubtful how long St. Andrew's will sustain its unique position among British Universities, and we cannot advise students to trust to this mode of obtaining the Medical qualification. The Medical degree of the London University is one of the highest honour, and those London Students who can follow the curriculum of this body as now published may well set this degree before them as one well worth striving for.

2. The *Society of Apothecaries*, by a singular anomaly, still retains the right of conferring a Medical qualification. Of late years the *status* of the General Practitioner has been immensely elevated. He is now no longer the man he was a few years ago. His education is expected to be incomparably superior, and his position in society is very much higher. The course of study which he has now to go through is not inferior to that prescribed by our leading Universities. The General Practitioner, therefore, has the best of all titles to any advancement in social position which can be accorded to him by the artifices of corporate distinction. He feels he has become elevated by education and Professional standing to a position which fully justifies him in demanding that he shall no longer be fettered, and dragged captive at the heels of a prosperous trading Company. We say this in no feeling of ill-will towards the Apothecaries' Company; and it is only fair to admit that it might be readily shown how well and how creditably that Company has fulfilled the mission entrusted to it. It has never ceased, from its earliest appearance as a Ruling Power, to elevate and advance the position and the *status* of those it had to rule over; and it is undoubtedly true that the very advances it has thus made in the position of its Licentiates, have been the chief promoting causes which have induced the Licentiates to seek to rid themselves from its dominion. From the very nature of its constitution, while its Licentiates have thus advanced, it has remained stationary, as a Company, and has been blighted inevitably. The Licentiates have become Professional men, while their *alma mater* has still ever remained a Trading Corporation. The Till and Counter-Trade are still an integral part of "The Hall," but are now things scarcely recognised by those who possess its Licence.

We cannot conceive it possible, therefore, that any Student will seek his Medical qualification from the Apothecaries' Company, unless he feel certain that for some time at least, in the district where he intends to practise, he may be compelled to maintain the right in a Court of Law, of recovering for *medicines supplied in Medical cases*. It is still believed that in England this power is alone possessed by Licentiates of the Apothecaries' Company. Any registered person can recover charges for *attendance;* but if anyone think it necessary also to be able to recover for *medicines*, he had better take the Licence of the Hall. There are also some Lunatic Asylums, Dispensaries, and other public establishments, the governors of which are still likely to make the Apothecaries' Licence a necessary qualification for the office; and this Licence is also in favour with the Poor-Law Board and the Guardians of many Unions. All such requirements must be duly considered by the Student; but we repeat, it is difficult to conceive that anyone who is not compelled by these peculiar circumstances will "go up to the Hall."

3. The *College of Physicians* thus becomes the natural resource for the General Practitioner; in other words, for the Surgeon in search of a Medical qualification. Had the College of Physicians of London done its duty in 1815, the state of things which now requires remedy never would have existed. Addressing Students this time last year, we said:—

"The opportunity for the College of Physicians is a grand one. The power once within its grasp in 1815, but then thrown away, may be acquired now, and the College may become for the first time, a numerous, wealthy, and powerful body. The offer made to the College by Government of examining the great body of English Practitioners as to their qualification to practise, and licensing them accordingly, was rejected before the power was conferred on the Apothecaries' Company. A fine opportunity was lost. Now is the time it may be regained—or never. The Fellows and Licentiates might remain, as at present, Consulting Physicians, but a new class of Associates or Members (or Licentiates, if the present Licentiates had their title changed to that of Member or Associate) might be created, who would obtain a Medical qualification, such as a General Practitioner requires, on moderate terms after a reasonable examination. As 'Members of the Royal College of Physicians and Surgeons,' the General Practitioner would hold an honourable position on the Register and in popular estimation, while the public might be secured against incompetent advisers."

It will be seen that the Colleges of Physicians and Surgeons of Edinburgh have appreciated the importance of the present difficulty, and have agreed upon a combined plan of action, approved by the Medical Council, for granting a double qualification. The regulations will be found at page 317. But the London Colleges hold back. Yet this combined action of the Colleges of Physicians and Surgeons is universally considered as the right solution of the General Practitioner's question. The College of Physicians petitions the Medical Council to aid it in bringing about union in this sense with the College of Surgeons. And then, on the other hand, the College of Surgeons of England, as represented by Mr. Lawrence, appears to be of exactly a similar mind; for here is Mr. Lawrence backing in the Medical Council a proposition of union between the Colleges of Physicians and Surgeons of Edinburgh. Moreover, the Colleges of London have both, on previous occasions, met for this very purpose of combining. Now, are we to understand that these conferences of the London Colleges on this subject are all moonshine? If not, then what is the reason why a question, upon the solution of

which in a like direction, all parties have set their hearts, still sticks halting in limbo? We feel there is serious blame somewhere here attaching to one or other of these bodies. We cannot but believe, that the spirit of *self* alone keeps the matter still in agitation. A meeting of Fellows of the two Colleges, assembling *in a truly patriotic spirit*, would, we are convinced, settle the difficulty at one sitting. If, however, each College is fighting alone for itself—wishing to gain something and lose nothing—then it is clear that the best interests of the great body of the Profession are being sacrificed to the selfishness of the few. We believe we are not incorrectly stating the case, when we say that this unamiable spirit has heretofore ruled in the conferences which have taken place between the Colleges. We have no patience with those of either College who look on superbly, and exclaim, "What have we to do with the General Practitioner? We are Surgeons; we are Physicians; the General Practitioner must look out for himself. Has he not his Apothecaries' Hall?"

The General Practitioner of this latter half of the nineteenth century will not be an Apothecary unless he is driven to Blackfriars by the selfish and conflicting interests of the ruling spirits of Pall Mall and Lincoln's-inn Fields. We sincerely trust that before another Medical year has passed away, we shall be enabled to inform the Profession, that the Colleges of Surgeons and Physicians of London have united for the purpose of licensing the General Practitioner of England. Such a solution of a most complicated state of things, would, in our own opinion, be as nearly perfect as is possible under all existing circumstances. In the mean time, however, the Students of this year must shape their course by present regulations, not trusting to the future. What those regulations are, is fully laid down in the pages before them.

In conclusion, we have only to offer our best and most sincere wishes to all, that they may pursue their Courses of Study with diligence and pleasure, and may hereafter take an honourable place on the roll of "legally-qualified Medical Practitioners."

RULES AND REGULATIONS
OF
EXAMINING MEDICAL BODIES
IN
ENGLAND.
SESSION 1859—1860.

UNIVERSITY OF OXFORD.

OFFICERS, 1859.

Chancellor.—The Earl of Derby, D.C.L.
High Steward.—The Earl of Devon, D.C.L.
Vice-Chancellor.—David Williams, D.C.L., Warden of New College.
Registrar.—Edward Wetherell Rowden, D.C.L., late Fellow of New College.

PROFESSORS.

Regius Professor of Medicine.—H. W. Acland, M.D. Ch. Ch.
Sherardian Professor of Botany.—C. G. B. Daubeny, M.D. Fellow of Magdalen.
Lichfield's Professor of Clinical Medicine.—H. W. Acland, M.D.
Aldrichian's Professor of Anatomy.—Vacant.
" *Chemistry.*—C. Brodie, B.A., Balliol.
Lee's Lecturer in Anatomy.—G. Rolleston, M.D.

FOR DEGREES IN ARTS.

By those who have not taken any degree in Arts, Michaelmas and Hilary terms are each kept by six weeks' residence, and Easter and Trinity terms by three weeks each.

A residence of three weeks in each term is sufficient for Bachelors of Arts keeping terms for a Master's degree.

Sixteen terms are required for the degree of Bachelor of Arts, from all except the sons and eldest sons of the eldest sons of Peers, etc. But of these sixteen terms, the day of Matriculation, if it be in term, counts for one, and the day of admission to a Bachelor's degree for another; so that, in point of fact, residence for twelve terms only is necessary.

Bachelors of Arts proceed to their M.A. degree in the twenty-seventh term (in the privileged cases twenty-third) from their Matriculation, provided they have kept three weeks' residence after their B.A.

FOR DEGREES IN MEDICINE.

For the degree of Bachelor in Medicine, three years' or twelve terms' residence are necessary, as in the case of candidates for degrees in Arts, with whom they must undergo a public examination, after which three years further are necessary.

A B.M. enjoys the same privilege with the B.C.L. in reference to his M.A. degree.

For a Doctor's degree, three whole years after the Bachelor's are required.

FOR DEGREES IN THE SUPERIOR FACULTIES SUBSEQUENT TO THAT OF MASTER OF ARTS.

The following is the time requisite for degrees in the faculty of Medicine subsequent to that of Master of Arts, all of which date the commencement of the reckoning from the period of regency.

For the degree of Bachelor in Medicine, without proceeding through Arts, all students in that faculty are eligible when they have completed twenty-eight terms from the day of Matriculation; and for a Doctor's three years must intervene from the time of the candidate's having taken his Bachelor's degree.

UNIVERSITY FEES.

1. At Matriculation.—For a Servitor, or Bible-Clerk, 10s. For a Nobleman, or the eldest son of a Peer, 8*l.* For Privileged persons (according to Stat. tit. vi. 5, § 1), not claiming immunity, 5*l.* For all others, 2*l.* 8s. And for non-Academicians, 1*l.*

2. At Graduation.—For the degree of B.A., 7*l.* 10. For the degree of M.A., 12*l.* For the degree of M.A., if he has been admitted to his B.C.L. degree before 29th September, 1855, 4*l.* 5s.; if after that time, 7*l.* For Bachelors in any of the superior faculties, 14*l.*, excepting Law, which is 6*l.* 10s. For Doctor in any of the superior faculties, 40*l.* For Bachelor of Music, 5*l.* For Doctor in Music, 10*l.* For a degree by decree of Convocation, or granted to any in their absence, besides the usual fees, 5*l.* For degrees by accumulation, beyond the usual fees, 5*l.* If any M.A. or Doctor, after having quitted the University, shall wish to return, he shall reside twenty-one days in any one Term, and pay a fee of 10*l.* unless he would prefer to pay up the fees due from the time of his leaving the University. If he shall not reside, 20*l.*

3. Incorporation Fees.—B.A., 8*l.*; M.A., 15*l.*; Bachelor in any of the superior faculties, 15*l.*; Doctor in any superior faculty, 40*l.*; B. Mus., 5*l.*; D. Mus., 10*l.* For a Diploma, beyond the usual fees, 10*l.* 10s.

4. Fees ad eundem, 1*l.* Besides the above, every member of the University pays 1*l.* 6s. annually, in four quarterly payments, as University dues. In lieu, however, of this payment, all members having graduated, may at their option compound for all such dues on the following scale, viz.:—If he have not exceeded his 25th year, 22*l.* 15s.; 30th, 21*l.* 15s.; 35th, 20*l.* 12s. 6d.; 40th, 19*l.* 8s. 6d.; 45th, 18*l.*; 50th, 16*l.* 7s. 6d.; 55th, 14*l.* 15s.; 60th, 13*l.* 1s. 6d.; 70th, 9*l.* 6s. 6d.

5. Fees at Examination.—All Undergraduates are called upon to pay fees on entering their names for their respective Examinations; viz., for Responsions, 20s.; the First Public Examination, 21s.; the Final Examination, 21s.; for admission into any second school, 10s.; for Examination in Civil Law, 20s.; and in Medicine, 20s.

EXERCISES FOR DEGREES IN MEDICINE.

All Students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined by the Regius Professor of that faculty and two examiners, of the degree of Doctor in Medicine, who are appointed by the Vice-Chancellor, in the theory and practice of Medicine, in Anatomy, Physiology, and Pathology; in the Materia Medica, as well as in Chemistry and Botany, so far as they illustrate the science of Medicine, and in two at least of the following ancient Medical writers—Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation

upon some subject, to be approved by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor.

EXAMINATIONS FOR DEGREES IN ARTS.

All Undergraduates must pass three public trials before they proceed to their B.A. degree; as follow:—

Responsions to be holden three times in each year [*i.e.*, 5th of December; Monday after the 4th Sunday in Lent; Thursday after the first Sunday after Trinity]; and to be passed in the third to the seventh term inclusive.

Subjects.—One Latin, one Greek author, or a portion of each; the chief object being to ascertain that the principles of these two languages are well understood. Arithmetic (which will be required of all), Euclid, or Algebra.

UNIVERSITY OF CAMBRIDGE.

OFFICERS, 1859.

Chancellor.—His Royal Highness Prince Albert, LL.D. Trinity.
High Steward.—Lord Lyndhurst, LL.D., Trinity.
Vice-Chancellor.—W. H. Bateson, D.D, St. John's.
Registrar.—Joseph Romilly, M.A., Trinity.

PROFESSORS.

Regius of Physic.—Henry J. Hayles Bond, Corpus.
Chemistry.—J. Cumming, M.A., F.R.S., Trinity.
Anatomy.—William Clark, M.D., F.R.S., Trinity.
Botany.—Rev. J. S. Henslow, M.A., F.L.S., John's.
Downing Professor of Medicine.—W. W. Fisher, M.D., Down.
Linacre Lecturer on Physic.—G. E. Paget, M.D.

PROCEEDINGS IN PHYSIC.

The Council think it necessary to remark that as, by the provisions of the Medical Act (21 and 22 Vict. c. 90), Bachelors of Medicine will hereafter have the right of registration as qualified to practise Medicine, and it will no longer be necessary for such persons to obtain a licence to practise, it has not been thought necessary to prescribe any course of study or examinations for the licence to practise, but it is proposed to alter the course of study and examinations for the degree of Bachelor of Medicine so as to insure in all who take it the possession of the requisite amount of knowledge.

1: The following regulations were approved by the Senate, February 17, 1859.

BACHELOR OF MEDICINE.

2. Time to be spent in Medical Study.—That five years of Medical study be required of Candidates for the degree of Bachelor of Medicine, with the exception of Students who have graduated as Bachelors of Arts, in whose case four years of Medical study shall be deemed sufficient.

3. That of the time required to be spent in Medical study six terms be so spent in the University, commencing not earlier than after the expiration of the first three terms of residence, provided that four terms so spent shall suffice in the case of any B.A. who shall have taken an honour in the mathematical, classical, natural sciences, or moral sciences tripos.

4. Examinations —That there be two Examinations for the degree of Bachelor of Medicine; and that the first Examination may be passed by the Student after the completion of three years of Medical study, of which the portion required in his case has been so spent in the University, and the second after the completion of his course of Medical study.

5. Subjects and Course of Study previous to the first Examination.—That the student before admission to the first Examination be required to produce certificates of diligent attendance on one course at least of lectures on each of the following subjects: Chemistry, including manipulations; Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy. And that he also produce a certificate of having practised dissection during one season at least. The certificates must show that the Lectures on Pathology were attended subsequently to those on Chemistry, and Human Anatomy, and Physiology, and the Lectures on Materia Medica and Pharmacy subsequently to those on Chemistry and Botany.

6. That, as evidence of Medical study in the University, every Student be required to produce certificates of diligent attendance in each term on courses of Lectures on some two of the following subjects, viz.:—Chemistry, Botany, Human Anatomy and Physiology, Comparative Anatomy, Materia Medica and Pharmacy, Pathology. Or of diligent attendance in each term on a Course of Lectures on some one of those subjects, and also on the Medical Practice of Addenbrooke's Hospital. Certificates of Lectures on any of the above subjects to be deemed satisfactory if the Lectures be delivered either by a Professor of the University, or by some Graduate of the University approved by the Senate; provided that the course in each case, consist of not fewer Lectures than shall have been determined on by the Board of Medical Studies.

7. Subjects of the First Examinatian.—That the subjects of the first Examination be Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology, Celsus—the Aphorisms and Epidemics of Hippocrates—Aretæus on the Causes and Signs of Disease—portions of these authors having been selected for examination by the Board of Medical Studies in the year preceding that of the Examination.

8. Examiners for the First Examination. — That the Examiners for the first Examination be as follows:—In Chemistry, Botany, and Comparative Anatomy, the Professors of Chemistry, Botany, and Anatomy respectively, with one additional Examiner for each Professor to be appointed by grace of the Senate. In the remaining subjects of Examination, the Regius Professor of Physic, the Professor of Anatomy, a Doctor of Medicine, being a member of the Senate, nominated annually by the Board of Medical Studies, and elected by the Senate.

9. Additional subjects of Study previous to the Second Examination.—That before admission to the second Examination, the Student be required to produce certificates of having attended one course at least of lectures on each of the following subjects:—Clinical Medicine, Clinical Surgery, Medical Jurisprudence, Obstetrical Medicine. Subjects of the Second Examination.—That the subjects of the Second Examination be Pathology and the Practice of Physic, Clinical Medicine, Medical Jurisprudence, the Medical treatment of Surgical and Obstetrical Diseases.

10. That the Examiners for the Second Examination be the Regius Professor of Physic, the Downing Professor of Medicine, a Doctor of Medicine, being a member of the Senate, nominated annually by the Board of Medical Studies, and elected by the Senate.

Time of the Examinations.—That the first and second Examinations for the degree of Bachelor of Medicine take place each twice annually, first in the week immediately succeeding that in which the division of the Michaelmas term falls; secondly, in the week immediately succeeding that in which the division of the Easter term falls.

Mode of Conducting the Examinations.—That the Examinations be conducted principally by written questions, to which the persons examined be required to give answers in writing.

Hospital Practice.—That the candidate for the degree of Bachelor of Medicine be required to produce certificates of having attended Hospital practice during three years.

11. Public Exercise in the Schools.—That the act required to be kept by the candidate for the degree of Bachelor of Medicine be not kept till after he has passed his Examinations for that degree.

Time of Admission to the Degree of Bachelor of Medicine. —That the Student of Medicine, whether B.A. or not, may be admitted to the degree of Bachelor of Medicine in the eleventh term after the completion of his first term of residence.

Inauguration.—1. That the inauguration of Bachelors of Medicine and perfecting of their degree in every year be on the day of the *Magna Comitia*. 2. That at the inauguration the names be arranged in order of seniority as follows:—(a) Persons who have been Bachelors of Arts arranged alphabetically. (b) Other Bachelors designate of Medicine, arranged alphabetically.

DOCTOR IN MEDICINE.

12. Time to be spent in Medical Study.—That all persons proceeding to the degree of Doctor of Medicine, be required to produce certificates of having been engaged in Medical study during five years.

13. Examinations and Hospital Practice.—That Masters of

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Arts, proceeding to the degree of Doctor of Medicine, be required to produce the same certificates of attendance on lectures and of attendance on Hospital practice, and pass the same Examinations as are required for the degree of Bachelor of Medicine.

14. Exemptions in favour of those persons who have obtained Honours in the Natural Sciences Tripos.—That, in the case of every person who has obtained honours in the Natural Sciences Tripos, and has passed with distinction or to the satisfaction of the Examiners for that Tripos the Examination in Botany, Chemistry, or Comparative Anatomy, the Examiners, if required, shall give to such person a certificate, stating that he has passed the Examination in such subjects; and that candidates for the degree of Bachelor of Medicine, or of Doctor of Medicine, possessing such certificates, shall not be required to be examined again in those subjects to which the certificates relate.

15. Certificates.—That all certificates required for the degree of Bachelor of Medicine and for the degree of Doctor of Medicine be delivered to the Regius Professor of Physic before admission to examination for those degrees.

Deputy Examiners.—That in case any of the *ex officio* Examiners for Medical degrees be prevented by illness or other reasonable cause from taking part in such Examinations, it be competent for him to appoint a member of the Senate to examine in his stead, subject to the approbation of the Vice-Chancellor; with the proviso, that in the case of either the Regius Professor of Physic or the Downing Professor of Medicine appointing a deputy, such deputy be a Doctor of Medicine.

Appointment and Salaries of the Additional Examiners.—That the election of the additional Examiners for the Degree of Bachelor of Medicine take place at the first Congregation after the 1st of October in each year. That each of such Examiners receive ten pounds annually from the University chest.

16. Medical Study out of the University.—Medical study out of the University shall in all cases be understood to mean study at some well-known School of Medicine, which has been recognised by the Board of Medical Studies. It shall be the duty of the Board to define, from time to time, what shall be sufficient evidence of such Medical study.

The following Table of Average Expense, regularly incurred by the Student, is calculated for one of the Colleges. The difference is not much at any other College:—

	£	s.	d.
Annual.			
Tuition	10	0	0
Rooms, Rent	10	0	0
Attendance, Assessed Taxes, etc. ..	6	5	0
Coals	3	10	0
College Payments	5	7	4
Cost of Living.			
Breakfast, Dinner, and Tea, at 16s. 6d. a-week for twenty-five weeks, making the average three terms, residence in the year	20	12	6
Laundress	5	8	0
	£61	2	10

Rent of Rooms varies in the several Colleges from £4 to £30; price of lodgings, 8s. to 28s. per week; the most frequent payment is 14s. or 16s.; and half-price is paid in vacations. Entertainment in rooms, attendance of a gyp, orders in the hall are extra and optional. Private tuition is for the most part £14 or £7 a term.

THE LONDON UNIVERSITY.

Visitor.—Her Majesty the Queen.

Chancellor.—The Right Honourable the Earl Granville, K.G., F.R.S.

Vice-Chancellor.—Sir John George Shaw Lefevre, K.C.B., D.C.L., F.R.S.

Registrar.—William Benjamin Carpenter, M.D., F.R.S.

Clerk to the Senate.—Henry Moore.

EXAMINERS.

Medicine.—Archibald Billing, M.D., A.M., F.R.S.,; and Alexander Tweedie, M.D., F.R.S.

Surgery.—T. B. Curling, F.R.S.; and W. Fergusson, F.R.S.

Anatomy and Physiology.—Francis Kiernan, F.R.S.; and William Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy.—Thomas H. Huxley, F.R.S.

Midwifery.—Edward Rigby, M.D.

Chemistry.—Alfred Swaine Taylor, M.D., F.R.S.

Botany.—The Rev. Professor Henslow, M.A.

Materia Medica and Pharmacy.—George Owen Rees, M.D., F.R.S.

BACHELOR OF MEDICINE.

Candidates for the degree of Bachelor of Medicine shall be required:—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this University. 2. To have spent one year at least of the four in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

FIRST M.B. EXAMINATION.

The first M.B. Examination shall take place once a-year, and commence on the first Monday in August (a). No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this University, or in a University the degrees granted by which are recognised by the Senate of this University (b); or of having passed the Matriculation examination (c). 3. Of having been a student during two years at one or more of the Medical institutions or schools recognised by this University, subsequently to having taken a degree in Arts, or passed the Matriculation Examination. 4, 5, 6, 7. (See TABULAR LIST OF LECTURES, page 325). The certificates shall be transmitted to the Registrar at least fourteen days before the Examination begins. The fee for this examination shall be £5. No candidate shall be admitted to the Examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first examination without the payment of any additional fee. (For subjects of Examination, see TABULAR LIST.) The candidate shall also be required to translate passages from the Latin Pharmacopœia.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the first M.B. Examination may be examined for honours in any or all of the following subjects:—Anatomy and Physiology (candidates may illustrate their answers by sketching the parts they describe); Chemistry; Materia Medica and Pharmaceutical Chemistry; Structural and Physiological Botany. The Examinations shall take place in the week following the commencement of the first M.B. Examination. [They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination. Candidates who pass the Examinations, and acquit themselves to the satisfaction of the Examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together, unless the Examiners are of opinion that there is a clear difference between them.] If in the opinion of the Examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Anatomy and Physiology, the candidate who shall distinguish himself the most in Chemistry, and the candidate who shall distinguish himself the most in Materia Medica and Pharmaceutical Chemistry, shall each receive an exhibition of £30 per annum for the next two years. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of £5. Under the same circumstances, the candidate who shall distinguish himself the most in Structural and Physiological Botany shall receive a gold medal of the value of £5.

(a) The annual number of examinations will be increased at a future period, should it be found desirable.

(b) The Degrees in Arts of all Universities in the United Kingdom are recognised by the Senate for this purpose.

(c) The Matriculation Examination is the same for Students in Arts as for Students in Medicine.

SECOND M.B. EXAMINATION.

The second M.B. Examination shall take place once a-year and commence on the first Monday in November. No candidate shall be admitted to this Examination within two academical years of the time of his passing the first M.B. examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first M.B. Examination. 2, 3, 4, 5, 6, 7 (see TABULAR LIST). Certificates on Practical Medicine will be received from any legally-qualified Practitioner having the care of the poor of a parish. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for this examination shall be £5. No candidate shall be admitted to the Examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the Examination, the fee shall not be returned to him; but he shall be afterwards admissible to the second examination without the payment of any additional fee. (For subjects of examination see TABULAR LIST.) The candidate shall also be required to translate passages of the Latin Pharmaeopœia into English, and of the English Pharmaeopœia into Latin. On Monday morning in the week following the examination, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed. And a certificate, under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the Examination for Honours, shall be placed in the first division.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the second M.B. Examination may be examined for Honours in any or all of the following subjects:—Physiology and Comparative Anatomy (candidates may illustrate their answers by sketching the parts they describe); Surgery; Medicine; Midwifery. The examination shall take place in the week following the second M.B. Examination. (The same regulations follow here as in the examination in Honours at the first M.B. Examination.) If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of £50 per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of £5. Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery shall receive a gold medal of the value of £5.

DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once a year, and commence on the fourth Monday in November. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in Medicine or in Surgery at a University, the degrees granted by which are recognised by the Senate of this University (d). Those candidates who have not taken the degree in this University shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in Medicine; *a*. To Clinical or Practical Medicine during two years in an Hospital or Medical Institution recognised by this University; *b*. Or, to Clinical or Practical Medicine during one year in an Hospital or Medical Institution recognised by this University, and of having been engaged during three years in the practice of his Profession; *c*. Or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his Profession. One year of attendance on Clinical or Practical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of Moral Character, signed by two persons of respectability. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine shall be £10. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him, but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee. The examination shall be conducted by means of printed papers and *viva voce* interrogation. Candidates shall be examined in the following subjects: Logic and Moral Philosophy, and Medicine.

REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE (e).

BACHELOR AND DOCTOR OF MEDICINE.—BACHELOR OF MEDICINE.

Candidates shall be admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1840 members of one of the legally-constituted bodies in the United Kingdom for licensing Practitioners in Medicine or Surgery; or, of having served previously to 1840 as Surgeons or Assistant-Surgeons in Her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised Institution or School, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

DOCTOR OF MEDICINE.

Candidates who have been engaged during five years in the practice of their Profession shall be admitted to the examination for this degree on producing certificates to the following effect: 1. Of having been engaged during five years in the practice of their Profession. 2. Of having taken the degree of Bachelor of Medicine in the University. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

UNIVERSITY OF DURHAM.

Warden.—The Venerable Charles Thorp, D.D., F.R.S.
Reader in Medicine.—Dennis Embleton, M.D., F.R.C.S.
Reader in Natural Philosophy.—R. B. Hayward, M.A.
Lecturer in Chemistry.—T. Richardson, M.A.
Registrar.—The Rev. T. Chevallier, B.D.

Students who matriculate at the University of Durham proceed in the first place to a licence in Medicine, then to the degrees of Bachelor and Doctor of Medicine in that University. The course required for Students in Medicine occupies four years. One of those years must be spent in the University, and the other three years either in the University, or in a School of Medicine in the United Kingdom, which has been received into connexion with the University by Convocation. The Newcastle-upon-Tyne College of Medicine is thus in connexion with the University. The Medical School of King's College, London, and the Senior Medical School of Queen's College, Birmingham, are also recognised for the same purpose. The year's residence at Durham is usually, but not necessarily, kept at the beginning of the course. During that year, students attend lectures similar to those given to students in Arts in their first year; and, at the end of it, must pass an examination in the rudiments of religion, literature, and science. At the end of the course of four years, candidates for a licence in Medicine must pass a final examination in the Medical sciences. Licentiates may proceed to the degrees of Bachelor and Doctor of Medicine, by writing an essay upon an assigned Medical question, and passing an examination in the same subject; such licentiates being of the standing of twenty-one terms from the date of matriculation for the degree of Bachelor, and of thirty three terms for the degree of Doctor in Medicine. Any Student in Arts who has passed the first examination for the degree of Bachelor

(d) At present, all candidates for the degree of Doctor of Medicine must have previously obtained the degree of Bachelor of Medicine in this University.

(e) All these Regulations are applicable exclusively to Practitioners who obtained their Licences or Commissions prior to 1840.

of Arts may proceed as a Student in Medicine of the second year. Any Student who has passed the examination for the degree of Bachelor of Arts is admissible to the final examination in Mediaine without passing the former examination appointed for Students in Medicine, and without further residence in the University or in a Medical School, provided he shall have produced certificates of having attended the requisite Medical Leetures and Hospital Practice (a).

ROYAL COLLEGE OF PHYSICIANS, LONDON.

President.—Dr. Thomas Mayo.
Censors.—Drs. Barker, Baly, F. Weber, and Gull.
Treasurer.—Dr. Alderson.
Registrar.—Dr. H. A. Pitman.
Secretary.—Mr. W. Copney.

The following Regulations were issued on the 8th of August, 1859. We print them entire as they are now made public for the first time.

1. Licentiates of the College who shall have been admitted Licentiates before the 1st day of October, 1859; and extra-Licentiates of the College who shall be admitted Licentiates of the College under the Bye-Laws enacted February 16th, 1859; and Graduates in Medicine who shall be admitted Licentiates of the College before the 1st day of March, 1860, under the Bye-Laws enacted February 16th, 1859, shall, from and after the 1st day of October, 1859, be styled Members of the College, provided always that they have, since their admission as Licentiates, obeyed the Bye-Laws, and do engage henceforth to obey the Bye-Laws of the College.

2. The Members of the College shall be alone eligible to the Fellowship. They shall have the use of the Library and Museum, subject to the Regulations relating thereto, and shall be admitted to all Lectures, and shall enjoy such further privileges as may from time to time be defined by the Bye-Laws; but they shall not be entitled to any share in the Government, nor to attend or vote at general meetings, of the Corporation.

3. Any person not engaged in the practice of Pharmacy, who shall have satisfied the College touching his knowledge of Medical and General Science and Literature, and who shall comply with such regulations as are or shall be required by the Bye-Laws, may be proposed to the College to receive a licence to practise Physic, as a Member of the College. The decision of the College shall be determined by ballot.

4. Every candidate for a Member's licence shall furnish proof that he has attained the age of twenty-five years.

5. Every candidate for a Member's licence shall produce a testimonial from a Fellow or Member of the College, satisfactory to the Censors' Board, to the effect that, as regards moral character and conduct, he is a fit and proper person to be admitted a Member of the College.

6. Every candidate for a Members' licence (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15) shall produce proof of his having been engaged, during a period of five years, in the study of Medicine, at a Medical School or Schools, recognised by the College.

7. Every candidate for a Member's licence, who has not taken a degree in Medicine at an University in the United Kingdom (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15), shall produce evidence, satisfactory to the Censors' Board, of his having studied the following subjects:—Anatomy, with Dissections, Physiology, Chemistry, with Practical Chemistry, Materia Medica and Botany, Theory and Practice of Medicine, Morbid Anatomy, Principles of Surgery, Midwifery, and the Diseases of Women and Children, Forensic Medicine; of his having attended diligently during three years the Medical Practice, and during nine months the Surgical Practice of a Hospital containing at least 100 beds; and of his having served the office of Clinical Clerk during at least six months.

8. Every candidate for a Member's licence, who has prosecuted his studies abroad, whether in part or to the full extent required by the preceding regulations (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15), shall, nevertheless, bring proof of his having attended during at least twelve months, the Medical Practice of a Hospital in the United Kingdom containing 100 beds.

9. If the Censors' Board should doubt the sufficiency of the certificates and testimonials produced by any Candidate, or his fitness, in any respect, for admission to examination, they may submit the case to a general meeting of the Fellows.

10. No candidate shall be admitted to examination who uses, for the sake of gain, any remedy which he keeps secret.

11. No candidate shall be admitted to examination who is engaged in trade, or who practises Pharmacy, or makes any engagement with a chemist, or any other person, for the supply of Medicine, from which profit is derived, or who practises Physic or Surgery in partnership, by deed or otherwise, so long as that partnership continues.

12. Every candidate for a Member's licence (except in cases specially exempted), shall have given proof of his acquirements by written answers to questions placed before him, and shall have been examined *viva voce* at three separate meetings of the Censors' Board, and shall have been approved by the President and Censors, or by the major part of them, at each examination.

13. The examination shall be conducted as follows:—The candidate shall be examined in Physiology, in Pathology, and in Therapeutics, in three separate examinations, by written questions, as well as *viva voce*, before three meetings of the Censors' Board. In each of the examinations in writing, as well as at each of the *viva voce* examinations, he shall be required to translate into Latin or English, a passage from a Greek Medical work; and into English, a passage from a Latin Medical work; or he may, in lieu of translating the Greek passage, give proof of a competent knowledge of one or more of the modern European languages. At, or in connection with, the second examination before the Censors' Board, the candidate's knowledge of Practical Medicine may be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the Candidate shall, if required, declare, in writing, at what University or Schools he has studied general literature and science, and what honours have been conferred upon him, in regard to his knowledge of Literature, Science, or Medicine; and such declaration shall, if it seem fit, be recorded in the annals of the College.

14. When the candidate for a Member's licence has already obtained the degree of Doctor or Bachelor in Medicine at an University in the United Kingdom, after a course of study and an examination, satisfactory to the Censors' Board, he shall be exempt from all parts of the examinations hereinbefore described, except such as relate to Pathology and Therapeutics.

15. In case of any candidate who has attained the age of forty years, the rules laid down in sections 6, 7, and 8, may be dispensed with. He shall, however, produce testimonials of moral character and conduct, and of general and professional acquirements.

16. The Censors' Board having examined and considered these testimonials, may, if they see fit, submit them to the Fellows at a General Meeting, and it shall be determined by the votes of the Fellows present, or of the majority of them, taken by ballot, if required, whether the candidate shall be admitted to such examination, as the Censors' Board may deem sufficient.

17. Any candidate not approved by the Censors' Board shall not, except by special permission of the College, be re-admitted to examination, until after the lapse of a year.

18. Every candidate approved by the Censors' Board shall be proposed, at the next general meeting of Fellows, as qualified to receive a licence to practise Physic, as a Member of the College; and if the majority of the Fellows present shall consent (the votes being taken by ballot), he shall forthwith, on complying with the regulations prescribed by the bye-laws, receive a licence to practise Physic, as a Member of the College.

19. No one shall be admitted to practise Physic as a Member of the College, unless he shall give his assent to the following words, addressed to him by the President or Vice-President, in the presence of the Fellows:—"You give your faith that you will observe and obey the statutes and bye-laws of this College, and submit to such penalties as may be imposed for any neglect or infringement of them; and that you will, to the best of your ability, do all things in the practice of your profession for the honour of the College, and the good of the

(a) Under the Medical Act, Licentiates and Graduates of the University of Durham are entitled to register as duly-qualified Practitioners in Medicine.

public." And after he has been admitted, he shall confirm this promise by affixing his name to the same words, previously committed to writing.

20. The President or Vice-President, addressing the person or persons to be admitted, shall say—"I, A.B., President (or Vice-President) do admit, and give you authority as a Member (or Members) of this College, to teach and to practise Physic, and to enjoy all accompanying honours and privileges whatsoever, here or elsewhere bestowed on Physicians." —And, taking by the hand each Member so admitted, the President or Vice-President shall add—"I wish you all prosperity."

20. Every Member, at the time of his admission, shall have letters testimonial under the seal of the College, in this form:—

"SCIANT OMNES, NOS

"A. B., Presidentem Collegii Regalis Medicorum Londinensis, unà cum Censoribus, examinâsse et approbâsse ornatissimum virum, C. D., et eum consensu Sociorum ejusdem Collegii, auctoritate nobis a Domino Rege et Parliamento commissâ, ei concessisse liberam facultatem et licentiam tam docendi quam exercendi scientiam et artem medicam, eidemque summis honoribus et privilegiis, quæcunque hic vel alibi Medicis concedi solent, frui dedisse. In cujus rei fidem et testimonium, adjectis Censorum et Registrarii chirographis, sigillum nostrum commune præsentibus apponi fecimus, datis ex ædibus Collegii die ———— mensis ———— anno Domini millesimo octingentesimo

"Censoribus, ————.
"Registrario, ————."

N.B.—This document shall be endorsed by the Member with his usual signature, and by the Registrar, with the following words:—"I certify that C. D., to whom these Letters Testimonial have been granted by the College, has been duly admitted to practise Physic, as a Member of the College.

———— Member.
———— Registrar.

21. The Fee to be paid for admission as a Member of the College shall be thirty guineas.

RULES OF CONDUCT, AND PENAL BYE-LAWS RELATING TO MEMBERS.

1. Every Member of the College, in prescribing for a patient, shall write on his prescription the date thereof, the name of the patient, and the initial letters of his own name.

2. If two or more Physicians, Fellows or Members of the College, be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient, or the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the Physician first called to a patient shall, unless he decline doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the Physician or Physicians called in consultation, he placing his own initials the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed, and the fact of such difference of opinion shall be communicated to the patient or the attendants by the Physician who was first in attendance, in order that it may distress the patient and his friends as little as possible.

3. No Member of the College shall accuse a Fellow or another Member of the College, of ignorance of his art; or publicly, or before witnesses not lawful judges in the matter, stigmatise him with opprobrious terms; or officiously, or under colour of a benevolent purpose, offer Medical aid to, or prescribe for any patient whom he knows to be under the care of another legally qualified Medical Practitioner.

4. No Member of the College shall use, for the sake of gain, any remedy which he keeps secret, or follow systematically any line of practice which may bring discredit on the College, or on the Science of Medicine.

5. No Member of the College shall be engaged in trade, or shall practise Pharmacy, or make any engagement with a Chemist, or any other person, for the supply of medicines, from which profit is derived, or practise Physic or Surgery in partnership, by deed or otherwise.

6. If it shall at any time hereafter appear, or be made known to the President and Censors, that any Member of the College has obtained admission to the College by fraud, false statement, or imposition, or has been guilty of any great crime, or public immorality, or has acted in any respect in a dishonourable or unprofessional manner, or has violated any bye-law, rule, or regulation of the College, the President and Censors may call the Member so offending before the Censors' Board, and having investigated the case, may admonish, or reprimand, or inflict a fine not exceeding £10, or if they deem the case of sufficient importance, may report the case to the College, and thereupon a majority of two-thirds of the Fellows present at a meeting of the Fellows, which must be specially summoned for that purpose, may declare such Member to be no longer a Member of the College, and he shall forfeit all the rights and privileges which he does or may enjoy as a Member, and his name shall be expunged from the list of Members accordingly.

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

LINCOLN'S INN-FIELDS.

President.—James Monerieff Arnott.*

Vice-Presidents.—John Flint South,* and Cæsar Henry Hawkins.*

The Council.—William Lawrence,* Sir Benjamin Collins Brodie, Bart., Joseph Swan, Edward Stanley,* Joseph Henry Green,* James Luke,* Frederic Carpenter Skey,* Joseph Hodgson,* Thomas Wormald,* John Bishop, Gilbert Wakefield Mackmurdo, Francis Kiernan, William Coulson, George Gulliver, Richard Partridge, John Hilton, Richard Quain, Edward Cock, Samuel Solly, Thomas Tatum, Alexander Shaw.

Board of Examiners in Midwifery.—John Flint South, Dr. Arthur Farre, Dr. Henry Oldham, Dr. Charles West.

Examiners for the Fellowship in Classics, Mathematics, and French.—Goldwin Smith, George Gabriel Stokes, Isidore Brasseur.

Professor of Human Anatomy and Surgery.—John Hilton.

Professor of Comparative Anatomy and Physiology.—William Scovell Savory.

Professor of Histology and Conservator of the Museum.—John Thomas Quekett.

Assistants in the Museum.—Thomas Howard Stewart and James Murie.

Librarian.—John Chatto.

Secretary.—Edmund Belfour.

Assistant Secretary.—E. J. Trimmer.

Clerk.—Thomas Madden Stone.

* Marked thus (*) are Members of the Court of Examiners.

REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

I. Candidates will be required to produce the following certificates, viz.:—

1. Of being twenty-one years of age.

2. Of having been engaged during four years in the acquirement of professional knowledge.

3. Of having studied Practical Pharmacy during three months.

4. Of having attended Lectures on Anatomy delivered not less frequently than four times in each week, during two Winter Sessions.

5. Of having performed Dissections during not less than two Winter Sessions.

6. Of having attended Lectures on Physiology delivered not less frequently than twice in each week, during two Winter Sessions.

7. Of having attended Lectures on Surgery during two Winter Sessions.

8. Of having attended one Course of Lectures on each of the following subjects, viz., Chemistry, Materia Medica, Medicine, and Midwifery.

9. Of having attended at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Medicine, and Clinical Lectures on Medicine during one Winter (a) and one Summer (b) Session.

(a) The Winter Session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March.

(b) The Summer Session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.

No Provincial Hospital will be recognised by this College which contains less than 100 Patients; and no Metropolitan Hospital which contains less than 150 Patients.

10. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Surgery, and Clinical Lectures on Surgery during three Winter and two Summer Sessions.

Those candidates who shall have pursued their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required by the Colleges of Surgeons of Edinburgh and Ireland respectively from candidates for their diploma.

Preliminary Education.—It is the intention of the Council to institute an examination, or to require some equivalent evidence, of the candidate's proficieney in the ordinary branches of a liberal education.

II. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and Hospital of the University where they shall have graduated, or at one or more of the recognised schools and Hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised Colonial Hospitals and schools (c), the Medical and Surgical practice, and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised Hospital, and lectures on Anatomy, Physiology and Surgery, with Demonstrations and Dissections.

V. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such school be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such school be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Physiology—Demonstrations and Dissections—will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such divisions of those subjects is sanctioned by the College of Surgeons in each kingdom, the Institutes of Medicine,—Anatomy, Demonstrations and Dissections,—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

N.B.—In the certificates of attendance on Hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

REGULATIONS RELATING TO THE EXAMINATION FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

I. The examination of candidates for the Diploma of Member of this College will be divided into two parts; the first relating to Anatomy and Physiology; the second relating to Pathology, Surgery, and Surgical Anatomy.

The first examination, on Anatomy and Physiology, will be made as practical and demonstrative as possible.

The second examination on Pathology, Surgery, and Surgical Anatomy, will be partly written and partly oral; and the written part of this examination will have the precedence.

II. The examination on Anatomy and Physiology will be held in the months of April, May, July, November, and January.

The examination on Anatomy will be on the recently-dissected subject, and on prepared parts of the Human Body.

Candidates for these examinations are required to signify their desire of being admitted thereto not less than one month previous to the period of examination.

The fee of five guineas will be paid by each candidate prior to his examination on Anatomy and Physiology, and which fee will be allowed in the fee required on his admission as a Member of the College.

Such Students as shall have completed the second session of their anatomical studies, and shall be desirous thereof, will be admitted to the first or Anatomical examination in November or January next. And candidates for the Diploma of the College are now required to undergo the double examination.

REGULATIONS RELATING TO THE PRELIMINARY EXAMINATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THE COLLEGE, WHICH WILL COME INTO OPERATION FROM AND AFTER JANUARY 1, 1861.

That candidates for the Diploma of Member of this College who shall commence their Professional Education on or after January 1, 1861, be required to produce one or other of the following certificates:—

1. Of graduation in Arts at a recognised University.

2. Of an examination for Matriculation, or such other examination as shall, in either case from time to time, be sanctioned by the Council of this College; at a University in the United Kingdom; at a recognised University in the Colonies; or at a recognised foreign University.

3. Of the Oxford or Cambridge Middle Class Examinations; either junior or senior.

4. Of the Preliminary Examination for the Fellowship of this College.

5. Of the Previous Examination of the University of Cambridge.

That candidates who shall not be able to produce one or other of the foregoing certificates, be required to pass an examination in English, Classics, and Mathematics; to be instituted at this College, and to be conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of this College, and to include such subjects as may hereafter be determined by this Council. And that the special or particular subjects of examination be published in each preceding year, and the examination from time to time added to or increased, as the opportunities of education may be improved.

(c) The recognition of Colonial Hospitals and Schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to Physicians, Surgeons, and Lecturers, as apply to the recognition of Provincial Hospitals and Schools in England.

THE SOCIETY OF APOTHECARIES,

BLACKFRIARS.

Master.—F. R. Cowar, Esq.

Wardens.—J. Hunter, Esq., and W. Buchanan, Esq.

The Court of Examiners.—W. Dickinson, Esq., Chairman; R. King, W. P. Brodribb, R. H. Robertson, R. Norton, T. Peregrine, R. H. Semple, W. G. T. Dyer, C. Taylor, H. M. Rowdon, T. R. Wheeler, and J. Randall, Esqs.

Secretary to the Court of Examiners.—A. M. Randall, Esq.

Professor of Chemistry and Materia Medica.—W. T. Brande, Esq., D.C.L., F.R.S.

Examiner for the Society's Prizes in Botany.—Joseph D. Hooker, Esq., M.D., F.R.S., F.L.S.

Clerk to the Society.—R. B. Upton, Esq.

Curator of the Society's Botanic Garden.—Mr. Thomas Moore.

Beadle.—Mr. C. Rivers.

REGULATIONS, ETC.

Every candidate for a certificate of qualification to practise as an Apothecary, will be required to produce testimonials:—

1. Of having passed a preliminary Examination in Classics and Mathematics. Students wishing to attend are requested to send their names and address, to Mr. Rivers, Beadle's

Office, at the Hall, at the latest, one calendar month previous to the day of examination. 2. Of having served an apprenticeship of not less than five years to a Practitioner qualified by the Act of 1815. 3. Of having attained the full age of 21 years. 4. Of good moral conduct. A testimonial of moral character from the gentleman to whom the candidate has been an apprentiee, will always be more satisfactory than from any other person. 5. And of having pursued a course of Medical study in conformity with the regulations of the Court. Every candidate, whose attendance on lectures shall commence on or after the 1st of October, 1858, must attend the following lectures and Medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Year.—Winter Session. — Chemistry; Anatomy; Dissections. Summer Session.—Materia Medica and Therapeutics; Botany; Practical Chemistry (a).

Second Year.—Winter Session.—Anatomy; Physiology; Dissections; Principles and Practice of Medicine; Clinical Medical Practice (b). Summer Session.—Clinical Medical Practice (b); Midwifery and Diseases of Women and Children, with attendance on cases (not less than twenty) (c); Forensic Medicine and Toxicology; Demonstrations on Morbid Anatomy.

Third Year. — Winter Session. — Clinical Lectures (d) seventy-five; Clinical Medical Practice (b); Demonstrations on Morbid Anatomy.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and Medical practice are attended in the order prescribed.

Those gentlemen whose attendance on lectures commeneed before the 1st of October, 1858, will be allowed to complete their studies in conformity with the previous regulations of the Court.

Registration of Testimonials.—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration:—In London, at this Hall. In the Provincial towns, from the gentlemen who keep the registers of the Medical schools; and whose names may be known by application to the secretary of this Court. All students, in London, are required personally to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court, whose names and classes in the register correspond with their schedules. Tickets of admission to lectures and Medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within seven days from the commencement of the course. Due notice of the days and hours of such registrations will be given from time to time. The Court also require Students at the Provincial Medical schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures or Medical practice within fourteen days of the completion of such attendance.

Examination.—On and after the 1st of August, 1858, the examination of candidates for a certificate of qualification to practise as Apothecaries, was divided into two parts.

First Examination (e), which may be passed after the second Winter Session (provided the candidate has completed the 19th year of his age), will embrace the following subjects:—Latin, including the Pharmacopœia and Physicians' Prescriptions; Anatomy; Physiology; General and Practical Chemistry; Botany; Materia Medica.

Second Examination, after the third Winter Session (the five years' pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and children; Forensic Medicine and Toxicology. The examination of the candidate for a certificate of qualification to act as assistant to an Apothecary, in compounding and dispensing medicines, will be as follows:—In translating Physicians' Prescriptions, and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica. By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an Apothecary, can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months. The Act directs the following sums to be paid for certificates:—For London, and within ten miles thereof, ten guineas; for all other parts of England and Wales, six guineas. Persons having paid the latter sum, become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition. For an assistant's certificate, two guineas.

Testimonials required of Candidates for the First Examination.—1. Of having been duly articled to a legally qualified Apothecary, with date of indenture. 2. Of moral character. 3. Of being 19 years of age. 4. Of having completed the curriculum of study to the close of the second Winter Session. 5. Of having passed an examination in classics and mathematics at the Hall. Candidates having entered the study of the Profession before August 1st, 1858, and have passed no classical examination, will be required to read portions of Celsus and Gregory.

Second Examination.—1. Of having passed the first examination. 2. Of moral character. 3. Of having completed five years' apprenticeship, including the period spent at the Hospital, and of being 21 years of age. 4. Of having completed the prescribed curriculum of study. 5. Of having attended twenty cases of Midwifery.

I. Candidates who desire to avail themselves of the newly modified examination must bring evidence—That they are more than 40 years of age. That they have been apprenticed for five years to an Apothecary; or at least that they have been engaged in such a course of study as shall be considered "serving after the manner of an apprentice, for five years," in conformity with the Act of Parliament. That they have attended such lectures and Hospital practice, as were required of Students when their Medical studies commeneed, or such as shall be deemed equivalent.

II. The examination of the above candidates will consist—In the translation of Physicians' Prescriptions. In such parts of Chemistry and Materia Mediea as bear upon the practice of Medicine and on Toxicology. In Visceral Anatomy. In the Practice of Medicine, including the Diseases of Women and Children. In Midwifery.

(a) By Practical Chemistry is intended a *specific* course of Instruction in the Laboratory, with an opportunity of Personal Manipulation in the Ordinary Processes of Chemistry, and of acquiring a knowledge of the various Re-Agents for Poisons.

(b) Medical Practice must be attended during the full term of Eighteen Months; Twelve Months at an Hospital connected with a recognised Medical School, and Six Months either at a recognised Hospital or Dispensary, if more convenient.

(c) A Certificate of such attendance will be received from a legally qualified Practitioner.

(d) The Course of Clinical Lectures may be commenced in the Second Summer Session. The Attendance on these Lectures must be certified by one or more of the recognised Physicians of the Hospital.

(e) Every facility will be given to gentlemen who have entered upon their studies previous to the above date, to enable them to present themselves for examination after the second Winter Session.

ARMY MEDICAL DEPARTMENT.

Director-General.—Thomas Alexander, Esq. C.B., Honorary Surgeon to Her Majesty.

Head of Sanitary Branch.—Dr. Logan, C.B., Inspector-General of Hospitals, Honorary Physician to Her Majesty.

Head of Statistical Branch.—Dr. Balfour, F.R.S., Deputy-Inspector-General.

Head of Medical Branch.—Dr. Mapleton, Deputy-Inspector-General.

Apothecary to the Forces.—F. M. Bassano, Esq.

Staff Surgeons.—Messrs. Fairbairn and Fitzgerald, attached to the office.

Chief Clerk.—John Wimbridge, Esq.

The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a diploma in Surgery, as well as a legal qualification to practise Medicine from one of the bodies enumerated in Schedule A of the Medical Act, and who cannot produce testimonials of attendance, in accordance with the Table given at p. 325.

The candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

A liberal education and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate.

The greater the attainments of the candidates, the more eligible will they subsequently be deemed for promotion; as selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements, than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received a regular Medical education in approved foreign Universities or schools will be admitted to examination.

With the exception of Practice of Physic and Clinical Medicine by one teacher, candidates must have attended separate lecturers for each branch of Medical science.

Before promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a Board of Medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at the office for examination and registry, at least one week before the candidate appears for examination; likewise certificates of moral conduct and character,—one of them by the parochial minister, if possible. Baptismal certificates are required at the same time; and if the parish register cannot be resorted to, an affidavit from one of the parents, or from some near relative who can attest the fact, will be accepted.

The certificate of the teacher of Practical Anatomy must state the number of subjects or parts dissected by the pupil.

Certificates of lectures and attendance must be from Physicians or Surgeons of the recognised Colleges or Medical Schools of the United Kingdom, or of Foreign Universities.

Note.—All communications to the Director-General not prepaid, to be forwarded, addressed *outside* to "The Under-Secretary of State for War," with the words, "Army Medical Department," at the left-hand corner.

The following is a copy of the warrant by which the rank, pay, and designation of Army Medical officers are now regulated:—

Victoria R.—Whereas, we have taken into our consideration the recommendations of the Commissioners appointed by our authority to inquire into the regulations affecting the sanitary condition of our military forces, and the Medical treatment of the sick and wounded of our army; our will and pleasure is, that, from and after the date of this warrant, the following rules shall be established for the future admission, promotion, and retirement, and the pay, half-pay, relative rank, and allowances of the Medical officers of our army, and that by these rules our Commander-in-chief shall govern himself in recommending officers for admission, promotion, and retirement.

1. The grades of Medical officers in our army shall be four in number, viz.:—

(1.) Inspector-general of Hospitals. (2.) Deputy Inspector-general of Hospitals. (3.) Staff or Regimental Surgeon; who, after twenty years' full-pay service in any rank, shall be styled Surgeon-Major. (4.) Staff or Regimental Assistant-Surgeon.

2. No Candidate shall be admitted to the Competitive examination for a commission in the Medical department of our army who does not possess such a certificate or certificates as would qualify a civilian to practise Medicine and Surgery; and no such candidate shall receive a commission as Assistant-Surgeon until he shall have satisfactorily passed an examination in military medicine, surgery, and hygiene, after attending the authorised course in a general Military Hospital.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as our principal Secretary of State for War may require, and shall have served on full-pay with the commission of Assistant-Surgeon for five years, of which two shall have been passed in or with a regiment.

4. A Surgeon, whether on the staff or attached to regiments, must have served ten years in the army, with a commission on full-pay, of which two must have been passed, with the rank of Surgeon, in or with a regiment, before he will be eligible for promotion to the rank of deputy Inspector-general of Hospitals.

5. A Deputy Inspector-general of Hospitals must have served five years at home, or three abroad, in that rank, before he shall be eligible for promotion to the rank of Inspector-general.

In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for our Secretary of State for War to shorten the several periods of service above mentioned, in such manner as he shall deem fit and expedient.

6. Assistant-Surgeons shall, as a general rule, be promoted to the rank of a Surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence, or misconduct. In cases of distinguished service, however, an Assistant-Surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation in which the services of the officer shall be detailed, shall be published in the general orders of the army and in the *Gazette* in which his promotion appears.

7. All promotion from the rank of Surgeon to that of Deputy-Inspector, and from the rank of Deputy-Inspector to that of Inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of Surgeons, whether styled Surgeons or Surgeons-Major.

8. The rates of pay of the Medical officers of our Army shall be in accordance with the following schedule.

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General	2 5 0	2 5 0	2 0 0*	..	..	..	..
Deputy-Inspector-General	1 14 0	1 10 0	1 8 0*	..	..	..	..
Surgeon-Major ..	..	1 5 0	1 2 0	..	..	..	..
Surgeon	..	..	..	0 18 0	0 15 0*	..	..
Assistant-Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

* Or on promotion, should these periods of service not be already completed.

9. In addition to the pay of their ranks, officers at the head of the Medical department on foreign stations shall receive allowances at the undermentioned rates, when serving under the following circumstances, viz.:—

If with an army in the field, of 10,000 men or upwards .. .. 20s. per day.
If with an army in the field, of 5000 men or upwards .. .. 15s. ,,
If with an army in the field, of any less number 10s. ,,
If serving in a colony where the forces consist of 1500 men or upwards .. .. .. 5s. ,,

10. After the date of this warrant every Medical officer placed on half-pay by reduction of establishment, or on the report of a Medical Board, in consequence of being incapacitated by reason of ill-health, caused by wounds, or brought on by the discharge of his duty, shall be allowed the half-pay to which his period of full-pay service may entitle him, according to the following schedule:—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General.	1 17 6	1 13 6	1 10 0	..	..	..	..
Deputy-Inspector-General	1 5 0	1 2 6	1 1 0	..	..	..	..
Surgeon-Major ..	..	0 18 6	0 16 6	..	..	..	..
Surgeon	..	..	..	0 13 6	0 11 0	..	..
Assistant-Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

11. With a view to maintain the efficiency of the service, all Medical officers of the rank of Surgeon-major, Surgeon, or Assistant-Surgeon, shall be placed on the retired list when they shall have attained the age of fifty-five years, and all Inspectors-general, and Deputy Inspectors-general, when they shall have attained the age of sixty-five years.

Officers thus superannuated shall be entitled to the rates of half-pay stated in the preceding Schedule.

12. Every Medical Officer who shall have served upon full-pay for twenty-five years and upwards shall have the right to retire upon half-pay, at the rate of seven-tenths of the daily pay he was in the receipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for ten years in the colonies, or five years with an army in the field. But if he shall not have complied with any one of these conditions, he shall be entitled only to half-pay, at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

13. Every Medical officer thus claiming to retire, must give six months' notice to the head of his department of his intention to claim this right, prior to his being allowed to retire; and no Medical officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

14. If a Medical officer is placed on half-pay from any other cause than those hereinbefore named, he shall only be allowed a temporary rate of half-pay (not exceeding the rates stated in Clause 10), for such period and at such rate as shall be assigned to him by our Secretary of State for War, on a consideration of the length and character of the services rendered to the public by such Medical officer.

15. On reduction of establishment, the Surgeon and Assistant-Surgeon who are junior in the ranks, shall be the first reduced, and, on restoration to full-pay, the reduced officers who are senior in their rank shall be the first restored.

16. The relative rank of the Medical officers of our army shall be as follows:—Staff or Regimental Assistant-Surgeon as a lieutenant, according to the date of his commission; and, after six years' full-pay service, as captain, according to the date of the completion of such service. Staff or Regimental Surgeon as major, according to the date of his commission; and Surgeon-major, as lieutenant-colonel, but junior of that rank. Deputy Inspector-general of Hospitals, as lieutenant-colonel, according to the date of his commission; and, after five years' full-pay service as Deputy Inspector-general, as colonel, according to the date of the completion of such service. Inspector-general of Hospitals, as Brigadier-general, according to the date of his commission, if with an army in the field, or after three years' full-pay service as Inspector-general, as a major-general, from the date of his joining such army in the field, or according to the date of the completion of such service.

17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, [except as regards the presidency of courts-martial, where our will and pleasure is, that the senior combatant officer be always President,] and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention and prize-money. But when a Medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such Medical officer, is entitled to a preference in the choice of quarters.

18. Medical officers shall be entitled to all the allowances granted by our warrant of 13th July, 1857, on account of wounds and injuries received in action, as combatant Officers holding the same relative ranks.

19. Their families shall in like manner be entitled to all the allowances granted by our warrant of 15th June, 1855, to the families of combatant officers holding the same relative ranks.

20. Medical officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the conditions and restrictions laid down in our warrant of 1st July, 1848:—

DAILY RATE.

Rank.	Ordinary.	Extra-ordinary.
REGIMENTAL.	s. d.	s. d.
Assistant-Surgeon, under Six Years' Service ..	1 0	2 0
,, ,, above Six Years' Service ..	1 6	2 6
Surgeon	2 6	4 6
Surgeon-Major	2 6	4 6
STAFF.		
Assistant-Surgeon, under Six Years' Service ..	1 6	2 6
,, ,, above Six Years' Service ..	2 0	3 6
Surgeons..	3 0	5 0
Surgeon-Major	3 0	5 0
Deputy Inspector-General, under Three Years' Service	4 6	7 6
,, ,, ,, above Three Years' Service	6 0	10 0
Inspector-General of Hospitals	9 0	15 0

21. Surgeons or Surgeons-major of Infantry regiments shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

22. All Staff-Surgeons of the first class and senior Surgeons of Artillery now serving, or who, being now on half-pay, shall hereafter be called upon to serve, shall rank as Surgeons-major from the date of their commissions as Staff-Surgeons of the first class, or Senior Surgeons of Artillery, and shall receive the pay of Surgeon-major, according to the foregoing schedule of full-pay from the date of this warrant, or from the date of being called from half-pay to full-pay; and all Surgeons who have already completed twenty years' full-pay service, or upwards, in any rank, shall have the rank and pay of Surgeons-major from the date of this warrant.

23. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank (a).

24. A Medical officer, retiring after a full-pay service of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half-pay.

25. Good service pensions shall be awarded to the most meritorious Medical officers of our army under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State for War.

26. Six of the most meritorious Medical officers of the Army shall be named My Honorary Physicians, and six My Honorary Surgeons.

Given at Our Court of St. James's, this first day of October, 1858, in the twenty-second year of our reign.

NAVY MEDICAL DEPARTMENT.

Director-General of the Medical Department of the Navy.—Sir John Liddell, Kt. M.D., C.B., F.R.S.

REGULATIONS FOR CANDIDATES FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1st, 1859.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct, that the following Regulations, relative to the Examination of Candidates for the Appointment of Assistant-Surgeon in the Royal Navy, shall in future be adopted:—

That a candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the Regulations, and a printed form, to be filled up by him, to show if he possesses the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, showing that they are fully qualified by age, professional ability, &c., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

(a) This clause does not extend to the compliments to be paid by Garrison or Regimental Guards as laid down in pages 29 and 30 of the Queen's Regulations for the Army.

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon, will be forthwith nominated to one of the Naval Hospitals at home, to await appointments to any of Her Majesty's ships; or, should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a certificate of being registered under the Medical Act, and a diploma from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, from the Faculty of Physicians and Surgeons of Glasgow, from Trinity College, Dublin, or from other Corporate Body legally entitled to grant a Diploma in Surgery; nor as a Surgeon, unless he shall produce a certificate from one of the said Colleges, Faculty, or Corporate Body, founded on an examination to be passed subsequent to his appointment of Assistant-Surgeon, as to his fitness for the situation of Surgeon in the Navy; and in every case the person producing such diploma and certificate shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery, both at the time of his entry, and after serving three years, to render himself eligible for Surgeon; and that previously to the admission of Assistant-Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also

That they are of good moral character; the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than twenty years, or more than twenty-six years.

That they have actually attended a recognised Hospital for eighteen months subsequently to the age of eighteen, in which Hospital the average number of patients is not less than one hundred.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which, from the teacher, must state the number of subjects or parts dissected by the candidate.

That they have attended Lectures, etc., on the following subjects, at established schools of eminence, by Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than hereunder stated; observing, however, that such Lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the Lectures on Anatomy, Surgery, and Medicine, be not attended during Winter Sessions of six months each:—Anatomy, 18 months; or General Anatomy 12 months, and Comparative Anatomy 6 months. General Surgery 12 months, or Military Surgery 6 months, and General Surgery 6 months. Theory of Medicine, 6 months, Practice of Medicine, 6 months; if the Lectures on the Theory and Practice of Medicine be given in conjunction, then the period required is 12 months. Clinical Lectures (at an Hospital as above), 12 months; on the Practice of Medicine 6 months, on the Practice of Surgery 6 months. Chemistry, 6 months; or Lectures on Chemistry 3 months, and Practical Chemistry 3 months. Materia Medica, 6 months. Midwifery, 6 months; accompanied by certificates stating the number of Midwifery cases personally attended. Botany, 3 months.

In addition to the tickets for the lectures, certificates must be produced from the Professors, etc., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time also of actual attendance at an Hospital or Infirmary must be certified; and the tickets, as well as certificates of attendance, age, moral character, etc., must be produced by the candidate previously to his examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of the diseases of the eye, and of any branch of science connected with the Profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, etc., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the Regulations.

By the rules of the service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served five years (two years of which must be in a ship actually employed at sea), and can produce a certificate from one of the before-mentioned Colleges, Faculty, or Corporate Body; and it is resolved, that not any certificate of examination from any of the aforesaid Institutions shall be admitted toward the qualification for Surgeon, unless the certificate shall be obtained on an examination passed after a period of not less than three years' actual service; observing, that no one can be admitted to an examination for Surgeon, unless, as hereinbefore mentioned, he can produce a certificate, together with the most satisfactory proof, that he has performed, on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of Surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification no one hereafter can be promoted to the higher branches of the service; and whenever Assistant-Surgeons already in the service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

It is also to be observed, that candidates who may be admitted into the Naval Medical Service, must serve in whatever ships, etc., they may be appointed to; and that in the event of their being unable to do so from sea sickness, their names cannot be continued on the Naval Medical List, nor can they, of course, be allowed half-pay.

The following are the regulations as to pay, half-pay, rank, etc., of Naval Medical officers issued by the Admiralty, on the 30th May, 1859:—

Her Majesty having been pleased, by Her Order in Council of the 13th instant, to establish the following regulations with regard to the pay, half-pay, rank, etc., of the Medical officers of the Royal Navy, My Lords hereby make known the same, for the information of all whom it may concern.

1. There shall in future be four grades of Medical officers, viz.:—1. Inspector-general of Hospitals and Fleets. 2. Deputy Inspector-general of Hospitals and Fleets. 3. Surgeon, who after twenty years' service on full-pay, ten of which in the rank of Surgeon, shall be styled Staff-Surgeon. 4. Assistant-Surgeon.

2. No candidate shall be admitted to the examination for a commission in the Medical department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as Assistant-Surgeon, until he shall have satisfactorily passed an examination in Naval surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon, until he shall have passed such examination as the Lords Commissioners of the Admiralty may require; and shall have served on full-pay, with the commission of Assistant-Surgeon, for five years, of which two, at least, shall have been passed on board one or more of Her Majesty's sea-going ships.

4. No Surgeon shall be eligible for promotion to the rank of Deputy Inspector-general of Hospitals and Fleets, until he shall have served ten years in the Royal Navy, on full-pay, of which three, at least, must have been passed in one of Her Majesty's ships, on some one or more foreign stations, with the rank of Surgeon.

5. No Deputy Inspector-general of Hospitals and Fleets shall be eligible for promotion to the rank of Inspector-general, until he shall have served five years at home, or three years abroad, in the rank of Deputy Inspector-general. In cases of emergency, however, or when the good of Her Majesty's Service may render such alteration desirable, it will be competent for the Lords Commissioners of the Admiralty to shorten the several periods of service above-mentioned, in such manner as they shall deem fit and expedient.

6. The rates of full-pay for the Medical officers of the Royal Navy will in future be in accordance with the following schedule :—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector - General of Hospitals and Fleets	2 5 0	2 5 0	*2 0 0	..	..	..	..
Deputy Inspector-General of Hospitals and Fleets	1 14 0	1 10 0	*1 8 0	..	..	..	..
Staff Surgeon ..	..	1 5 0	1 2 0	..	..	..	..
Surgeon	..	..	..	0 18 0	*0 15 0	..	..
Assistant - Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

7. Every Medical officer on the active list, now on half-pay, and those who may be placed on half-pay, subsequently to the 13th instant, will be allowed the half-pay to which his period of service on full-pay shall entitle him, according to the following schedule :—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector - General of Hospitals and Fleets	1 17 6	1 13 6	*1 10 0	..	..	..	..
Deputy Inspector-General of Hospitals and Fleets	1 5 6	1 2 6	*1 1 0	..	..	..	..
Staff Surgeon ..	..	0 18 6	0 16 6	..	..	..	..
Surgeon	..	..	..	0 13 6	*0 11 0	..	..
Assistant - Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

* Or on promotion, should these periods of Service not have been already completed.

8. With a view to maintain the efficiency of the service, all Medical officers, with the ranks of Staff-Surgeon, Surgeon, and Assistant-Surgeon, will be placed on the retired list when they shall have attained the age of 60 years. Deputy Inspectors-general, will be placed on such retired list when they shall have attained the age of 65 years, and Inspectors-general when they shall have attained the age of 70 years. Officers thus superannuated will receive the rates of half-pay mentioned in the preceding schedule.

9. The relative ranks of the Medical officers of the Royal Navy will be as follows :—An Assistant-Surgeon will rank as a Lieutenant in the Army, according to the date of his commission, and after six years' service on full-pay as a Captain in the Army, according to the date of the completion of such service. A Surgeon will rank as Major in the Army, according to the date of his commission, and a Staff-Surgeon as Lieutenant-colonel, but junior of that rank. A Deputy Inspector-general of Hospitals and Fleets will rank as Lieutenant-colonel, according to the date of his commission, and after five years' service on full-pay as Deputy Inspector-general, will rank as Colonel, according to the date of completion of such service. An Inspector-general of Hospitals and Fleets will rank as Brigadier-general, according to the date of his commission, and after three years' service on full-pay as Inspector-general will rank as Major-general, according to the date of completion of such service. Provided always, that no Medical officer, while borne on the books of one of Her Majesty's ships, or employed in establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

10. When Medical officers of the Navy may be employed on shore, on joint service with Her Majesty's Land Forces, such relative rank will carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel, and light, or allowances in their stead; but Medical officers serving in the fleet, notwithstanding the relative rank thus conferred upon them, will, in all such details, and also in all matters relating to the duties of the fleet and to the discipline and interior economy of Her Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the Military branch, while on duty, under the general regulations which may from time to time be prescribed by the Lords Commissioners of the Admiralty.

11. Medical officers will share prize money according to the proclamation or proclamations which may be in force at the time being, for regulating the distribution of the proceeds of prizes in the Royal Navy.

12. Medical officers will be entitled to the same allowances on account of wounds and injuries received in action as combatant officers holding the same relative ranks.

13. The families of Medical officers will in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

14. Medical officers will be held entitled to the same honours as other officers of the Royal Navy of equal relative rank.

15. A Medical officer retiring, after a full-pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half-pay.

16. Good service pensions will be awarded to the most meritorious Medical officers of the Royal Navy, under such regulations as shall from time to time be determined upon.

17. Four of the most meritorious Medical officers of the Royal Navy will be named "Honorary Physicians," and four "Honorary Surgeons," to Her Majesty.

HER MAJESTY'S INDIAN FORCES.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON.

All natural-born subjects of her Majesty between 21 and 28 years of age, and of sound bodily health, may be candidates for admission into the service of Her Majesty as Assistant-Surgeons in Her Majesty's Indian Forces.

They must subscribe and send in to J. R. Martin, Esq., F.R.S., Examining Medical Officer to the Secretary of State for India in Council, ten days before the period fixed for each examination, a declaration to the following effect:

"I (Christian and Surname at full length), a candidate for employment as an Assistant-Surgeon in Her Majesty's Indian Forces, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical debility that can interfere with the due discharge of the duties of a Medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents :—1. Proof of age, either by extract from the Register of the Parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 & 6 William IV., cap. 62. 2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years. 3. A diploma in Surgery; or a degree in Medicine, provided an examination in Surgery be required for such degree; from some body competent by law to grant or confer such diploma or degree. 4. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended, for six months, the practice and clinical instruction of the physicians at some Hospital containing at least, on an average one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of physic, and clinical instruction for twelve months. 5. A certificate of having attended, for three months, the practical instruction given at one of the public Asylums for the treatment of the Insane. 6. A certificate of having attended, for three months, one of the institutions, or wards of an Hospital especially devoted to the treatment of Ophthalmic disease.

Candidates who may not have been able to attend the practice of an Asylum for the Insane, or of an Ophthalmic Hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India. 7. A certificate of having attended a course of lectures on Midwifery, and of having conducted at least six labours. 8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any course of lectures, in addition to the above. Attendance on a course of Military Surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects:—1. Surgery in all its departments. 2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene. 3. Anatomy and Physiology, including Comparative Anatomy. 4. Natural History, including Botany and Zoology.

The following are the books recommended in zoology and comparative anatomy:—Outlines of the Structure of the Animal Kingdom, by Rymer Jones, or Cours Elémentaire d'Histoire Naturelle, par Milne-Edwards; botany, Lindley's School Botany, or Lindley's Elements of Botany.

The examination will be conducted:—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *vivâ voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, will be appointed to fill the requisite number of appointments as Assistant-Surgeons in Her Majesty's Indian Forces, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination.

All Assistant-Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds, at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal.

All Assistant-Surgeons who shall neglect or refuse to proceed to India under the orders of the Secretary of State for India in Council, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Military Department, East-India House.

The examinations will take place in the months of January and July in each year, and due notice will be given by public advertisement of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant-Surgeons in Her Majesty's Indian Forces having received many inquiries as to the object and extent of the examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are,—

1. To ascertain who of the Candidates have devoted especial attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of their profession. Proficiency in these sciences will, in classifying the Candidates by merit, be entitled to great consideration. 2. To encourage all candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of animals and of plants, with the general plan upon which these are constructed, and the functions and relations of their most important organs. 3. To promote the study of Natural History as a most important adjunct or preliminary to a liberal Medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develop habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by Medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources. The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examination, a considerable number of questions will be put, with the view of allowing each candidate to select such subjects as he has attended to, and, thereby, of enabling the examiners to ascertain the particular departments of science in which the verbal examination should be conducted. With those candidates who have attained proficiency in any branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

THE EXAMINING MEDICAL BODIES IN SCOTLAND. (a)

SESSION 1859—60.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

President.—Dr. Alexander Wood.
Secretary.—Dr. Rutherford Haldane.

REGULATIONS RELATING TO ADMISSION TO THE FELLOWSHIP.

Fellows.—No one can be elected a Fellow of the College till he has obtained the degree of Doctor of Medicine. His petition must be presented at a meeting of the College, after the fees shall have been lodged in the Treasurer's hands; and, if a Graduate of any University in Great Britain or Ireland, the motion for his admission may be determined by ballot at the first quarterly meeting of the College—a majority of three-fourths being necessary to carry it in the affirmative. Graduates of Foreign Universities must previously submit to an examination before the examiners of the College, which shall consist, 1. Of a Dissertation in English, on some subject in the Practice of Physic selected by the Examiners, to be written by the candidate in an apartment of the College Hall, under the superintendence of the Examiners. 2. Of a *viva voce* examination in English, chiefly on Symptomatology, Pathology, and Therapeutics of Diseases; but in part, also, on Anatomy, Chemistry, Botany, and Physiology. 3. The Examiners may institute such examination as they may consider advisable for satisfying themselves that the candidate has received a competent education.

Non-resident Fellows.—The mode of election of a Non-resident is the same as that of a Resident Fellow. In his petition he engages, if he come to reside in Edinburgh, to fulfil the whole conditions which the College does or may require of Resident Fellows; but another ballot must take place before he is admitted to that grade by the College. The fees for a Resident Fellowship amount to £130, and for a Non-resident £80, both inclusive of the stamp duty to Government.

Licentiates.—Graduates of British Universities may be admitted Licentiates without any previous trial or examination; and until the 20th of April, 1859, all duly qualified Practitioners, who produce testimonials of moral and Professional character, and who pass an examination in the practice of Medicine may be admitted by ballot. The fee for the licence is now £10.

N.B.—Personal attendance is not necessary in the case of candidates for the Non-resident Fellowship, unless they are Graduates of Foreign Universities, when they must present themselves for examination.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

President.—Robert Omond.

Council.—James S. Combe, James Simson, Andrew Wood, Douglas Maclagan, Benjamin Bell, James Dunsmure.

Examiners.—John Gairdner, James Simson, Richard Hill, Wm. Dumbreck, Archibald Inglis, Andrew Wood, P. S. K. Newbigging, Benjamin Bell, James Dunsmure, Douglas Maclagan, John Struthers, James Spence.

(a) Up to the time of putting this Journal to press, we have not been supplied with the Regulations of the University of Edinburgh, and the Marischal College and University of Aberdeen.

Representative in Medical Council.—Andrew Wood.
Inspector of Students' Course of Study.—James Simson.
Conservator of Museum.—W. R. Saunders, M.D.
Librarian.—Archibald Inglis.
Treasurer.—John Gairdner.
Secretary.—John Scott, U.S.

REGULATIONS FOR THE FELLOWSHIP.

Candidates must be twenty-five years of age, and must possess the diploma of the college, or of some other public body legally entitled to grant diplomas in Surgery. Admission is by ballot; the name of the candidate, together with the names of his proposer and seconder, having been duly intimated in the billets calling two meetings. Three-fourths of the votes of those present are required for admission.

No Fellow of the College is allowed to keep an open shop for the sale of drugs; to allow his name to be connected with advertisements or publications of any indelicate or immoral nature; to practise, or profess to practise, by advertisements or otherwise, by the use of or according to any secret remedy or method of treatment, or to connect himself with any person who does so; nor in any other way to conduct himself inconsistently with the honour and decorum which become a Fellow of the College.

All enactments are made at meetings of the whole College, the non-resident Fellows being entitled to attend and vote. The annual election of office-bearers takes place at the October meeting.

REGULATIONS FOR THE DIPLOMA.

The diploma of the College may be obtained either separately or jointly with that of the Royal College of Physicians of Edinburgh. (See the regulations for the joint examination by the two Colleges.) The course of study and the preliminary examination are the same for the separate diploma. The professional examination is conducted exclusively by the College of Surgeons. The fee for the separate diplomas is £10.

REGULATIONS.—COURSE OF STUDY.

Professional Instruction.—The candidate for a surgical diploma must be twenty-one years of age, and must have been engaged, during a period of not less than twenty-seven months, including three winter sessions, in attending—Anatomy, two courses of six months each. Practical Anatomy, twelve months; Chemistry, Materia Medica, and Pharmacy, Institutes of Medicine or Physiology, Practice of Medicine, and Clinical Medicine, of each one course of six months, or, of the last, two courses of three months each, during the period of Hospital attendance. Principles and Practice of Surgery, two courses, six months each; or Principles and Practice of Surgery, and Military Surgery, one course, six months each. Clinical Surgery, two courses, three months each, during the period of attendance at the Hospital where they are delivered. Midwifery and Diseases of Women and Children, Medical Jurisprudence, Botany, and Practical Chemistry, of each one course of three months; or, instead of the last, Analytical Chemistry, three months.

He must also have attended at least six labours (certified), and a course of instruction in Practical Pharmacy, at the laboratory of a Surgeon or apothecary, or of a chemist and druggist recognised by the College, or of a public Hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for six months, or a certificate of having been for two years a private pupil or apprentice of a regularly-licensed Medical Practitioner keeping a laboratory for dispensing medicines.

The candidate must have also attended, for twenty-four months, a public general Hospital, containing on an average eighty patients, or alternately shall be required to produce evidence of having attended the practice of an Hospital for twenty-one months, and the practice of a public dispensary, specially recognised by the College, for six months.

All candidates for the diploma must be registered at the College, for which, annually, a fee of 5*s.* is paid.

REGULATIONS TO BE OBSERVED BY CANDIDATES FOR THE DOUBLE QUALIFICATION IN MEDICINE AND IN SURGERY, TO BE CONFERRED CONJOINTLY BY THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Exemptions.

1. Students who have passed the preliminary Examination of the Royal College of Physicians or of the Royal College of Surgeons of Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, before the 1st September, 1859, will be exempted from further preliminary examination. 2. Students who have passed the first professional examination of the Royal College of Physicians of Edinburgh, or of the Royal College of Surgeons of Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, before the 1st October, 1859, will not be required to undergo a further first examination. 3. Students who commenced their professional studies before the 1st October, 1859, will not be required to attend a class for Pathological Anatomy or General Pathology. 4. Students who commence their professional studies before 1st August, 1861, will be exempted from an examination in Greek, or in lieu of Greek, French, German, or Italian.

Notice.

The Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which, after one series of examinations, the student may obtain two licences—one in Medicine and one in Surgery.

The general principle of this joint examination is, that it shall be conducted by a Board, in which each body is represented, for examination in those branches which are common to both Medicine and Surgery; but that the College of Physicians shall take exclusive charge of the examination in Medicine, and the College of Surgeons of the examination in Surgery.

The object of the joint examination is to give to students facilities for obtaining from two separate bodies, at less expense, a double qualification in Medicine and in Surgery. Students passing that examination successfully, will be enabled to register two qualifications under the Medical Act,—Licentiate of the Royal College of Physicians of Edinburgh, and Licentiate of the Royal College of Surgeons of Edinburgh.

The arrangement for thus conferring a double qualification is in conformity with Section XIX. of the Medical Act, and the regulations by which it is proposed to be carried out received the special sanction of the General Council of Medical Education and Registration, at a meeting held on the 7th of August, 1859.

It is the earnest desire of both Colleges, that the students who present themselves for their diplomas should bear in mind how essential a liberal education—literary and scientific—is as a preparation for the successful prosecution of the study of Medicine and Surgery; and they invite attention to the fourth chapter of these regulations, which they hope will ensure regard being paid by the student to this very important object at that period of his course of study which precedes his Medical curriculum.

REGULATIONS.—SCHOOLS OF MEDICINE.

1. Every candidate for the Double Qualification must have followed his course of study in a University, or in an established School of Medicine, as defined below; or in a provincial School specially recognised by the Colleges of Physicians and Surgeons of that division of the United Kingdom in which it is situate.

2. Under the title, Established School of Medicine, are comprehended the Medical Schools of those cities of Great Britain and Ireland in which Diplomas in Medicine or Surgery are granted, and such foreign schools as are similarly circumstanced in the countries in which they exist.

3. Every candidate for the double qualification must have passed at least one Winter Session at a University, or at an established School of Medicine, or at one of the schools of the Queen's University in Ireland.

QUALIFICATIONS OF TEACHERS.

1. The following classes of persons shall be entitled to give lectures, which may be attended as part of the course of study:—1st. In the Universities of Great Britain and Ireland, in University and King's Colleges, London, in Queen's College, Birmingham, and in the Queen's Colleges of Cork, Belfast and Galway, in Ireland, the Professors of those Institutions. 2nd. In Edinburgh, resident Fellows of the Royal College of Physicians of Edinburgh, and Fellows of the Royal College of Surgeons of Edinburgh, whose lectures have been sanctioned in each case by the College to which the lecturer

belongs.(a) 3rd. In London, Fellows and Licentiates of the Royal College of Physicians of London, and Fellows and Members of the Royal College of Surgeons of England, whose status as teachers has been admitted by those Colleges. 4th. In Dublin, Fellows and Licentiates of King's and Queen's College of Physicians in Ireland, and Fellows of the Royal College of Surgeons in Ireland. 5th. In Glasgow, Fellows of the Faculty of Physicians and Surgeons of Glasgow, whose lectures have been sanctioned by the Faculty.(b)

2. No courses of lectures will be recognised, delivered subsequently to 1st May, 1839, by a professor or teacher who lectures upon more than one of the branches of instruction included in their curriculum; nor any course delivered by a professor or teacher who, in addition to the said course, lectures upon a branch of instruction, Medical or general, not included in the curriculum, unless such professor or teacher shall have obtained special leave to do so.

3. Notwithstanding the above regulation, the teaching of two branches may be undertaken by one individual, in the following instances, without disqualification being incurred, viz., Anatomy and Practical Anatomy; Chemistry and Practical Chemistry; and further, Clinical Medicine or Clinical Surgery may be taught simultaneously with any one of the other courses of education prescribed in the curriculum, by a Physician or Surgeon qualified according to the regulations of the Colleges, and attached to a public Hospital of the size which those regulations prescribe.

COURSE OF STUDY.

1. Preliminary Instruction.—Every applicant for the double qualification must satisfy the Examiners in Preliminary Education, that he has a competent knowledge of the following branches of study:—1. The Grammatical Structure of the English and Latin languages. 2. Elements of Mathematics, including Arithmetic and Algebra. 3. Natural Philosophy; or in lieu of this, at the option of the candidate, Logic and Mental Philosophy. 4. After August, 1861, a knowledge of Greek, or, in lieu of Greek, at the option of the candidate, French, German, or Italian will be required. The Colleges will, from time to time, fix on books as guides for preparation for examination in the preliminary branches; and intending candidates will be furnished with lists of these on application. The following branches, though not enjoined, are recommended for study:—Comparative Anatomy, Natural History, Geology.

2. Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during at least four Winter and three Summer Sessions:—Anatomy, two courses,(c) six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical Chemistry, one ditto, three months; (the number of pupils in each class being limited to t wenty-five;) orAnalytical Chemistry, one ditto, three months; Materia Medica, one ditto;(d) Physiology, or Institutes of Medicine, one ditto,(e) six months; Practice of Medicine, one ditto, six months; Clinical Medicine, twelve months;(f) Principles and Practice of Surgery, one ditto, six months; Clinical Surgery, one ditto, six month; in addition to the above courses of Surgery and Clinical Surgery, one course of either of these at the option of the Student, one ditto, six months(f); Midwifery and the Diseases of Women and Children, one ditto, three months; Medical Jurisprudence, one ditto, three months; Pathological Anatomy, or General Pathology, one ditto, three months;(g) Botany, one ditto, three months. Besides the above-mentioned courses of lectures, the candidate must have attended at least six cases of labour under the superintendence of a qualified Medical Practitioner, either in a recognised Maternity Hospital, or a Dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the Practitioner under whom he attended. He must also have attended, for six months, a course of instruction in Practical Pharmacy, at the laboratory of a Surgeon or Apothecary, or of a Member of the Pharmaceutical Society of Great Britain, or of a Chemist and Druggist recognised by either College, on special application, or of a public Hospital or Dispensary. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly licensed Medical Practitioners keeping laboratories for dispensing medicines, will be held qualified in this branch of instruction.

3. The six-months' courses delivered in *Edinburgh or Glasgow* must consist of not fewer than 100 lectures, with the exception of Clinical Medicine and Clinical Surgery. The three-months' courses must consist of not fewer than 50 lectures.

4. The candidate must also have attended, for twenty-four months, a public General Hospital containing on an average eighty patients; or he must have attended such an hospital for twenty-one months, and have also attended, for six months, the practice of a Public Dispensary specially recognised by either College.

5. The following Order of Study is recommended as a guide to the student, though not enjoined:—First Year: Anatomy, Practical Anatomy, Chemistry, Practical or Analytical Chemistry, Botany, the last either in this or the second year, Hospital.—Second Year: Anatomy, Practical Anatomy, Physiology, or Institutes of Medicine, Surgery, Materia Medica, the last either in this or the third year, Hospital.—Third Year: Practice of Physic, Clinical Surgery, Practical Anatomy, Practical Pharmacy, Clinical Medicine, Pathological Anatomy, or Pathology, Hospital.—Fourth Year: Surgery or Clinical Surgery, Midwifery and the Diseases of Women and Children, Clinical Medicine, Medical Jurisprudence, Practical Midwifery, Hospital.

6. It is strongly recommended to students to avail themselves of any opportunities which they may possess of attending lectures on Ophthalmic and Mental Diseases; also on Natural History, Comparative Anatomy, and the use of the Microscope, in addition to the courses of lectures, which are absolutely required.

7. Candidates for the double qualification must conform to the regulations of the Royal College of Surgeons regarding registration and certificates.

PRELIMINARY EXAMINATION IN LITERATURE AND SCIENCE.

1. The Preliminary Examination in Literature and Science shall take place in the first week of November and in the first week of May in each year. This examination may be taken at any period previous to the first professional examination; but it is strongly recommended that it should be taken before the commencement of the professional education.

2. Testimonials of proficiency granted by the National Educational Bodies, according to the following list, shall be accepted as sufficient evidence of preliminary education, and shall exempt from all other non-professional examinations:—A Degree in Arts of any University of the United Kingdom, of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle-class Examinations, senior and junior; Cambridge Middle-class Examinations, senior and junior; Durham Middle-class Senior Examination; Dublin University Entrance Examination. An examination by any other University of the United Kingdom, equivalent to the Middle-class Examinations of Oxford and Cambridge; a certificate that the holder has successfully passed the preliminary examination of any of the Licensing Bodies under the Medical Act, provided the course of education and the subjects of examination be equivalent to those required for the double qualification.

3. The Preliminary Examination shall be conducted by

(a) Both Colleges enacted, in 1846, statutes regarding the manner of sanctioning lecturers and teachers in the Edinburgh School, by special examination in their several departments.

(b) The only lecturers excepted from this law are those on chemistry and botany, who may be persons non-medical, if recognised after examination by a joint Board of the two Colleges, in conformity with statutes enacted in May, 1847.

(c) The two courses must not be simultaneous.

(d) This course will be accepted for three or for six months, according to the opportunities presented by the school at which the candidate has studied.

(e) In those schools of England and Ireeland in which two separate courses of lectures are delivered at separat hours, one on Anatomy, the other on Anatomy and Physiology, the former of these courses will be received as one of the two courses of Anatomy required by the Colleges, and the other as the course of Physiology, or Institutes of Medicine.

(f) Two courses of Clinical Medicine, of three months each, if not simultaneous, will be held equivalent to one course of six months. They must be attended during the period of attendance at the Hospital where they are delivered. The same rules will apply to Clinical Surgery.

(g) This course will not be imperative on Students who have begun their Medical studies before the 1st of October, 1859.

special examiners in Arts, to be chosen from time to time by the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh, associated with assessors, to be sent in equal proportions from the Colleges.

4. Students who intend to offer themselves for the preliminary examination, shall give in their names, addresses, and places of birth to the officer of either college, not later than three days before the day of examination, and shall pay a fee of ten shillings, not to be returned in case of rejection.

PROFESSIONAL EXAMINATIONS.

1. Candidates for the double qualification shall be subjected to two professional examinations, to be conducted at separate times, partly in writing and partly orally.

2. The first examination shall embrace Anatomy, Physiology, Chemistry, and Botany; the second, Pathological Anatomy, Materia Medica, Pharmacy, Medical Jurisprudence, Midwifery, Surgery, and Medicine.

3. Candidates shall not be admitted to the first examination until after twenty-one months of attendance on professional classes.

4. Opportunities for the first examination will be presented four times in each year,—viz., the second Wednesday of the Winter Session, and the first Wednesdays of February, May, and August. On these days the candidates shall assemble for the purpose of writing answers to the questions proposed. The oral examinations will be conducted on the days immediately succeeding.

5. Candidates who desire to pass the first professional examination must apply to the Inspector of Certificates on or before the Saturday preceding the day of examination, and must produce registered tickets and also certificates of attendance in regard to all those courses of study which have reference to the subjects of that examination. They must also produce a certificate of having passed the preliminary examination.

6. The sum of £6 must be paid to the Inspector of Certificates for this examination, not later than 10 a.m. of the day preceding it. This sum will be considered as paid to account of the entire fee of £16 payable for the two diplomas constituting the double qualification.

7. In the case of a candidate being unsuccessful at this examination, £4 will be returned to him, the remaining £2 being retained to meet the expense of the examination.

8. The second examination shall commence on the second Wednesdays of January, March, May, July, and September, and the third Wednesday of November.

9. No candidate shall be admitted to this examination before the termination of his fourth winter session.

10. Applications for examination must be made to the Inspector of Certificates not later than the Saturday previous to the day of examination.

11. Every candidate must produce to the Inspector,—1st, Satisfactory evidence of his having attained the age of twenty-one years; 2nd, The registered tickets and the certificates of his classes; 3rd, A tabular statement (for which a printed form will be furnished by the Inspector) exhibiting the full amount of his professional education, and distinguishing the classes, hospitals, and dispensaries attended during each session of his studies; and 4th, The certificate of his having passed the first professional examination. The tabular statement above referred to, accurately filled up, must be attested by his signature, and will be preserved by the Colleges as a record.

12. The fee payable for this examination, which shall be £10, must be lodged with the Inspector not later than 10 a.m. of the day preceding the examination-day.

13. On the production of the above documents, and after receiving the fees, the Inspector shall give the candidate a letter authorising the examiners to take him on trial.

14. Unsuccessful candidates at either of the first or second examinations shall be remitted to their studies for a period to be determined by the judgment of the examiners, but not in any case less than three months; and their names shall be concealed.

15. In case of a candidate being unsuccessful at the second examination, the fees for that examination will be returned to him; with the exception of the sum of £2, which will be retained to meet the expenses of the examination.

16. In order to test more effectually the practical knowledge of candidates, Anatomical and Botanical specimens, articles of the Materia Medica, Chemical Tests, the Microscope, and Surgical Apparatus, will be employed during the examinations; and every candidate will be required to write out one or more formulæ of prescription. The examination may also consist in part of the actual examination of persons labouring under disease.

17. Candidates, on showing sufficient reason for it, may be admitted to a special examination, on days other than those appointed above, on paying an extra fee of £5, which will not be returned in the event of their not being successful.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

REGULATIONS REGARDING THE GRANTING OF THE DIPLOMA IN SURGERY.

Preliminary Instruction.—Every candidate for the diploma of this Faculty must produce evidence of his having attained the age of 21 years. He must, either previously to or during his Medical education, have received regular instruction in Latin and Mathematics; and must have subsequently attended a course of Natural Philosophy of at least three months' duration.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three Winter Sessions of six months' duration each; Anatomy, Practical Anatomy, and Surgery, of each two courses of six months each (or Surgery and Military Surgery, one course of six months each); Chemistry, one course of six months; Practical Chemistry, one course of three months; Institutes of Medicine, Practice of Medicine, Materia Medica, Midwifery, and Diseases of Women and Children, one course of six months each; Medical Jurisprudence and Botany, one course of three months each; General Hospital, with at least eighty beds, twenty-one months; Practical Pharmacy, six months.

The Faculty recommend the following, viz.:—Lectures on the Eye, and Hospital for Eye Diseases (a three months' course of lectures on the eye, with six months' attendance on an Eye Hospital, containing at least twelve beds for operation cases, will be considered equivalent to three months of a general Hospital), Lying-in Hospital, Hospital for Syphilitic Diseases, Pathological Anatomy, Natural History, and Comparative Anatomy, Greek, French, German, and Italian.

Each candidate shall be examined, partly orally, and partly by written question and answer, without the use of books. He shall translate Latin, write prescriptions, and be examined in preparations. The Committee of Examiners being satisfied with these trials, the candidate shall be entitled to his diploma, on taking and subscribing to the declaration, authorised by law, in place of extra-judicial oaths.

The Faculty Registrar is open during the month of November, for the signature of those students who wish to obtain the diploma, and the classes attended by each during the current Session.

An examination in Latin will be held in the first week of November and the first week of May.

The regulation examination days are the first and third Tuesdays in each month.

The fee for the diploma is £10.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

Chancellor.—The Right Hon. the Earl of Aberdeen, LL.D.
Lord Rector.—John Inglis, Esq.
Principal.—P. C. Campbell, D.D.
Sub-Principal.—David Thomson, M.A.
Secretary.—David Thomson, M.A.
Curator of Museum.—Andrew Fyfe, M.D.
Librarian.—Rev. John Fyfe, A.M.

Medical School.—The Winter Session commences on the first Monday of November, and terminates on the third Friday of April. Introductory Lecture on the first Monday of November, at 2 o'clock, p.m.

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given

without such matriculation. The matriculation fee for all the classes is one sum of 5s. for the Winter, and one of 2s. 6d. for the Summer Session.

Royal Infirmary.—The Hospital is open daily at ten o'clock a.m., and contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital twice a-week.

Physicians.—Dr. Dyce, Dr. Kilgour, Dr. W. Williamson, Dr. Nicol.

Surgeons.—Wm. Keith, Esq., Wm. Pirrie, Esq., David Kerr, Esq., P. Redfern, Esq.

Ophthalmic Surgeon.—John Cadenhead, Esq.

Lecturers on Clinical Medicine and Surgery.—Dr. Kilgour, and William Keith, Esq.

Fee for the Medical and Surgical Practice of the Hospital, 1st year, £3 10s.; 2nd year, making Perpetual, £3, or one sum of £6. Clinical Medicine.—For the first course, £2 2s.; subsequent courses, £1 1s. each. Perpetual, £4 4s. Clinical Surgery.—For the first course, £2 2s.; subsequent courses. £1 1s. each. Perpetual, £4 4s.

Dispensary.—The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is open to the student on application to the Medical officers. There are annually about 5000 patients, either prescribed for at the Institution, or visited at their own houses.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.B.

Students shall be entitled to the degree of M.B. who being of the age of twenty-one years, and having completed the curriculum appointed for the degree of M.D. (one *Annus Medicus*, at least, having been passed at King's College), shall, on examination, be found duly qualified; and the fee for such degree shall be Five Guineas. Those who have obtained the degree of M.B. shall be entitled to make application, within twelve years for the degree of M.D. which degree shall be conferred by the Senatus without further examination, on the candidates producing satisfactory evidence that they have creditably pursued the Medical Profession in the interval; and for the degree of M.D. thus conferred, the additional fee of £21 0s. 6d. shall be charged.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.D.

Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination. Candidates must produce satisfactory certificates of moral character, and of having studied the Classics and Mathematics at a University, or at an academy of acknowledged reputation. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four years—one of which must be passed at King's College, Aberdeen; and must produce evidence of having attended in some recognised School of Medicine the following course of lectures:—Six months' courses,—Anatomy, 2 courses; Chemistry, 1 course; Materia Medica, 1 course; Surgery, 1 course; Institutes of Medicine and Physiology, 1 course; Practice of Medicine, 1 course; Midwifery, 1 course. Three months' courses,—Dissections, 2 courses; Practical Chemistry, 1 course; Medical Jurisprudence, 1 course; Clinical Surgery, 1 course; Botany, 1 course; Clinical Medicine, 2 courses.

Attendance on at least two of the above courses during each session is requisite to constitute an *Annus Medicus*. Certificates of attendance on a six months' course of chemistry previous to the commencement of Medical study, will be received. In addition to the above, every candidate must have attended for two years the wards of an Hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicines. Previous to commencing the Medical examination, candidates not having the degree of A.M. will be required to show that they have a competent knowledge of the Latin language, by translating a passage from Celsus. 5. The preceding regulations will be strictly enforced in the case of all Students who commenced their Medical studies at a period subsequent to October 1, 1840. But Practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University, or at an academy of acknowledged reputation. Fee, £26 5s. 6d.

UNIVERSITY OF ST. ANDREW'S.

REGULATIONS OF THE SENATUS ACADEMICUS, RESPECTING THE EDUCATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-second year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin—of the Royal College of Physicians of London—of the Faculty of Physicians and Surgeons of Glasgow—and of the London Apothecaries' Company—are eligible as Candidates for the Degree of Doctor of Medicine, on producing their Diploma or Licence.

N.B.—Notice to Students.—In 1860, the following regulation will come in force:—Every candidate whose Diploma or Licence bears a date later than 1859, will also be required to produce satisfactory evidence from the Physicians in attendance, that he has regularly attended the Medical Practice of a recognised Hospital for at least eighteen months.

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by Professors in some University, or by Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—

1. Anatomy, two courses of six months each. 2. Practical Anatomy or Dissections, twelve months. 3. Physiology, one course of six months. 4. Chemistry, one course of six months. 5. Practical Chemistry, one course of three months. 6. Botany, one course of three months. 7. Natural History or Comparative Anatomy, one course of three months. 8. Materia Medica and Pharmacy, one course of three months. 9. Midwifery and Diseases of Women and Children, one course of three months. 10. Medical Jurisprudence, one course of three months. 11. Surgery, one course of six months. 12. Clinical Surgery, one course of six months. 13. Practice of Medicine, one course of six months. 14. Clinical Medicine, one course of six months. And that they have diligently attended, for at least two entire years, the Medical Practice in some Public Hospital in Great Britain or Ireland, containing not less than one hundred beds, and having a regular establishment of Physicians, as well as Surgeons.

REGULATIONS RESPECTING THE EXAMINATIONS.

Examiners for Degrees in Medicines.—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine. Arthur Connell, F.R.SS.L. and E., Professor of Chemistry. William Pyper, LL.D, Professor of Latin.

Assistant Examiners.—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow. Wm. T. Gairdner, M.D., F.R.C.P., Lecturer on the Practice of Medicine, and on Clinical Medicine, Edinburgh.

The examinations take place twice in the year, commencing on the first Monday in May, and the third Monday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit one-third of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination by printed papers extends over three days, after which each candidate is submitted to an oral examination.

All candidates are required to give a written translation of a passage from the first four books of Celsus, to write prescriptions in Latin with accuracy, and to be so far acquainted with Greek as to be able to give the meanings of scientific and Medical terms derived from that language.

During the first two days of the examination, the candidates answer printed questions on (1) Chemistry and Materia Medica; (2) Anatomy and Physiology; (3) The Practice of

Medicine ; (4) The Principles of Surgery and Midwifery. On the third day, they are required to write a short commentary on a Medical and on a Surgical or Midwifery case.

The Degree is conferred, at the conclusion of the oral examinations, by the Rector, in the Hall of the Public Library of the University, and the diplomas are signed by the Professors of the University.

Every candidate is required to present himself for registration to the Secretary on or before the Saturday preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

As the examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—Fowne's Manual of Chemistry. (Candidates who have been long engaged in Practice are expected to possess, at least, a knowledge of the general principles of the Science, and an acquaintance with the ordinary chemical compounds used in Medicine.) Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of Medicines); and the London, Edinburgh, or Dublin Pharmacopœia. Quain's Elements of Anatomy, or Wilson's Anatomist's Vade-Mecum. Carpenter's Principles of Human Physiology, or Kirkes's Handbook of Physiology. Williams's Principles of Medicine, and Watson's Lectures on the Principles and Practice of Physic, or Wood's Treatise on the Practice of Medicine (American.) Miller's Principles and Practice of Surgery, or Fergusson's System of Practical Surgery. Churchill on the Theory and Practice of Midwifery.

Candidates who have acquitted themselves creditably in the first two days' examination are allowed to compete for honours.

Candidates for honours are additionally examined in Comparative Anatomy and Physiology, in the higher departments of Human Physiology and Pathology, and in Medical Jurisprudence ; and their practical knowledge of Medicine is tested at the bedside.

FACULTY OF MEDICINE IN IRELAND.

UNIVERSITIES, COLLEGES, COURSES OF STUDY, DEGREES AND LICENCES TO PRACTISE.

The following bodies grant one or more degrees or licences to practise Medicine or Surgery, and provide courses of instruction in the Medical sciences: — The University of Dublin grants the degrees of M.B. or Bachelor of Medicine ; M.D. or Doctor of Medicine ; M.C. or Master of Surgery ; and also a Surgical licence. The Queen's University in Ireland, with its Provincial Colleges at Belfast, Cork, and Galway ; this University confers the degree of M.D. The King and Queen's College of Physicians in Ireland, granting a licence and fellowship. This institution, in connection with the Medical Faculty of the University of Dublin, constitutes the School of Physic in Ireland. The Royal College of Surgeons in Ireland, which grants letters testimonial qualifying to practise Surgery as a Licentiate, and also confers a Fellowship. Fellows and Licentiates of the Colleges of Physicians and Surgeons may obtain from their respective Colleges a diploma in Midwifery. The Rotunda and Coombe Lying-in Hospitals grant diplomas in Midwifery, which are, however, not recognised under the Medical Act. The Governor and Company of the Apothecaries' Hall of Ireland.

The Medical Session in Ireland commences about the first week in November.

UNIVERSITY OF DUBLIN.

The School of Physic was instituted by Act of Parliament (40 Geo. III. c. 84), and consists of the three University Professors, viz., the Professor of Anatomy and Surgery, the Professor of Chemistry, and the Professor of Botany ; together with the King's Professors of the City of Dublin, on the foundation of Sir Patrick Dun, viz., the Professors of the Institutes of Medicine, of the Practice of Medicine, and of Materia Medica and Pharmacy. The Provost and Senior Fellows of Trinity College have added to these a Professor of Surgery, and the College of Physicians has added a Professor of Midwifery, and one of Medical Jurisprudence.

The Professors, as specified in the Act of Parliament, are bound to give Clinical Lectures at Sir Patrick Dun's Hospital at least two days in each week during every session ; and each Professor lectures during the space of three months in alternate succession.

MATRICULATION.

All Students in Medicine of the University of Dublin must be matriculated by the Senior Lecturer of Trinity College, for which a fee of five shillings is payable under the Act of Parliament ; but no such Student shall be obliged to have his name on the College books, or to attend any of the academical duties of the University, unconnected with the School of Medicine and Surgery, unless he desire to obtain a degree in Medicine, or a diploma or degree in Surgery.

No Student can be admitted for the Winter Courses after the 25th of November, or for the Summer Courses after the 20th of May.

DEGREES IN MEDICINE AND SURGERY.

1. *Bachelor in Medicine.*—A Candidate for the degree of Bachelor in Medicine must be a graduate in Arts, and may obtain the degree of Bachelor in Medicine at the same commencement as that at which he receives his degree of B.A., or at any subsequent commencement, provided the requisite Medical education shall have been completed.

The Medical education of a Bachelor in Medicine is of four years' duration, and comprises attendance on the following courses of lectures :—

COURSES OF SIX MONTHS' DURATION OR LONGER.

Anatomy and Physiology ; Practical Anatomy, with Anatomical Demonstrations ; Surgery ; Chemistry ; Materia Medica and Pharmacy ; Institutes of Medicine and Pathology ; Practice of Medicine ; Midwifery.

Clinical Lectures : Attendance on Sir Patrick Dun's Hospital during nine months, with three consecutive Courses of Clinical Lectures, each of three months' duration. Also nine months' attendance on some general Hospital in Dublin, approved of by the Board, in which Clinical instruction in Medicine and Surgery is delivered.

COURSES OF THREE MONTHS' DURATION.

Botany, in the first week of April, and continued during the months of May and June ; Practical Chemistry ; Medical Jurisprudence.

Any of the above-named Courses may be attended at the School of the Royal College of Surgeons in Ireland, and three of them, at the discretion of the Candidate, may be attended in the University of Edinburgh, provided the Candidate have kept an *Annus Medicus* in the School of Physic.

An *Annus Medicus*, or a year's attendance in the School of Physic, may be kept in three ways :—1. By attending at least two, or not more than three, of the foregoing courses, which are of six months' duration. 2. By attending one course of six months' and two of three months' duration. 3. By nine months' attendance on Sir Patrick Dun's Hospital, and Clinical Lectures, together with one course of six months' or, in lieu thereof, two courses of three months' duration.

Every pupil, before he be admitted to attend the Clinical Lectures, must pay the Professor £3 3s. for each three months' course of Lectures, and shall enter his name with the Treasurer of Sir Patrick Dun's Hospital, and pay him ten guineas, unless he shall have been matriculated in one of the Universities of Dublin, Oxford, or Cambridge, and shall have continued his studies in Arts, under a tutor, in one of the said Universities, for the space of two years at least ; in which case he shall pay the sum of £3 3s. to such Treasurer, for the first half-year, with a proportionate sum for any longer period.

The examination for the degree of Bachelor of Medicine is conducted by the Regius Professor of Medicine, the University Professor of Surgery, the six Professors of the School of Physic, the Professor of Midwifery, and the Professor of Medical Jurisprudence in the College of Physicians. All the Candidates are examined together publicly in the Examination Hall, on two days of the week next preceding that in which the University Commencements are held. The Examination is conducted partly by printed, partly by oral questions.

Total amount of Fees for the Degree of M.B., £11 15s.

2. Doctor in Medicine.—A Doctor in Medicine must be

M.B. of at least three years' standing, and must perform exercises for the Degree before the Regius Professor of Physic, in accordance with the Rules and Statutes of the University.

Total amount of Fees for this Degree, £22.

3. Licentiate in Surgery.—The licence or diploma in Surgery may be obtained by such Students as are matriculated in Medicine, and have completed at least one year in Arts on the following conditions:—

1. To complete one year in Arts, it shall be necessary to have answered at least one Term Examination, subsequent to the Junior Freshman year; or to have completed the Junior Freshman year only, by passing the Michaelmas Examination of that year, and keeping one previous Term, either by Lectures or by Examination.

2. Students who have not passed an Examination in the Senior Freshman year will be required to attend one Course of Lectures in Logic. Students who have not passed the Junior Sophister year of the Undergraduate Course will be required to attend one Course of Lectures on Mechanics with the Assistant to the Professor of Natural Philosophy.

3. Students so qualified will be admitted to Examination for the Licence in Surgery as soon as they shall have completed the prescribed curriculum.

4. This curriculum shall extend over a period of four years, and shall comprise attendance upon the following Courses of Lectures:—

Anatomy and Physiology	Two Courses.
Demonstrations and Dissections ..	Three Courses.
Theory and Practice of Surgery ..	Two Courses.
Practice of Medicine	One Course.
Chemistry	One Course.
Materia Medica	One Course.
Midwifery	One Course.
Practical Chemistry	One Course each.
Botany	
Medical Jurisprudence	

Any of the above-named Courses may be attended at the School of the Royal College of Surgeons in Ireland, provided the Candidate has kept an *Annus Medicus* in the School of Physic.

Also attendance for three Sessions, each of nine consecutive months' duration, on the practice of any of the following Hospitals, together with attendance on the Clinical Lectures on Medicine and Surgery there delivered.

1. Richmond, Whitworth, and Hardwicke Hospitals; 2. Meath Hospital; 3. Steevens' Hospital; 4. Jervis-street Infirmary; 5. City of Dublin Hospital; 6. Mercer's Hospital; 7. St. Vincent's Hospital; 8. Adelaide Hospital.

Of the Courses of Lectures which are of six months' duration, not more than three can be attended during any one Session.

4. Candidates for the Licentiateship who have complied with the foregoing regulations must pass an Examination before a Court of Examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany.

The Examination of each Candidate will be divided into two parts; one of which shall be devoted to Anatomy and Physiology, Surgical Anatomy, the Theory and Practice of Surgery, and Operative Surgery; and the other to the Practice of Medicine, Midwifery, Chemistry, Materia Medica, and Toxicology.

A fee of £2 10s. is charged on taking the diploma.

4. Master in Surgery.—The full Degree of Master in Surgery can only be obtained by Students who are Bachelors of Arts, and who have completed the curriculum and passed the Examination required.

The Examination for the Degree of Master in Surgery is conducted publicly in the Examination Hall, during the week next preceding that in which the University Commencements are held.

The curriculum is the same as that for the Licentiate, as given above, with the addition of one Session of nine months' attendance on an Hospital, having at least twenty beds for cases of fever. A Special Certificate for such attendance will be required.

In addition to the subjects of Examination required for the Licentiate, Candidates for the Degree of Master in Surgery will be examined specially in the following subjects:—

Comparative Anatomy.
Medical and Surgical Pathology.
Animal Chemistry.
Ophthalmic Surgery.

They will also be required to perform Surgical operations on the dead subject.

The Examination will be conducted partly by oral and partly by printed questions, and will be continued for four hours each day, for two successive days; the first day being devoted to the printed, and the second to the oral questions.

The constitution of the Court of Examiners is the same as for the Licentiate in Surgery, but Students who have already taken the degree of M.B. will be examined only by the Regius Professor of Physic, the University Professor of Surgery, the Professor of Surgery of the School of Physic, and the Professor of Anatomy and Physiology, and the Professor of Chemistry.

The days of graduation are Shrove-Tuesday, the first Wednesday in July, and the last Wednesday in Michaelmas Terms. Candidates having completed their Medical education can procure from the Registrar of the Professors of the School of Physic a schedule testifying to the correctness of the details of the attendance on Lectures, etc., on producing which a *Liceat ad Examinandum* is issued by the Provost and Senior Fellows.

Total amount of fees for the degree of Ch. M., £11 15s.

The Certificates of the Professors of the College of Surgeons are received as qualifications for a *Liceat ad Examinandum*.

PRIVILEGES OF MATRICULATED MEDICAL STUDENTS.

The Medical Library at Sir Patrick Dun's Hospital is open on Tuesdays and Fridays, at two o'clock, for the delivery of books to Students, conformably with the regulations of the College of Physicians.

Medical Students, being Junior or Senior Sophisters on the College Books, and in attendance on two of the winter Courses of Medical Lectures are exempted from the Classics of the Junior Sophister year, and from one of the three optional Courses (Mathematical Physics, Experimental Physics, or Classics) of the Senior Sophister year. To obtain this privilege it is necessary that the Student be matriculated in Medicine, and that the proper certificates of his attendance on Medical Lectures be submitted to the Senior Lecturer.

By the Act 40 Geo. III. c. 84, the several Lecturers and Professors of the School of Physic are bound during each Medical Session to return to the Senior Lecturer the names of such Students as have attended their Lectures.

Students in Arts having their names on the College Books, will be permitted to attend one Course free of expense, with each of the University Professors.

No Testimonium, or certificate of attendance, will be issued to such Students until after they have proceeded to their first degree in Medicine. Should the Student who has had the privilege of free attendance desire to obtain an official Testimonium, before proceeding to his Medical degree, he must, on obtaining it, pay to the Professor the usual fee.

THE QUEEN'S UNIVERSITY IN IRELAND,

granting the degree of M.D., is the centre or head of the Queen's Colleges of Belfast, Cork, and Galway, each of which possesses a Faculty of Medicine. The curriculum of Medical study, extends over a period of at least four years, and is subdivided into two periods of two years each; the first period comprises attendance on Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. Also, during the first period, Practical Chemistry in a recognised laboratory during three months, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with Clinical Lectures delivered therein. During the second period three months' Practical Midwifery in a recognised Hospital with not less than thirty beds; three months' Practical Pharmacy; and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which Clinical Instruction is delivered. At least one-third of the courses of Medical Lectures must be attended in some one of the Queen's colleges; the remainder may be taken at

the option of the candidate, in any School, College, or University recognised by the Senate of the Queen's University. Candidates are required before graduating to have also attended in one of the Colleges of the University, Lectures on Natural Philosophy, and on one Modern Language, and to have passed the Matriculation Examination. There are two University Examinations, one comprising the subjects of study in the first period, the other the subjects of the second period. Candidates may, if they prefer to do so, pass both these examinations at the same time. The University Examinations are held twice in each year, in June and September. Further information will be found in the "Queen's University Calendar," or may be obtained by application to the Secretary, Queen's University, Dublin Castle.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This College grants a Licence and Fellowship. Candidates must produce proof of having been engaged for at least four years in the study of Medicine, of having attended not less than two of the required courses in each year. These courses are Anatomy, and Physiology, Chemistry, Institutes of Medicine, Materia Medica and Pharmacy, Practice of Medicine, Midwifery, and Diseases of Women and Children, Surgery, Botany, and Medical Jurisprudence; of the last two, courses of three months each; of the remainder, courses of six months each; besides which, six months' dissections with demonstrations, and three months' Practical Chemistry are required. The lectures must have been attended with the Professors of the School of Physic, or others recognised by the College. Hospital attendance for two years and six months, and six months' practice of a Lying-in Hospital are also necessary.

Graduates in Medicine (not honorary) of one of the Universities of the United Kingdom, Licentiates of the Royal College of Physicians of London or Edinburgh, officers holding Medical or Surgical commissions in her Majesty's service, Licentiates of a College of Surgeons, of four years' standing, those who hold the Surgical diploma of Trinity College, Dublin, or Licentiates of a College of Surgeons in the United Kingdom, producing in addition to their diploma, certificates of attendance on a course of lectures on the Institutes of Medicine and on Botany, and on the practice of a Lying-in Hopital for six months, are admissible to examination on producing evidence of their possessing any of the foregoing qualifications. Candidates will be examined on two several days:—On the first day, in Anatomy, Chemistry, Botany, and the Institutes of Medicine; on the second, in Acute and Chronic Diseases, Materia Medica, and Midwifery; those who, in addition to the qualifications just enumerated, are also Graduates in Arts of the Universities of Dublin, Oxford, or Cambridge, are required to undergo the second day's examination only, Botany, and Materia Medica being added in the case of members of a College of Surgeons.

By a regulation of this College, every person receiving its licence is obliged to make a solemn declaration to observe its laws and ordinances, and among other things he solemnly engages not to practise any system or method (so called, for the cure or alleviation of diseases of which the College has disapproved; nor to endeavour to obtain practice, or to attract public notice by advertising, or by any other unworthy means; "I also engage that I will neither permit nor sanction the use of my name by any other party for such purposes, nor in connection with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College." By the Dublin College of Physicians this regulation has been carried out in the letter and in the spirit.

ACTS OF GRACE TO BE IN FORCE UNTIL MAY 1ST, 1860.

Persons possessing any one of the following qualifications (not being Apothecaries) will be admissible to Examination for the Licence in Medicine, and be required to undergo one day's examination only in Acute Diseases, Chronic Diseases, Materia Medica, and Midwifery:—

1. Licentiates or Fellows of either of the Royal Colleges of Physicians of London or Edinburgh.
2. Graduates in Medicine of a University of the United Kingdom.
3. Fellows, Members, or Licentiates of one of the Colleges of Surgeons of the United Kingdom, and those holding the Surgical Diploma of Trinity College, Dublin.
4. Officers holding a Medical or Surgical Commission in Her Majesty's Service.

The Stamp Duty on the Diploma having been repealed, the fee payable by Licentiates in Medicine is now £10 10s.

Any Fellow or Licentiate of the College may, on the production of such qualification as the College shall consider satisfactory, obtain the Diploma in Midwifery, without further examination.—Fee, £2 2s.

Fellows or Licentiates in Medicine, and Licentiates in Midwifery of this College, are entitled by the Medical Act to have their names and qualifications entered as such in the Medical Register, and to practise as Physicians in any part of her Majesty's dominions.

A copy of the Regulations of the College, and of the form of application, may be had on application to the Registrar, or to Messrs. Hodges and Smith, Booksellers and Publishers to the College, 104, Grafton-street.

ROYAL COLLEGE OF SURGEONS, IRELAND.

President.—Christopher Fleming.
Vice-President.—Robert Adams.
Secretary of the College.—Edward Hutton.
Secretary of the Council.—James S. Hughes.

COUNCIL.

Arthur Jacob.
Thomas E. Beatty.
William Hargrave.
Andrew Ellis.
Robert C. Williams.
James Barker.
William Colles.
John H. Power.
Hans Irvine.
Edward Hutton.
Robert Pentland.
Samuel G. Wilmot.
Augustus E. Tabuteau.
Thomas L. Mackesy.
Auley P. Banon.
Peter Shannon.
Rawdon Macnamara.
George H. Porter.
Hamilton Labatt.

Court of Examiners.—Josiah Smyly, R. G. H. Butcher, Richard Tuohill, Thomas Byrne, M. H. Stapleton, B. W. Richardson, Edward A. Stoker.

Examiners in Midwifery.—William Jameson, Robert Johns, Jerome Morgan.

PROFESSORS.

Anatomy and Physiology: Dr. Jacob.
Descriptive Anatomy: Dr. Power and Dr. Bevan.
Surgery: Mr. Porter and Mr. Hargrave.
Practice of Medicine: Dr. Benson.
Chemistry: Dr. Barker.
Materia Medica: Dr. Williams.
Midwifery: Dr. Sawyer.
Medical Jurisprudence: Dr. Geoghegan.
Practical Chemistry: Dr. Barker.
Comparative Anatomy: Dr. Jacob.
Botany: Dr. Mitchell.
Military Surgery: Mr. Tufnell.
Logical Science: John Murray, A.M., LL.D.

Fellows of the College are Members of the Corporation, and are admitted by examination; letters testimonial are granted to Licentiates, and a diploma in Midwifery to Fellows and Licentiates educated and examined in that branch of Surgery.

Candidates for the Fellowship must be 25 years of age, and must give proof of liberal preliminary education and good conduct during professional education. They are required to produce certificates of Surgical studies for six years (three of which must be for exercises in Dublin), and also of practice as House-Surgeon or dresser in an Hospital; as well as certificates of attendance on Hospitals, lectures, and dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, £26 5s.; if the candidate be a Licentiate, £10 10s.

Candidates for Letters Testimonial are required to produce certificates of preliminary classical education, of four years' professional study (three of them in metropolitan schools,)

also three years' attendance on hospital lectures and dissections. Fee, £21.

Candidates for the Midwifery Diploma must be Fellows or Licentiates of the College, are required to produce certificates of attendance on midwifery lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The examiners are elected by a sworn jury of the council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as Surgeons in any part of the British dominions, and to be appointed Medical officers to the army and navy, public hospitals, infirmaries, dispensaries, and workhouses.

SCHOOL OF PHYSIC IN IRELAND.

Under this head are comprised the educational establishments, partly on the foundation of Trinity College, and partly on the foundation of the late Sir P. Dun, in connexion with the King and Queen's College of Physicians in Ireland.

THE APOTHECARIES' HALL OF IRELAND.

Every candidate must undergo two separate examinations, one for the certificate of Apprentice, the other for the licence to practise. Every candidate for the certificate of Apprentice will be examined in the following books:—In Latin—The Catiline War of Sallust, and the first three books of the Æneid of Virgil; in Greek—the Gospel of St. John and the first twenty Dialogues of Lucian, or the first two books of Homer's Iliad; in French—Telemachus, or the History of Charles XII.; in Science—the first two books of Euclid, and Algebra, to the end of Simple Equations; in Arithmetic, especially decimals; and in English composition. Every candidate for the licence to practice as an Apothecary must lay before the Court the following documents:—1. The Certificate of Apprentice. 2. The Indenture of Apprenticeship for three years, enrolled according to the Act of Parliament, and bearing the certificate of the Licentiate Apothecary to whom he has been indentured, of a good moral character, and of having fulfilled the period of his Apprenticeship. 3. Certificates duly signed that he has diligently attended the following courses of Lectures, delivered at some school of Medicine recognised by the Court:—(The order of study here laid down is recommended for the guidance of Students), Chemistry (six months), Anatomy and Physiology (twelve months), Practical Chemistry (a), Botany and Natural History (three months), Materia Medica (six months) (b), Demonstrations and Dissections (twelve months), Theory and Practice of Physic, Surgery, Midwifery, and the Diseases of Women and Children (six months), Medical Jurisprudence (three months), Pathological Anatomy (a course).

Attendance for the entire period of two years, on the Medical and Surgical Practice in an Hospital or Hospitals recognised by the Court, and where Clinical instruction is regularly given; also a certificate of attendance on thirty cases of Midwifery.

The examination for the licence to practise as an Apothecary will occupy two days: the Candidate will be examined, on the *first day*—In Chemistry and General Physics; in Pharmacy, Theoretical and Practical; in Materia Medica; in Natural History and Medical Botany; in Anatomy and Physiology: on the *second day*, in the Theory and Practice of Medicine; in Pathology; in Therapeutics; in Midwifery; in Medical Jurisprudence.

The examination for the certificate to act as Assistant to an Apothecary in compounding and dispensing will be confined to the subjects included in the first day's examination as required for "the licence." The Court of Examiners sits every Friday, at two o'clock, and proceeds with the examination of candidates in the order in which their names appear on the list. Candidates are obliged to lodge their testimonials a clear week before the day of examination. A rejected candidate cannot be re-admitted to examination until the expiration of six months. An examination of Apothecaries' apprentices takes place at the Hall in the first week in May, annually, upon some subject in Pharmaceutic or Physiological Analysis, which is publicly announced by the Court at the commencement of the previous winter session, and a prize of five guineas is awarded to the successful competitor.

Rotunda Lying-in Hospital, Dublin.—This Institution, a monument of the philanthropy of the late Dr. Mosse, contains nearly 130 beds. Upwards of 2000 women are annually admitted. There is a museum and lecture-room, and clinical courses are delivered in winter and summer. There is accommodation for six intern pupils: fees for interns, 20 guineas; for externs, 10 guineas for six months.

Coombe Lying-in Hospital.—Instruction in Midwifery is given in this Institution.

(a) The Practical Chemistry must be attended in a Laboratory, and no certificate will be received by the Court that does not testify that the candidate has prepared the several Pharmacopœial Preparations which are usually made in the Laboratory.

(b) The Materia Medica, if attended in summer, must consist of two courses of three months' duration each.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 17, 1859.

BIRTHS.

Births of Boys, 802; Girls, 805; Total, 1607.
Average of 10 corresponding weeks, 1849–58, 1505·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	544	548	1092
Average of the ten years 1849–58	676·2	686·8	1363·0
Average corrected to increased population..	..	..	.
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	38	23	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	8	16	1	4	14	..
North ..	490,396	4	6	7	9	3	16	4
Central ..	393,256	4	5	16	1	3	10	4
East	485,522	15	5	27	6	3	20	11
South ..	616,635	10	2	26	4	1	22	5
Total . ..	2,362,236	36	26	92	21	14	82	24

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·658 in.
Mean temperature	53·8
Highest point of thermometer	65·8
Lowest point of thermometer	45·1
Mean dew-point temperature	47·6
General direction of wind	
Whole amount of rain in the week	0·83
Amount of horizontal movement of air in the week.. ..	555 miles.

APPOINTMENTS FOR THE WEEK.

September 24. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

26. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

27. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

28. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

29. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

30. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

TABULAR LIST OF LECTURES, ETC., REQUIRED FOR UNIVERSITY DEGREES, COLLEGES, DIPLOMAS, ETC.

Universities, Colleges, Etc.	Age.	Anatomy.	Physiology.	Dissections.	Surgery.	Practice of Physic.	Chemistry.	Practical Chemistry.	Materia Medica.	Medical Jurisprudence.	Midwifery.	Natural Philosophy.	Botany.	Natural History.	Practical Pharmacy.	Pathology, or Morbid Anatomy.	Surgical Hospital.	Clinical Surgery.	Medical Hospital.	Clinical Medicine.	Midwifery Hospital.	Remarks.
Univ. of Lond., M.B. 1st Examination	19 yrs.		1 crs	9 mos	1 crs	1 crs	1 crs	1 crs							1 crs							A degree in Arts or Matriculation required.
M.B. 2nd Exam.	21			6 mos					1 crs		1 crs						12 mo	1 crs	12 mo	1 crs	6 labours	6 months' Dispensary Practice also.
M.D.	23																		2 yrs			Or 3 years engaged in Practice.
University of Durham																						
Edinburgh Univ. M.D.	21	6 mos	6 mos	6 mos	6 mos	6 mos	6 mos		6 mos	3 mos	6 mos		3 mos	3 mos	6 mos		2 yrs	3 mos	12 mo	6 mos		6 months' Dispensary or Hospital extern Practice.
University of Glasgow	21	6 mos		6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				2 yrs	2 yrs	2 yrs	2 yrs		1 year's residence required.
University of Aberdeen	21	12 mo	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		3 mos		2 yrs	3 mos	2 yrs	3 mos		1 year's residence necessary.
Univ. of St. Andrew's	21	12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	3 mos	3 mos		3 mos						2 yrs	6 mos	2 yrs	6 mos		
The Queen's University of Ireland		12 mo	12 mo	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos	6 mos	3 mos	6 mos	3 mos		24 mo	18 mo	24 mo	18 mo	3 or 6 mos	6 months' Natural Philosophy, 6 months' Modern Languages; one third of the Courses must be attended in the Queen's Colleges.
Dublin University, M.B.		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				9 mos	9 mos	18 mo	9 mos		Degree in Arts.
Dublin Univ. Surgical Diploma		18 mo	18 mo	18 mo	18 mo	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				27 mo	27 mo	27 mo	27 mo		At least 1 year in Arts; candidates who have but 1 year in Arts are required to have attended in addition 1 course of Lectures in Logic and 1 on Mechanics; those who have two years in Arts, must have attended a course of Lectures on Mechanics.
Royal College of Physicians, London	25																9 mos		3 yrs			See regulations for subjects to be studied.
Royal College of Physicians, Edinburgh	21	12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	3 mos		3 mos		3 mos	3 mos	24 mo	6 mos	24 mo	12 mo		
King and Queen's College of Physicians, Ireland		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos						30 mo	30 mo	6 months	Matriculation in Trinity College required.
Royal Col. of Surgeons, London	21	2 crs	2 crs	2 crs	2 crs	1 crs	1 crs		3 mos		3 mos				3 mos		3 win 2 sum	27 mo	1 win 1 sum	9 mos		
Royal Col. of Surgeons, Edinburgh		12 mo	6 mos	12 mo	12 mo	6 mos	6 mos	3 mos	6 mos	3 mos	3 mos		3 mos		6 mos	3 mos	24 mo	6 mos	24 mo	6 mos		
Royal Col. of Surgeons, Dublin		18 mo	18 mo	18 mo	18 mo	6 mos	6 mos	3 mos	3 mos	3 mos	3 mos						27 mo	27 mo	27 mo	27 mo		Certificate of having passed a preliminary examination in Classics.
Double Qualification — Colleges of Physicians and Surgeons, Edinburgh.		12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	6 mos	3 mos	3 mos	3 mos		3 mos		6 mos	3 mos	24 mo	12 mo	24 mo	12 mo	6 labours	
Faculty of Physicians, & Surgeons, Glasgow	21	12 mo	6 mos	12 mo	12 mo	6 mos	6 mos	3 mos	6 mos	6 mos	6 mos		3 mos		6 mos		21 mo	6 mos	21 mo	6 mos		
Apothecaries' Hall, England	21	12 mo	6 mos	12 mo		6 mos	6 mos	3 mos	3 mos	3 mos	3 mos		3 mos		Appr.				18 mo	6 mos	20 cases	
Apothecaries' Hall, Ireland		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		Appr.		18 mo	18 mo	18 mo	18 mo	30 cases	Preliminary Examination in Classics, French, Mathematics, and English Composition.
Army Med. Department	21 to 25	24 mo		12 mo	12 mo	12 mo	12 mo	6 mos	3 mos		6 mos	6 mos	3 mos	3 mos	3 mos		18 mo	8 mos	18 mo	8 mos		Double qualification required.
Navy Med. Department	20 to 26	18 mo		12 mo	12 mo	12 mo	3 mos	3 mos	6 mos		6 mos		3 mos		6 mos		18 mo	6 mos	18 mo	6 mos	Certificate of cases	Must be registered and hold a *Surgical* qualification.
E. I. Company Medical Service						12 mo					1 crs								6 mos	6 mos	6 cases	3 months' attendance in a Lunatic Asylum; 3 months' Ophthalmic Hospital; Certificate of Cupping. A Surgical Diploma or Medical Degree.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, October 3rd, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Mr. URE, after which a CONVERSAZIONE will he held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the Pupils free of every expense. The advantages of FIVE OF THESE APPOINTMENTS far exceed in money value as many SCHOLARSHIPS of Fifty Pounds each. There are four Resident Medical Officers who hoard (free of all expense) in the Hospital, three of whom are appointed for twelve months, and one (the Obstetric Officer) who is appointed for six months; four Non-Resident Medical Officers; a Medical and a Surgical Registrar; all of whom are appointed by the Weekly Board of Governors on the recommendation of the Medical Committee. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded after competition among the qualified Perpetual Pupils of the Hospital.

Physicians—Drs. Alderson, Chambers, Sibson, H. Jones, Sieveking, and Markham. Surgeons—Messrs. Coulson, Lane, Ure, Spencer Smith, Walton, and J. Lane. Physician-Accoucheur—Dr. Tyler Smith. Ophthalmic Surgeon—Mr. White Cooper. Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in practice in the vicinity of the Hospital willing to receive Pupils to reside with them.

SPENCER SMITH, Dean of the School.

St. Mary's Hospital, August, 1859.

Guy's Hospital.—The Medical Session

commences in OCTOBER. The INTRODUCTORY ADDRESS will be given hy Dr. HABERSHON on SATURDAY, October 1, at Two o'clock.

MEDICAL OFFICERS.

Physicians—Thomas Addison, M.D.; G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant-Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq. F.R.S.; John Birkett, Esq.
Assistant-Surgeons—A. Poland, Esq.; C. Forster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon-Dentists—T. Bell, Esq. F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURERS.—WINTER SESSION.

Medicine—Owen Rees, M.D. F.R.S.; W. W. Gull, M.D.
Surgery—John Hilton, Esq. F.R.S.; John Birkett, Esq.
Anatomy—Alfred Poland, Esq.; Cooper Forster, Esq.
Physiology—F. W. Pavy, M.D.
Chemistry—Alfred Taylor, M.D. F.R.S.
Demonstrations on Anatomy—Mr. Durham and Mr. Moxon.
Experimental Philosophy—Mr. Durham.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given hy the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics, and Mathematics. The three first candidates will receive respectively £25, £20, £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, July, 1859.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will commence on OCTOBER 3rd, with an INTRODUCTORY ADDRESS hy Mr. HOLDEN, at Seven o'clock p.m.

LECTURES.

Medicine—Dr. Burrows and Dr. Baly.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Frankland.
Superintendence of Dissections—Mr. Callender and Mr. Smith.

SUMMER SESSION, 1860, Commencing May 1.

Materia Medica—Dr. F. Farre.
Botany—Dr. Kirkes.
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy—Mr. M'Whinnie.
Practical Chemistry—Dr. Frankland.

Hospital Practice.—The Hospital contains 650 Beds, and relief is afforded to more than 90,000 Patients annually. The In-patients are visited daily hy the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases, hy Dr. Burrows and Dr. Farre; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey. The Out-patients are attended daily hy the Assistant-Physicians and Assistant-Surgeons.

Collegiate Establishment.—Students can reside within the Hospital Walls, subject to the rules of the collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the Teachers and other Gentlemen connected with the Hospital also receive Students to reside with them.

Scholarships, Prizes, &c.—At the end of the Winter Session, examination will be held for two Scholarships of the value of £45, for the year. The Examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr. Paget, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1859-60, will commence on SATURDAY, OCTOBER 1, 1859, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will he given:—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology; General and Morbid Anatomy—Professor Lionel S. Beale, M.B.
Chemistry—Professor W. A. Miller, M.D. F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

KING'S COLLEGE HOSPITAL.

Physicians... George Budd, M.D. F.R.S. } With care of In-Patients.
R. B. Todd, M.D. F.R.S. }
George Johnson, M.D. } With care of Out-Patients.
W. A. Guy, M.B. F.R.S. }
Lionel S. Beale, M.B. F.R.S. }

Physician for Diseases of Women and Children and Physician-Accoucheur—Arthur Farre, M.D. F.R.S.

Assistant-Physicians—Charles Murchison, M.D.; Conway Evans, M.B.

Surgeons ... W. Fergusson, F.R.S. } With care of In-Patients.
Richard Partridge, F.R.S. }
William Bowman, F.R.S. }
Henry Lee, F.R.C.S.... ... ... With care of Out-Patients.

Assistant-Surgeons—John Wood, F.R.C.S.; John W. Hulke, F.R.C.S.

Surgeon-Dentist—S. Cartwright, jun.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House-Surgeons and dressers, are selected by examination from the Students of the Hospital.

Scholarships.—New Students will have the privilege exclusively of contending, in October, 1859, for five Warneford Scholarships—viz., two of £25 per annum, for three years, and three of £25 per annum, for two years. The Examination will commence on the 29th of September, in Divinity, Classics (subjects the same as for the Matriculation Examination this year at the University of London), Mathematics, History, and the Modern Languages.

One Scholarship of £40, tenable for two years; one of £30, for one year; and three of £20 each, for one year, will be filled up in April next, the subjects of the Examination being exclusively Medical.

Further particulars may be obtained from J. Harley, Esq., Sub-Dean of the Department; and a detailed Prospectus will be forwarded hy application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by Dr. RT. DUNDAS THOMSON, on SATURDAY, 1st October, 1859, at Three o'clock p.m., after which the Distribution of Prizes, &c. will take place.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

PRIZES AND APPOINTMENTS FOR 1859-60.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 Guineas.

2nd. In Physics and Natural History. A College Prize of £20.

3rd. In Modern Languages and Modern History. A College Prize of £20.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 Guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

The Dressers and the Clinical Clerks are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Clinical Assistants, a Prize of £10, and £5 to the two most meritorious.

Mr. Geo. Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The two House-Surgeons, the Resident Accoucheurs, and the Dressers, are periodically selected, and are provided with rooms and commons in the Hospital, free of expense.

A Hospital Registrar, at an annual salary of £80.

Students of each year are classed according to their respective total merits in the examinations, and all of the First Class receive Certificates of Honour.

Medical Officers.—Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

Clinical Instruction is given at stated times by the Medical and Surgical Officers; and a systematic Course of Medical Clinical Lectures, by Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Mr. H. Gervis; Dental Surgery, Mr. Patient; Medical Tutor, E. Clapton, M.D.

Lecturers on Clinical Medicine—Dr. Barker. Medicine—Dr. J. Risdon Bennett. Surgery—Mr. South. Physiology—Mr. Grainger and Dr. Brinton. Descriptive and Surgical Anatomy—Mr. Le Gros Clark and Mr. S. Jones. Chemistry and Practical Chemistry—Dr. Rt. Dundas Thomson. Midwifery—Dr. Waller. Practical Midwifery—Mr. H. Gervis. General Pathology—Mr. Simon. Botany—Dr. Bristowe. Comparative Anatomy—Mr. W. M. Ord. Materia Medica—Dr. Peacock. Forensic Medicine—Dr. Brinton. Public Health—Dr. Headlam Greenhow. Anatomical Demonstrations—Mr. Rainey and Mr. W. M. Ord. Demonstrations Morbid Anatomy—Dr. Bristowe and Mr. S. Jones. Microscopical Anatomy—Mr. Rainey.

Students can reside with some of the Officers close to the Hospital.

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ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS.

(*Concluded.*)

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician to the Samaritan Hospital; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE VIII.

Before terminating this section of the course, I wish to direct your attention to the condition of the uterus after delivery, and the changes which it undergoes after being emptied of its contents at the end of gestation. The investigation of these matters has latterly occupied many able Physicians and pathologists, and it is now generally believed that an accurate knowledge of the physiological changes which take place in the womb and its appendages during puerperal convalescence, is essential to a proper elucidation of pathological phenomena connected with this period.

Immediately after the act of parturition, the womb contracts in its entire dimensions, and may be felt hard and resisting, like a cricket-ball, through the abdominal parietes in the hypogastric region. At this period it is many times larger than the unimpregnated uterus, and presents, indeed, very different characters; but examine it two or three months after birth has taken place, and, although it may remain permanently enlarged in slight degree over the virgin womb, yet it will be found in most particulars to have returned to its pristine form and structure, weighing from one and a-half to two ounces, having a cavity little more than two and a-half inches long, and being lined with as smooth and perfect a mucous membrane as before pregnancy existed.

Let us inquire, first, into the condition of the inner surface of the uterus after delivery.

You are already aware that the decidua uteri, or outer envelope of the fœtus *in utero*, is a membrane of uterine origin, and really consists of the altered and hypertrophied mucous lamina which lines the interior of the womb. You are also aware that this decidua or altered mucous lamina is a caducous membrane, and is expelled as part of the secundines at the termination of labour. The questions, therefore, naturally present themselves,—What is the state of the inner surface of the uterus, after delivery? and by what reparative process does it regain the condition of the unimpregnated organ?

In reviewing the opinions of various authorities on these points, one is particularly struck by the amount of discrepancy existing among them, and the entirely opposite conclusions arrived at. William Hunter's opinion was, that at the time of delivery only a portion of the mucous lamina (that is, decidua) is thrown off with the secundines, a deeper stratum always remaining attached to the muscular coat as a protection to the interior of the organ; and this deeper stratum ultimately dissolving and coming away with the lochia. On the other hand, M. Cruveilhier, in his beautiful work on Pathological Anatomy, enunciates the doctrine that the larger portion of the uterus is entirely denuded of its inner covering. As he expresses it, "except just at the inner surface of the cervix uteri, there is no mucous membrane at all, but the muscular tissue of the uterus is everywhere exposed. This, therefore, like the stump, is to be covered by a new membrane." Proceeding further with the analogy between the condition of the uterus after delivery, and a stump after surgical amputation, M. Cruveilhier teaches that the gaping veins at the placental spot are like the open-mouthed vessels of an amputated limb, and that the reparative process is associated with local inflammation of the organ,—a false membrane being thrown over the surface previous to the formation of a new mucous membrane.

Several writers on puerperal fever, relying on M. Cruveilhier's statement, have drawn a parallel between the puerperal and surgical patient, both presenting a large open wound, with bare muscular substance exposed to external agencies, and both, therefore, being liable to the attendant dangers of such a condition. Dr. Ferguson (from whose learned Essay on Puerperal Fever I have transcribed the preceding passage from M. Cruveilhier), concurs generally in M. Cruveilhier's description, but is inclined to think it somewhat exaggerated, and points out that the analogy drawn between the uterus and a stump so far fails, as that there is no solution of muscular continuity; and in one instance he personally examined, only the placental spot was denuded of mucous membrane, the remainder being covered by it, but much modified and changed. Dr. Rigby and others quote Cruveilhier's statement with approval, and Professor Simpson, in showing the analogy between puerperal and surgical fever, has taken its correctness for granted. In an essay of great practical value, he has shown that not only is there analogy between the anatomical conditions, the morbid lesions and symptoms of puerperal and surgical fever, but that, under certain conditions, the one may produce the other.

Quite recently Dr. Heschl, of Bonn, has published a paper "on the conduct of the uterus after delivery," which has attracted much attention, and which has been translated by Dr. Robert M'Donnell, of Dublin. Like M. Cruveilhier, Dr. Heschl expressly asserts that, except at the cervix, the mucous membrane is entirely thrown off at delivery, and the muscular substance is everywhere bare and exposed. Dr. Matthews Duncan, again, entirely dissents from the assertions of M. Cruveilhier and Dr. Heschl, as to the muscular substance being exposed. In several excellent contributions on this subject, he states his conviction, based on personal observation, that the mucous coat is never after a normal labour so far removed as to lay bare the muscular fibres. He further states, what is not quite in unison with my own observation, that "the residuary decidua forms the mucous lining of the uterus," fulfils all the functions of a mucous membrane, and is not shed off, as William Hunter supposed, except "in the regular insensible exfoliation of such structures." Dr. Chisholm, of Dumfries, in contributions to the *Edinburgh Medical Journal*, describes dissections undertaken by himself, both on the uteri of lower animals, and in the human subject. He also arrives at the conclusion that in none is the muscular coat exposed after delivery, and asserts that in all he was able to demonstrate the follicular apertures of the mucous lamina which remained on the interior of the womb. It very naturally occurs, in the first place, to inquire, how is it, if the doctrine propounded by M. Cruveilhier and Dr. Heschl be correct, that in the ordinary course of things, when no epidemic influence prevails, the proportion of deaths after delivery is so small, compared with the mortality after amputations under like circumstances? And, secondly, if so large a wound is made in the interior of the uterus by the entire removal of its mucous membrane, how is it reproduced so perfectly and speedily, and without any remaining appearance of cicatrization? In reference to the last point, Heschl indeed asserts that a day or two after delivery the process of reconstruction commences from the mucous membrane remaining on the cervix; or, if this does not exist, then from the exterior of the os by the extension of a firm net-work, which gradually spreads over the whole uterus. This explanation, however, seems by no means sufficient, and is not borne out by the results of other observers.

I have repeatedly had opportunities of examining the uterus after delivery, and the following description taken at the post-mortem examination of a primiparous woman who died the day after a very severe labour, applies pretty closely to the majority of instances I have examined under similar circumstances:—

The uterus was contracted to about the size of a man's fist; its cavity was nearly 7 inches long; its walls were thicker than in the unimpregnated condition of the organ, and looser and softer in texture; the veins were very large and numerous but generally empty; the os uteri was irregularly ecchymosed, and its mucous membrane fissured; the internal surface of the uterus was covered everywhere with dark coagulated blood, but on carefully removing this and passing over the preparation a gentle stream of water, the uterine parietes were exposed. The interior of the uterus might then be described as consisting of three portions, each presenting different appearances. One portion near the fundus, equal to about a third of the whole, was recognised as the placental spot. It was more or less circular in form, slightly elevated above the

rest, and darker in colour ; its surface was lacerated and uneven, and shreds of tissue floated loosely out from it when placed in water. The orifices of the vessels which conveyed maternal blood to and from the placenta, and which were torn across in its separation were readily distinguishable ; dark clots plugging them and projecting into the uterine cavity.

The second portion comprehended the remainder of the inner plane of the uterus as far downwards as a line corresponding to the os uteri internum ; and the third lay between this and the os uteri externum. The former of these divisions had a reddish colour, was everywhere irregular as though torn, and when the organ was immersed in water exhibited innumerable flocculent processes or shreds attached to it, similar to those on the placental spot, indicating the recent tearing off of a superimposed layer. Here and there could be seen bundles of muscular fibres, not unlike the columnæ carneæ of the heart, elevated above the surface, and sometimes quite smooth in outline as though bereft of all covering. No vascular apertures were visible here as over the placental spot, nor was it possible to detect any of the pits or depressions indicating the follicular apertures. The flocculent processes from both the above-described divisions were found under the microscope to consist of fibro-cellular structures, largely mixed with fat granules, identical in form with those composing the deep layers of the decidua uteri in the later months of pregnancy. None of the floating shreds consisted of lacerated bundles of muscular fibres, and even where muscular columns projected above the surface and were apparently denuded, a delicate investing layer of nucleated particles was invariably present. That portion of the interior corresponding to the cervix uteri and bounded by the os uteri externum and os uteri internum respectively, presented very different characters to either of the portions yet described. Here was a mucous membrane as distinct as before pregnancy commenced; its rugæ were, however, unfolded, only slight traces of the arbor vitæ being discoverable, and lacerations appeared here and there, but in other respects it was unchanged and uninjured. A copious viscid secretion covered the surface, and the mucous follicles were detected even with the naked eye. The epithelium forming the membrane was traced as a continuous layer to the commencement of the body of the uterus, where it encountered the flocculent remains of the decidua and seemed to terminate.

I have little hesitation, therefore, in affirming that after an ordinary labour the muscular substance is not laid bare, as erroneously asserted by some of the authors quoted ; and that the shreds or flocculent processes observed hanging from the inner surface of the uterus are not muscular bundles, but really the remains of the decidua uteri, a stratum of which is left to protect the interior of the cavity until the mucous membrane is reproduced, when it breaks up and passes away in particles with the lochial discharge. So far as my observation goes, the stratum of decidua left on the uterine surface is essentially different in structure from the mucous membrane out of which it was formed originally, being composed of fibres and irregular cells mixed with fat globules, instead of the regular epethlium particles of a mucous lamina. Schroeder Van der Kolk has traced the gradual shedding off of this layer of the decidua in the days subsequent to delivery, and he found that the large fibres which entered largely into its composition and which he was able to distinguish from the uterine muscular fibres by their softer outline, undergo fatty degeneration, and by this process are resolved in small fragments, and thus mingle with the discharges. The large admixture of blood globules gives the sanious appearance to the lochiæ in the early days of convalescence ; but later, when the blood globules are less in number, an almost purulent appearance is produced by the cellular and fatty debris, resulting from the disintegration of the residuary decidua, and these constitute the chief part of the discharge. The mucous membrane of the cervix uteri contributing nothing to the formation of the decidua, is found almost unchanged at the end of gestation.

It remains to enquire by what process is the mucous membrane reproduced and the cavity of the womb restored to the condition of the unimpregnated organ ? In 1848 M. Robin published some researches, in the *Archives Gen. de Médecine* on the mucous membrane of the uterus, which have thrown much light on the subject. M. Robin in the first place draws attention to a thesis written by M. Collin, the object of which was to point out that the muscular substance is not denuded after separation of the membranes, and that the layer described by some authorities as pseudo-membranous or inflammatory in origin, found lining the interior of the uterus after delivery, is really a normal product, and consists of the deeper lamina of the original mucous membrane. Admitting the accuracy of this description, M. Robin proceeds to show that M. Collin has not understood the physiological significance of the layer thus described as lining the uterus after parturition. According to M. Robin, indeed, this lamina is not a portion of the original mucous membrane, which took part in the formation of the decidua,—this is thrown off at the time of labour,—but it consists of an entirely new-formed mucous membrane, the first traces of which may be observed about the fourth month of pregnancy, and it continues to increase little by little to the end of gestation, when it takes the place and assumes the function of the pre-existing layer. Kilian has confirmed M. Robin's statement by observing the same peculiarity of development in the pregnant uteri of dogs and rabbits ; and personal researches in the human subject have convinced me of the accuracy of M. Robin's investigations concerning the formation of a new mucous membrane in the latter half of gestation, although I cannot concede that the decidua is entirely removed at the time of labour. In the uterus of a woman who died a few hours after abortion, at the end of the fifth month, I found under the remains of the decidua minute cell particles, like irregular nuclei, everywhere spread over the muscular substance, and these nuclei had the same characters as embryonic epithelium beneath the more mature layers of mucous membranes generally. But more distinct evidence on this point is afforded by the following observation :—A woman in the last month of pregnancy died suddenly in the Edinburgh Maternity Hospital; and my friend Dr. Keiller, who had charge of the case, gave me an opportunity of examining the uterus, the membranes being yet adherent to the uterine walls. I made thin sections with a sharp pair of scissors continuously through both membranes and uterine walls, and then carefully spread out the section for the microscope. The facility with which separation occurred showed at once the line of demarcation between the membranes and uterine walls, and in most sections thus prepared I was able to demonstrate a layer of nucleated particles, subtended by delicate fibrous tissue, lying between the muscular fibres and the decidua, and remaining adherent to the uterine wall when the membranes were

Fig. 24.

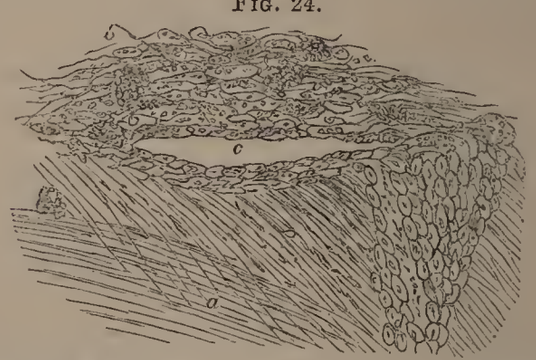

Fig. 24.—A section through the membranes into the uterine parietes in the last month of pregnancy; *a*, Uterine tissue with a layer of nucleated particles on its surface, and glandular follicles penetrating its substance; *b*, The decidua, its tissues loaded with fat granules ; *c*, A space showing the line of separation of the decidua from the uterine walls, leaving the layer of nucleated particles attached to the latter.

removed. This nucleated layer did not seem to me to be continuous over the surface, but was interrupted here and there by projections of fibrous tissue from beneath, which perforated it, and mingled with the decidual structure, thus forming points of attachment to retain the membranes *in situ*. Its component particles were clear and transparent, and formed a contrast to those of the decidua lying immediately upon it, which were loaded with fat granules. In several preparations appeared sections of gland follicles of great length, which penetrated deeply into the uterine substance. Two or three canals of this kind were sometimes grouped together, and their cell particles were entirely unaffected by atheromatous change. It is thus to be observed, that not only is a layer of young mucous membrane formed between the decidua and muscular coat of the uterus, but there are present also tubular follicles deeply planted in the uterine substance, which do not separate with

the membranes, but remain as centres of reproduction to assist in spreading a thick secretion of epithelium over the surface of the uterus, when occasion requires.

The mode in which the uterine mucous membrane is further developed after parturition, is illustrated by the following description taken at the post-mortem examination of a patient who died on the seventh day after delivery from disease unconnected with her confinement:—The internal surface of the uterus was somewhat less irregular than that observed in the woman who died the day after her confinement, but fragmentary portions of the decidua mixed with blood corpuscles and fat globules were everywhere present, and the placental spot, though somewhat more contracted, was prominent and well-marked. It was especially remarked, however, that the shreds of the decidua were less firmly attached than at the earlier period, and so loose that they were readily brushed from the surface. Immediately beneath was now spread a pulpy layer, about the consistence of a jelly, which consisted of epithelial nucleated cells more or less spheroidal in form, and sparingly mixed with fat granules. The remains of the decidua were somewhat more firmly united to the placental spot, but even here the pulpy membrane was developing itself in meshes between the still noticeable but now contracted vascular orifices. The summary of conclusions may be stated as follows:—

1. After an ordinary labour, terminating in separation and expulsion of the secundines, the muscular substance of the uterus is nowhere laid bare, as some authors have supposed, nor is there any inflammatory false membrane spread over the surface. As Dr. Duncan has correctly pointed out, the interior of the uterus after parturition only bears analogy with the stump after amputation, inasmuch as both have large open vessels liable to be inflamed and to absorb noxious materials.

2. When the membranes are thrown off in the third stage of labour, a portion of the decidua remains attached to the uterine surface as a protection against external agencies. It is not, however, strictly correct to assert that original mucous membrane may be found everywhere lining the interior of the uterus after delivery; this is true only with regard to the cervix. The mucous membrane of the body, and fundus of the womb, were transformed into decidual structures at the commencement of pregnancy, and the laminæ of decidua found covering the interior of the uterus after delivery, has not the texture, nor can it fulfil the functions of a mucous membrane, but consists of an arrangement of cells, fibres, and fat granules, identical with that recognised in the decidua in the later period of pregnancy.

3. The new mucous membrane begins to be formed in the later months of pregnancy between the decidua and muscular coat. It undergoes a rapid development after the uterus is emptied of its contents; and as it is gradually perfected, it assumes the function of the original mucous coat. The remains of the decidua undergo further fatty change, and are slowly shed off to mingle with the lochial discharge.

In cases where dysmenorrhœal casts and early ova are expelled from the uterus, the conversion of the mucous membrane into decidual structures is probably less complete, and the deep stratum remains behind to prevent the denudation of the muscular coat.

The diminution in the size and weight of the uterus after parturition is due mainly to atrophy of the muscular coat, or uterine tissue proper. The physiological process by which this is effected is peculiarly interesting, not only in its direct relation to the involution of the uterus itself, but also because it seems to be strictly analogous to a process of atrophy occurring in other organs as a pathological condition. Exactly as we have fatty degeneration occurring in the heart and voluntary muscles as a disease attended with wasting of substance and serious impairment of function, so in the uterus after delivery have we fatty degeneration set up in its muscular fibres, and their subsequent absorption as a normal process. It is doubtful whether the fatty change, as it occurs, for instance, in the voluntary muscles of the body, is to be regarded in itself as a form of disease leading to atrophy and impairment of function; or, on the other hand, looked upon simply as a degeneration subsequent to the loss of function—nature adopting this mode of removing what is effete and useless. But in the uterus, after delivery, we can trace the order of the phenomena, and satisfy ourselves that normally the cessation of function comes first. It is not until the muscular fibres have ceased to fulfil their purpose, that the fatty transformation ensues; but the end being accomplished for which they were developed, molecular disintegration reduces them to the form in which they can be absorbed by the vessels, and thus carried into the general circulation. Professor Retzius has remarked that the blood contains a larger quantity of molecular fat in the puerperal patient than in the non-puerperal one, and it deserves to be remarked that this increase corresponds with the new demands on the circulatory fluid, for the ingredients of the mammary secretion,—fat being among the most important. So complete is the solution and absorption of the colossal muscular fibres which form the pregnant uterus, that in three weeks after confinement, they are no longer to be found in any part of the organ—the middle coat now consisting of embryonic elements, similar to those which composed the uterus before pregnancy began. Some authors have not hesitated to assert that the uterus undergoes so complete a transformation into molecular fat, and is thus so entirely disintegrated and absorbed, that not a single fibre of the uterus existing previous to childbirth remains behind. The fœtus of each succeeding pregnancy may thus be said to be furnished with a new uterus to sustain and protect it, which in its turn is disintegrated and absorbed. We are indebted to Professor Retzius, Drs. West, Kilian, Kölliker, and Heschl for careful details of the mode in which involution takes place. The last-mentioned author states that the transformation of the fibres does not commence before the fourth or sixth day, and not after the eighth. "In the single muscular fibres this process of decay begins at many points at once; at first the slight

Fig. 25.

Fig. 25.—*a*. Muscular fibres of the uterus eight days after delivery. *b*. The same fourteen days to four weeks after delivery. (After Heschl.)

serpentine appearance (Fig. 25 *a*) disappears; the outline becomes pale, and there appear (often arranged in rows) yellow granules, which, where the ends of the fibre cells are thin, lead to their early dissolution. The cell (or fibre) itself (Fig. 25 *b*) is pale, but well defined, until the increasing quantity of fat granules obscures it." Speedy absorption now goes on, and rapid diminution in the weight of the organ is the result. "With the advance of the fatty transformation the uterus becomes in a corresponding degree friable, and continues so, until it has completely returned to its usual condition." The alteration produced by these changes, gives a dirty yellow colour to the uterine tissue, and is readily recognised with the naked eye. By the fourth week the uterus has nearly regained its normal volume, and Heschl found at this time the first appearance of the new uterine tissue in the body of the organ—the reconstruction being complete at the end of the second month. The new tissue is probably formed out of the nuclei of the previous muscular fibres, as well as from other stored up-germs, which were not affected by the general absorption. The substance of the cervix has seemed to me more sparingly affected by the fatty transformation than the rest of the organ, which may be accounted for by the less amount of muscular tissue and the large proportion of white fibres present. The capacity of the vessels is diminished by the same process, and probably, also, the extent of the external or peritoneal coat. The enlarged and tortuous arteries and the immensely dilated veins suffer a molecular change in the histological elements of their coats, and thus become atrophied and contracted to their original calibre.

Deviations from the usual mode in which the uterus is lessened after parturition sometimes take place, and give rise to morbid conditions. Abnormal variations of this kind occur, I believe, most frequently after abortion and miscarriage, or where the general health has become enfeebled by hæmorrhage or disease. Thus the involution may be either deficient or in excess. Drs. Montgomery and Simpson have described cases in which an arrest of involution had occurred, the womb being found, even months after delivery, much

larger than natural, and its tissue much relaxed. In such instances, the cavity may measure four to six inches long, copious menorrhagia and leucorrhœa attending, and the affection may readily be mistaken for a tumour of the uterus, or for an hypertrophied condition of that organ. I have occasionally seen at the post-mortem examination of women who had previously borne children, the uterine tissue affected by fatty degeneration, and so soft and friable that a sound passed into the uterine cavity during life, as a means of diagnosis, might readily have been pushed quite through the uterine walls, unless the greatest care were exercised in its manipulation. These are probably cases where the uterus has not been properly reconstructed after parturition—an atheromatous condition of its walls still persisting. Whether fatty degeneration in the uterine parietes ever occurs before delivery as a morbid process, has not yet been determined; but it deserves inquiry whether some cases of rupture of the uterus have not been preceded by this condition coming on prematurely, and predisposing to the accident. Lastly, the progress of uterine involution may proceed beyond the normal limits, and what has been called by Dr. Simpson "super-involution," produced. Thus the uterus is diminished below the usual proportions of the unimpregnated organ, and amenorrhœa and sterility are the result. Super-involution is met with more rarely than the so-called sub-involution of the uterus.

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D. F.R.S.
Obstetric Physician to St. George's Hospital.

Case 575.—On the 20th of April, 1849, I was requested by a Medical Practitioner to see a lady who was seven months pregnant, and whose abdomen was greatly enlarged. There was distinct fluctuation. On the 29th, the distension had very much increased, I passed the stiletted catheter and drew off sixteen pints of liquor amnii. On the 30th twins were still-born. "One placenta with two cords. Both fœtus had been contained in one great sac composed of deciduа, chorion, and amnion, which had contained the two fœtus, and the two gallons of liquor amnii."

Case 576.—On the 27th April, 1849, I attended a lady in her first labour, who had been in a state of insanity during the latter months of pregnancy. A near relation had destroyed himself in a fit of mania. When the labour commenced the patient became altogether ungovernable, and threw herself about the bed during the pains and screamed violently. The uterine contractions were feeble and irregular, the pulse was rapid and feeble, and before the os uteri had been half dilated, it had become obvious that she would never be delivered by the natural efforts. A portion of the funis without pulsation hung through the os uteri. It was feared if the labour had been allowed to go on, that convulsions would ensue, and the operation of craniotomy was had recourse to after a consultation. The head was perforated and extracted with great difficulty, and the whole operation required unusual care, as it was impossible to preserve the patient long in the proper position. The operation of turning would not have been employed in this case even, if it had not been positively ascertained that the child was dead. The insanity gradually disappeared, and she was restored to perfect health and has since been pregnant and been safely delivered without any return of the insanity.

Case 576.—In the autumn of 1853, I was requested to visit a lady in a private Lunatic Asylum, who some time before had been seized with mania in the puerperal state, and who had remained maniacal. She had occasionally been seen by her husband, and the object of my visit was to determine whether pregnancy existed. There could be no doubt of the fact, and the patient was safely delivered without any unusual assistance at the full period in November, 1853. I was afterwards informed by her Medical attendant that "her mental condition is not at all improved at present. Some degree of interest attaches to the case (he said) from the fact of her having been insane at the time of conception, and during the whole period of gestation, for she has been in this house 284 days and she was stated to have been insane three months before her admission." My impression now is, that this patient was ultimately restored to perfect health.

Case 577.—On September 23, 1853, I was requested to see a lady in consultation, who had disease of the lungs and insanity near the full period of her first pregnancy. Her husband and she had set out for Australia, and met with sad disasters at sea. The ship returned to Plymouth, and they were so sick, and in such a wretched condition, that they resolved to return home. The patient had been for a short time in an incoherent state, with a rapid, feeble pulse. Her condition was such that I thought it justifiable, if no improvement speedily took place, to recommend the induction of premature labour. On September 29, an unsuccessful attempt was made by her Medical attendant to rupture the membranes with the finger. He then went home for the stiletted catheter, and succeeded. A living child was born next morning, ten hours after this was done. "Good uterine contractions followed the evacuation of the liquor amnii, and the placenta was expelled, and nothing went wrong."

Case 578.—On Friday, June 13, 1856, I saw, at Sydenham, a case of violent mania in the sixth month of pregnancy. This patient had suffered from puerperal mania for some weeks after her first confinement. The question in this case was whether premature labour should be induced. The patient was in such a violent condition that it would not have been possible to have safely passed up the instrument into the uterus, and perforated the membranes, if it had been considered necessary to do this. I recommended proper restraint, shaving the head, cold lotions, leeches to the temples, and giving cathartic medicine. The symptoms gradually diminished in intensity, and I believe the patient was safely delivered, and ultimately recovered perfectly.

Case 579.—On May 8, 1849, I was called by Mr. —— to see a patient in the eighth month of pregnancy, who without any apparent cause had suddenly been seized a short time before with an alarming uterine hæmorrhage; there were no labour pains, and the os uteri was little dilated, and the placenta could not be felt; it did not present. There was great faintness, and the pulse was so weak that it could not be counted. It seemed probable the case would soon terminate fatally whatever course was pursued. The membranes were immediately ruptured, and the os uteri gently dilated with the finger. While this was being done a great gush of blood took place. Turning was out of the question, from the undilated state of the os uteri, and the certainty that the child was dead by the extensive detachment of the placenta, which must have taken place to give rise to such a flooding. I opened the head, and extracted the child without loss of time; the placenta immediately followed, with an immense quantity of coagulated blood. She died some hours after, though no further loss of blood took place.

Case 580.—On May 9, 1849, I was called to a case of labour at Edward-terrace, in which the arm of the child presented and the funis without pulsation. The patient had been long in labour. The head being felt at the brim of the pelvis, it was opened and extracted with the crotchet. No attempt was made to turn the dead child. The placenta soon came away, and the patient recovered in the most favourable manner.

Case 581.—On Wednesday night, May 30, 1849, I was requested to see a lady, far advanced in pregnancy, who on the Sunday before had been seized with pain in the situation of the right kidney, and on the Monday blood had escaped with the urine. On Wednesday the catheter was passed by her Medical attendant, and the urine was largely mixed with blood. Tenderness continued in the situation of the right kidney. Pulse quiet; not much fever; no symptom of labour. Eighteen leeches were applied. Two or three days' labour supervened, and the affection gradually declined after the delivery.

Case 582.—On June 25, 1849, I was called to see a patient in George-street, Portman-square, whose first child had been delivered with the forceps. The child was dead, and she had a bad recovery. The second labour came on before the full period, and the child was expelled without any artificial assistance. She had been twenty-four hours in her third labour, when I was called to determine whether it was safe to allow the labour to continue longer. The meconium was

passing, and there was every reason to believe that the child was not alive, the head was jammed in the brim of the pelvis. The operation of craniotomy was performed, and the patient recovered without an unfavourable symptom. In the next pregnancy at the seven and a-half month, I recommended her Medical attendant to induce premature labour.

Case 583.—On July 5, 1849, I was requested to see a lady who had been long in labour, upwards of thirty hours, with her first child. The child had been dead some time, and she was completely exhausted; she was safely delivered with the perforator and crotchet. The cuticle of the child was peeling off. The placenta being retained beyond the usual period, the hand was introduced, and it was removed, but with difficulty, and hæmorrhage, to some extent, followed.

(To be continued.)

OFFICIAL REPORT
OF THE
LAST ILLNESS OF HIS MAJESTY KING OSCAR THE FIRST, OF SWEDEN,
AND OF THE
POST-MORTEM EXAMINATION OF THE BODY.

Translated from the Original

By WILLIAM DANIEL MOORE, M.B.
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The examination of the body of the late King of Sweden took place, by command of his present Majesty, Charles the Fifteenth, at the Palace of Stockholm, on the 12th of July, 1859, at ten o'clock in the forenoon. A large number of the great Officers of State, and of members of the Medical Profession, having assembled, in accordance with summonses issued by His Excelleney Count Lewenhaupt, Marshal of the Kingdom, and the latter high functionary having given permission for the commencement of the business of the day, P. O. Liljewalch, First Physician in Ordinary, read the following

"Report of the last Illness of His late Majesty King Oscar the First.

"The late King was, with the exception of the chest, not strongly built; nevertheless, during the greater part of his life, he enjoyed tolerably good health. Having, as a youth, passed through a severe typhus fever, he was, in full manhood, attacked by rheumatic fever; both diseases, however, went through their ordinary course without leaving behind them any injurious consequences. His Majesty was therefore able, on ascending the throne, to devote himself, with indefatigable industry and undisturbed health, to the functions of his high calling, and this he did with a zeal indicative of the keenest sense of duty. In the commencement of each spring, however, a troublesome irregularity in the heart's action not unfrequently occurred. Still the morbid symptom was generally not of long duration, but yielded in a short time to gentle measures; and as His Majesty almost every year, during the milder season, made excursions to remote parts of the country, or to the kingdom of Norway, and most frequently did not return to the capital until late in the autumn, his system regained, through country air and the increased exercise attendant on his excursions, what it lost during the winter by hard work, often continued to a late hour of the night, combined with a more sedentary life. But in the course of the year 1851, his health became seriously implicated; the heart's action was constantly irregular, digestion was impaired, and the liver increased in size. The most important central organ of the nervous system, too, showed unmistakable traces of exhaustion, and absolutely required rest. In consequence of this, His Majesty repaired, in the summer of 1852, to the Baths of Kissingen, and at the end of his stay at that watering-place made a tour in Switzerland, returning to Sweden in the autumn, cured of his liver complaint, and with his health in other respects also improved. But now his paternal heart was smitten with the sad loss of a beloved son, and in a short time the Royal parent lay on the sick-bed, suffering from the same disease which had opened the grave for his bitterly-lamented child. A particularly tedious typhoid fever now for many weeks threatened his Majesty's life, but finally terminated in convalescence, which, although slow, gave hopes of a future complete restoration to health. These expectations were, to a certain extent, fulfilled, and would, no doubt, have been completely so, had not the political circumstances of the time laid too strong a claim upon his Majesty's exertions, and determined him to neglect the care of his own person, in order to devote himself wholly to the protection of the interests of the two nations, whose welfare constituted the highest object of his sense of duty. The over-exertion of the mind to which his Majesty consequently subjected himself, the omission or curtailment of his summer tours, and the neglect of a necessary visit to the baths, at last told upon him, and in the beginning of 1857 his health again began to give way in a manner calculated to cause great uneasiness, with evident congestion of blood to the head. The lower extremities, the muscles of which were always weak, began to totter under the weight of the body, and at the same time that the power of combination for the motions of these parts was impaired, his Majesty was troubled with vertigo, particularly accompanying the movements of the head, and with vomiting, which symptoms, in combination with diminution of strength and the occurrence of involuntary muscular spasms, indicated the existence of a more deeply-seated affection, probably a softening in the central nervous system. Incapacity to discharge his Royal functions now brought on a deep melancholy, and his Majesty even in the commencement of his illness expressed his conviction of its incurability. Although this conviction could not, unfortunately, but be participated in by those who were privileged to be his Majesty's Physicians, we did not at that time consider it our duty publicly to express it. The means employed to combat the disease were, moreover, without any essential efficaey; the paralysis, which commenced in the lower extremities, gradually increased, and after the King, feeling his inability any longer to fill the high position to which Providence had called him, transferred into the hands of his then Royal Highness the Crown Prince the Government of the United Kingdoms, his deep melancholy gave way to a progressive indifference, even for those things which in his health he had regarded with the most lively interest. The disease hence-forward progressed slowly towards its end, and the paralysis began so steadily to extend to the other voluntary muscles, that towards the end of last June both lower and upper extremities, and the sphincters of the excretory passages were almost entirely paralysed, while involuntary spasms from time to time agitated the right leg. The appetite, too, had now disappeared, and, although digestion continued undisturbed, the body had greatly emaciated, while the hitherto superficial bed-sores, which had often been nearly healed, and had already existed more than six months without causing any great pain, began to extend and to assume a gangrenous appearance. Under all this the patient's strength gradually sank; the power of speech, previously very limited, latterly was altogether lost; the lungs filled with mucous, which, in consequence of incipient paralysis of the muscles of respiration, could only with increased difficulty be expectorated; and on the 8th of July, at eight o'clock in the morning, his Majesty quietly expired, supported in the arms of his Royal Consort, who during his more than two years' illness never left his side, and surrounded by all the other members of the Royal Family, kneeling with her and weeping bitterly around the death-bed of the never-to-be-forgotten and long-tried head of their illustrious House.

"The first trace of the nervous disease, the development of which I have now described, and which brought the late King to the grave, manifested itself long since, although it was not until within the last six or eight years of his Majesty's life, that, as we have seen, it occurred with more definite, and at last with such threatening symptoms. No one who had the good fortune to approach his Majesty's person, and who had an opportunity of observing him during a long period in his daily intercourse, could avoid being amazed at the very extraordinary power his Majesty always exhibited of retaining in his memory the most varied details, or could cease admiring the rapid apprehension, the unerring judgment, and the singular clearness of statement which were exhibited whenever he spoke. But at the same time he would not fail to recollect how his Majesty sometimes in the middle of a conversation to which he was directing all his attention, would of a sudden appear to be abstracted, and would really transfer his thoughts to some other subject on which, unless he might be disturbed, he would allow them to rest, usually

only for a few moments, but sometimes for many minutes; after which the conversation would be resumed, as if it had not been interrupted. The peculiar expression of his Majesty's features, particularly his look assumed on such occasions, and the spasmodic state, or the involuntary movements which at the same time took place in one or other part of the muscular system, render it probable that this distraction, which at times was of frequent recurrence, was due to an incipient affection of the central organ of thought. This symptom, referrible to the most important organ of the nervous system, was of late years accompanied, as has already been mentioned, with increasing weakness in the muscles of the lower extremities, and with uncertainty in the combination of movement, probably depending on a commencing organic change, either in the organ alone, on which the power of motion depends, or also in that by which the harmonisation of movements is effected. The anatomical investigation which is now about to be made will show, whether any discoverable change of structure exists in the central parts of the nervous system, or whether the disturbance of function has taken place, without the naked eye being able to detect the seat or nature of the change, which must be supposed to be present, when the function of the organ is deranged. This examination ought also to demonstrate what morbid change has taken place in the structure of the heart, as a cause of the irregular movements to which this organ was occasionally subject.

"Before I close this brief report of the late King's last illness, I ought to observe that Professors Huss and Malmsten took part in the treatment from the commencement of the disease, and that Professors Conradi and Heiberg were called into consultation from the kingdom of Norway, as Professor Faye, the Norwegian Physician in Ordinary of his late Majesty, was at the time on an extended foreign tour. It should likewise be mentioned, that the treatment of his Majesty's disease was, during two months of last year, intrusted to Dr. Kuylenstjerna, to ascertain whether animal magnetism [!!] might not have some beneficial influence, after the attendant Physicians had stated that the restoration of his Majesty's health lay beyond the power of art.

"P. O. Liljewalch,
"First Physician in Ordinary to his late Majesty King Oscar.
"Stockholm, July 12, 1859."

As a preparatory step, the Royal remains were, with a view to prevent decomposition, on the 9th of July, at one o'clock in the afternoon, injected with an arsenical solution. The following observations were on that occasion made as to the

"*External Appearance of the Body.*

"The Royal corpse, which was at once recognised by all present, and the features of which presented a tranquil expression, was found laid on a table in the late King's bedchamber.

"Cadaveric rigidity existed only in the joints of the right knee and foot, and in the under jaw.

"The whole body was greatly emaciated. The tuberosities of the long bones and ribs, and the spinous processes of the vertebral column were prominent.

"Over the entire back and the upper part of the posterior surface of the thigh were slightly livid spots.

"On the left side of the nose, about an inch and a-half from its point, and close to its dorsum, was a small abrasion, said to have occurred after death in the removal of a cast of the face.

"On the front of the legs (*anticrura*), but chiefly on the left limb, were found some light brown spots, varying from the size of a pin's head to that of a pea. These spots were in some places distinct, in others they were confluent, and were not raised above the surface of the skin.

"On the right side, over the lower edge of the sacrum, towards the anus, was an oval dark brown spot, an inch in length, and above it and continuous with it was a yellowish, somewhat larger, semilunar, similar spot, both together forming the mark of an imperfectly-healed bed-sore.

"On the left side, in a spot corresponding to that just described, was a bed-sore three inches in length by two in breadth, on which the slough still remained.

"Over the right os ilium, about at its junction with the sacrum, was a superficial abrasion, three-quarters of an inch in length, and on the spinous processes of the seven inferior vertebræ (lumbar and dorsal), were similar, but still smaller abrasions.

"After the foregoing inspection, the left carotid artery was opened, and into it was injected, towards the heart, about a pound and a-quarter of finely elutriated arsenic, four pounds of distilled water, and five pounds of rectified spirit of turpentine, impregnated with essential oils. The incision made in the skin was then united, and the Royal corpse was replaced in bed.

"In fidem protocolli,
"Dr. A. Hilarion Wistrand."

The foregoing having been read, the post-mortem examination was made on July 12, by Professor Baron von Düben, assisted by Professor Santesson and Prosector Lovén.

With respect to external appearances, the following additional observation was made:—

"The Royal corpse has not during the last few days undergone any other change than the formation on the anterior surface of the right shoulder of some reticulated, greyish brown spots (*vibices*).

"The slough on the bed-sore already referred to, on the left side over the sacrum, is found on incision to extend in the centre to the depth of one and a-half lines, and at the edges to the depth of one line; while the cutis vera, as well as the subjacent adipose tissue is, to a certain extent, infiltrated with blood.

"*Inspection of the Internal Parts.*

"*Head.*—The scalp is pale and deficient in blood. The cranium is thin, with very little, almost no medullary substance; its inner layer exhibits deep impressions left by the vessels and *glandulæ acchioni*, rendering the skull in some places very transparent. Small, fine osseous granulations are found in the course of the vessels on the inside of the cranium (*osteophytes*).

"The dura mater is strongly adherent to the inside of the skull; it is everywhere thickened, particularly towards the falx cerebri, and is adherent to the arachnoid and pia mater in the course of the longitudinal sinus. After the separation of the dura mater, the cerebral mass swells out and exhibits the arachnoid and pia mater tolerably full of blood and healthy, with the exception of a somewhat thicker edge along the longitudinal sulcus, whence on both sides proceed numerous Pacchionian granulations.

"The convolutions of the cerebrum are flattened, so that the sulci between them are almost wholly effaced.

"The colour of the cerebral mass on the surface is pale grey with a slight tinge of red. On pressure over the lateral ventricles, evident fluctuation is felt. On section the cerebral mass appears of a greyish white colour, and is tolerably copiously studded with sanguineous dots.

"The lateral ventricles together contain rather less than three ounces of somewhat turbid serum; they are considerably dilated, particularly the posterior cornua. Their inner investment, with two or three lines of the adjoining cerebral mass, is softened and pale, resembling coagulated milk (*emollitio alpa*).

"In the posterior hemispheres of the cerebrum this white softening extends on the right side nearly an inch, on the left side nearly an inch-and-a-half, reckoning from the walls of the ventricles; forming foci of *ramollissement* on the right side of the size of a small walnut, and on the left of that of a hen's egg.

"The septum lucidum is also for the most part softened.

"The corpus callosum is likewise softened.

"The choroid plexuses are pale and compressed.

"The other parts of the cerebrum exhibit no morbid change; the blood-vessels are healthy and open.

"On taking out the cerebellum its right half is found, for the extent of more than an inch, attached to the dura mater by means of old, firm adhesions; in this part the mass of the organ is of a reddish-brown colour, and is somewhat swollen, containing a tumour of the size of a small hen's egg, which is easily distinguishable from the rest of the cerebellar mass, and on section is seen to contain a round cavity, half-an-inch in diameter, imperfectly filled with a shrivelled pale yellow, broken down, fibrinous coagulum; the cavity is surrounded by a fully organised sac of connective tissue. Around this the cerebellar mass is found, to the extent of fully half-an-inch, softened, infiltrated with blood; and on microscopic examination appears broken up and mixed with colouring matter, granular cells and corpuscles. The rest of the substance of the cerebellum is healthy.

"The pons Varolii and the medulla oblongata exhibit no morbid change.

"The inner lamina of the skull is also, at the base, rough with small osseous granulations. In the right receptaculum cerebelli, where the adhesion already mentioned existed, the dura mater is easily separable from the bone, which underneath it is found to be rather cribriform and corroded.

"In the foramen magnum, the odontoid process of the second cervical vertebra is felt to be very prominent.

"*Chest.*—The integuments of the thorax contain a layer of fat about half-an-inch thick.

"All the cartilages of the ribs, especially of the superior, are ossified.

"The thoracic viscera retain their normal relative situations.

"Each pleural sac contains about four ounces of dark red serum. Both lungs are free, distended with air, full and rich in pigment. In the apex of the left lung is a small cicatrix, slightly drawn under the surface. In other respects the lungs are perfectly sound.

"The pericardium is rather abundantly covered with fat, and contains a couple of spoonfuls of dark red serum.

"The right side of the heart is also somewhat loaded with fat, and its walls are thin and have undergone some fatty change. The valves and orifices of the right side are healthy; the papillary muscles are particularly small.

"The left ventricle is somewhat dilated; its walls are of rather less than ordinary thickness; the trabeculæ and papillary muscles are thin and flat, the latter at their apices are changed into connective tissue. By this tissue the efferent tendons are partly united to one another. The mitral valves are somewhat attenuated and short, but are otherwise healthy, The semilunar valves of the aorta have undergone morbid change, the right valve being along the whole of its free margin thickened, and as it were doubled, by an excrescence one line in height, comb-like, filamentous at top, and running along the inner surface of the valve. Farthest to the right is a conical calcareous excrescence, adherent at the base, the base of which extends somewhat into the ventricle. The two other semilunar valves are joined to one another, the septum between them having almost disappeared. These valves are, moreover, considerably thickened, contracted, and somewhat convoluted. The free valve is $1\frac{3}{4}$; those which have grown together are exactly two inches in breadth. The greatest width of the left ventricle is eight inches. The aorta immediately above the valves is $4\frac{1}{2}$ inches in circumference.

"The walls of the auricles are particularly thin.

"*Cavity of the Abdomen.*—In the abdominal integuments is a considerable layer of fat, one inch in thickness.

"The peritoneum is healthy, but on each side is an external inguinal rupture, capable of admitting three fingers laid together.

"The omentum, one-sixth of an inch in thickness, covers the abdominal viscera, which occupy their normal positions, and do not exhibit any morbid adhesions.

"The stomach, almost empty, is rather thick anteriorly towards the pylorus; the mucous membrane in that part is slightly hypertrophied; the coats of the stomach are otherwise everywhere sound.

"The intestinal canal contains in its upper part thinner, in the lower part more solid mucus and brownish-green excrementitious matters; the small intestines are healthy; on their mucous membrane at the iliocæcal valve, and about three inches upwards, the mouths of the glands are open, and the membrane itself is there particularly thin and clammy.

"The large intestine is throughout healthy.

"The mesentery is rigid, with a layer of fat three-quarters of an inch thick.

"The pancreas is healthy.

"The liver is very small, especially its left lobe; its substance is close and hard, but without any trace of cicatrix or cirrhotic change. The liver is 8 inches broad, 7 high, and $3\frac{1}{2}$ thick.

"The gall bladder contains about a tablespoonful of dark brown grumous bile.

"The spleen is somewhat turgid, but exhibits no morbid change.

"The kidneys are imbedded in a layer of fat a couple of inches in thickness, which extends into their pelvis; their substance is healthy. The ureters are open and healthy. The renal capsules are also healthy.

"The urinary bladder contains a couple of tablespoonfuls of turbid urine; its walls and mucous membrane are healthy; the third lobe of the prostate gland is somewhat enlarged.

"*Cavity of the Spinal Column.*—The medulla spinalis is surrounded by a great quantity of fat, its membranes and substance are healthy. Nothing else worthy of note was observed.

"Visum, repertum,

"Stockholm, July 12, 1859." "Gust. von Duben.

The pathological changes above described, compared with the symptoms detailed in the history of the case and in the published bulletins, lead to the following conclusions as to the connexion between them:—

"1. The irregularity in the heart's action, which for many years was sometimes more, sometimes less troublesome, depended on the existence and growth of the morbid products found in the aortic valves, which, arising in the course of the rheumatic fever mentioned in the report, subsequently continued and increased, causing attenuation of the wall of the left ventricle and dilatation of its cavity. These morbid products, although discoverable by means of the stethoscope, were by the efforts of nature in time smoothened and modified, so that the heart was able to discharge its functions, although less regularly and perfectly.

"2. The distraction of mind described in the report, which was observed for many years back and was connected with more serious symptoms, subsequently developed signs of congestion of the head and diminution of strength, finds its explanation in the morbid changes of the dura mater, which, in consequence of an insidious chronic inflammation, extending likewise to the inner table of the skull, was both thickened to an ususual degree, and became adherent on the one side to the skull, and on the other to the arachnoid and pia mater, and through them to the outer surface of the superior convolutions of the brain.

"3. The extravasation of blood found in the right half of the cerebellum, which, from its character, as above described, and its effects on the subjacent bone, appears to have been of long standing, probably took place at the same time, or the commencement of the year 1857, betraying its origin by the increase of the before-mentioned cerebral symptoms, and by the supervention of vertigo and vomiting, and manifesting its continued influence in the derangement observed in the muscular movements, particularly of the lower extremities, and in the want of control over these movements.

"4. Soon after the softening, found on dissection, began to be developed in the cerebrum, the posterior lobes, the walls of lateral ventricles, the septum and corpus callosum, with consequent effusion into the ventricles and dilatation of the latter, which change was characterised in its commencement by the increasing morbid apathy, and afterwards by the progressive paralysis of the voluntary muscles, and finally of the excretory passages and the muscles of speech and respiration.

"5. Lastly, it may probably be inferred that, as no other sign of inflammation was found in the body, the recent inflammatory process, of which the results were observed around the old clot of blood in the right lobe of the cerebellum, was the cause of the feverish symptoms which occurred during the closing period of his Majesty's illness, and which were mentioned in the published bulletins. Consequently these feverish indications and the post-mortem appearances left by the inflammatory process, on which they depended, are to be regarded as the latest symptomatic and anatomical phenomena in the present case.

"Verified, ex officio, "Gust. von Duben.

"Dr. A. Hilarion Wistrand."

Dr. Watson, Surgeon of the "Cormorant," is reported as "Wounded," during the late fighting in China at the mouth of the Peiho.

The French Academy, at a late sitting, had a field-day of novelties. M. Gavariet, to begin, recommended a new apparatus of Faradisation for Medical purposes. Then M. Malgaigne proposed a novel proceeding in tracheotomy to prevent hæmorrhage. After this the new disinfecting agents were subjected to all sorts of criticisms, and by a variety of learned Academicians. And, lastly, the stethoscope of a Brazilian Doctor was warmly recommended to the attention of the Profession by M. Kergaradec.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

ANEURISM OF THE RIGHT POPLITEAL ARTERY. — COMPRESSION TREATMENT. — SLOUGHING OVER THE ARTERY.—LIGATURE.—RECOVERY.

(Under the care of Mr. NATHANIEL WARD.)

A COAL-WHIPPER, aged 51, was recommended as an out-patient by Mr. Arnold, of Ratcliffe, in the middle of February. He was admitted into the Hospital, and, on examination, a large pulsating tumour was found in the right ham, having all the charaeters of aneurism. The measurement round the limb, over the most prominent part of the tumour, an ineh above the level of the upper border of the patella, exceeded that of the opposite limb in the corresponding situation by three inehes. There was a well-marked "*bruit de soufflet*," and the swelling shrank considerably when pressure was made on the femoral artery. The tumour felt uniform and smooth, and not thinner in one part than another. There was œdema of the leg, the measurement round the prominent part of the right calf exceeding that round the left by one inch. The pulsation in the right posterior tibial artery was weaker than in the left.

The heart occasionally intermitted in its action, but neither aortic nor mitral bruit could be detected. The patient had been in the habit for some years of taking large quantities of beer, his face looked puffy, and there was a lax condition of the subeutaneous connective tissue over the whole of the body. He had somewhat the appearance, in faet, of a man suffering from Bright's disease. The renal secretion, however, was found natural. He had been occasionally the subject of rheumatism, and fancied that the present affection had something to do with it.

He stated that a month before his admission, the right leg was like the other, and that about a week after that he remarked the swelling in the ham, and the beating there, followed by puffiness in the leg, pain in the position of the ham-string tendons, and numbness alongt he upper and lower surface of the toes. He was not eonscious of having received any unusual strain, although he might have done so in his laborious occupation, which he had followed for thirty years. This occupation consisted in walking up four or five steps to a stage or platform five feet from the ground, and then with several companions, jumping down backwards on the ground; this latter part of the proceeding being the means of raising from the hold of a collier, a large basket of coals, connected by a rope through a fixed pulley to other ropes, made taut in the hands of the men prior to jumping down. For ten hours a-day he had been frequently so engaged.

The patient was kept quiet in bed for a week, and during this period was placed on low diet; diuretics, and an occasional purgative being prescribed. At the end of this time the compression-treatment was commenced. He had previously received instruction as to the nature of his complaint, and the object to be effected by the treatment proposed. A meat weight and pad to the groin, and a Bigg's aneurism-compressor were alternately had recourse to; instruments which had proved suecessful on two previous occasions. All the preliminary measures were carefully attended to, such as shaving the hair from off the upper part of the thigh, and dusting the latter with flour, the careful fixing of the bedding and sheets, and the pad on whieh the affected limb rested; as also the application of a large cradle over the trunk and limbs, so as to render manipulation on the part of the Surgeon or patient as free from embarrassment as possible. This treatment was kept up for four days, never, however, at any time with pressure sufficient to stop the pulsation in the aneurism. On the fourth day the skin over the artery at the lower fourth of Scarpa's triangle, corresponding in extent to the area of the pad of the compressing instrument, looked livid and dark, and was but of a low temperature. The skin over the artery also below Poupart's ligament, and at one or two other places o whieh the pad of the compres sor had been shifted, had esicated. The compression tre atment was laid aside. The utaneous vesications soon heal ed, but the integument at the lower part of Scarpa's triangle became duller and darker; and ultimately an eschar involving the skin and soft tissues down to the sheath of the artery, separated. At the bottom of the wound thus resulting, the vessel to the extent of an ineh and a-half could be felt distinctly with the finger, covered over by sloughy conneetive tissue. Healthy reparative action soon took place in the circumference of the wound, and the resulting granulations gradually encroached on the centre. The artery was tied in two distinct plaees on the fourteenth day, after the separation of the slough. An incision about an inch long was made in an upward direction from the upper limit of the wound, and a healthy portion of the sheath of the artery having been cut through, a ligature was passed beneath the vessel. A second incision, similar in extent, but directed downwards and inwards, was made from the lower limit of the wound, and the sartorius having been turned a little outwards, and another healthy portion of the sheath exposed, a seeond ligature was passed beneath the artery. The upper thread was then tied, and then the lower; the portion of the artery intervening between the two ligatures being about two and a-half inches in length. The incisions were brought together in the usual way, and the limb, placed on an inclined plane and slightly flexed, was enveloped in wool. The lower ligature came away on the thirteenth, and the upper on the seventeenth day, when the patient was ordered a chop and some porter daily, having previously been kept on low diet and beef-tea, without any stimulus. The entire wound in the thigh had healed in the ninth week after the operation, without any untoward symptom having supervened; the tumour in the thigh having lost all its aneurismal character, and having consolidated and shrunk to about one-sixth of its original volume. The man left the Hospital shortly afterwards, and has since resumed his laborious work.

THE LONDON AND PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

REPORT ON AMPUTATION OF THE PENIS FOR EPITHELIAL CANCER.

In the following series of cases we have placed together all the instances of Amputation of the Penis for Epithelial Caneer, which have been recorded from time to time in our Statistical Reports. It numbers altogether only thirty-five cases, and as the period comprises more than four years, it is evident that the operation in question is but seldom performed. Being in itself an operation attended by almost no risk, we may, however, fairly infer that it is resorted to in almost all the cases of caneer of the penis which come under care in Hospitals. The disease is one so loathsome and so painful, that patients but seldom refuse to submit to the alternative advised for their relief and probably only those are not treated by amputation of the organ in which the disease has, at the time of the Surgeon's being consulted, already advanced too far. We recollect in the course of our Hospital observation two or three such cases. In one the patient, an elderly man, was in very feeble health, and the cancerous ulcerations had already extended to the skin of the pubes, and laterally almost to the perineum. In two others the operation was declined because the glands in the groin were extensively affected.

Many of the cases in our series are very deficient as to detail; we have, however, availed ourselves of all in our possession, and as the report is statistieal, we have not omitted any case, however brief might be the facts to record respeeting it. As with the cases of malignant disease of the testis, so here again we have to regret that in very few instances do our notes carry us beyond the date of the patient's discharge from Hospital. If we could state how many of the patients alluded to are at present alive, the information would have a practical value of the highest kind.

GUY'S HOSPITAL.

(Under the care of Messrs. COCK, BIRKETT, and HILTON.)

Case 1.—Mr. Cock.—A man, aged 62, in good health, the subject of congenital phymosis. Cancer of the penis had

existed eighteen months, and was very extensive. Amputation of the greater part of the organ. Recovery.

Case 2.—A man in fair health was admitted, on account of epithelial cancer, complicated with phymosis. Amputation was performed, and the man recovered well.

Case 3.—Mr. Birkett amputated just behind the glans for epithelial cancer of the penis in a man aged 67. Recovered.

Case 4.—Mr. Cock operated on a case of epithelial cancer. He removed the entire prepuce, with part of the integument of the penis. The man left the Hospital with the part soundly healed.

Case 5.—A man, aged 46, in good health, under the care of Mr. Hilton, on account of epithelial cancer, affecting both the prepuce and the glans. The disease was of five months' standing. Mr. Hilton removed the organ. The man did well.

Case 6.—A farming man, under the care of Mr. Cock. He was admitted on account of epithelial cancer of the prepuce and one side of the glans. For fifteen months there had been pricking pains in the part, but the warty growths had been observed only three months. The inguinal glands were not enlarged. Mr. Cock cut away the diseased parts, including the whole prepuce and one side of the glans. The wound healed well.

Case 7.—A patient, aged 27, in good health, under the care of Mr. Hilton. The penis was removed for epithelial cancer. Recovered.

Case 8.—Mr. Cock.—A man, aged 54, admitted on account of epithelial cancer of the prepuce and skin of the penis. The diseased integuments, including the prepuce, were removed, but no part of the glans. The wound healed well.

Case 9.—A man, aged 58, under the care of Mr. Cock, on account of epithelial cancer of the penis, involving both glans and prepuce. The organ was removed.

ST. BARTHOLOMEW'S HOSPITAL.

(Under the care of Messrs. LAWRENCE, STANLEY, LLOYD, and PAGET.)

Case 10.—A man, aged 40, admitted under the care of Mr. Paget. The penis was amputated on account of epithelial cancer. Recovered.

Case 11.—A man in fair health, the subject of congenital phymosis and hypospadias was admitted under the care of Mr. Paget. Epithelial cancer had attacked the glans and foreskin. Amputation. Recovered.

Case 12.—Mr. Lawrence.—A man, aged 40, admitted for cancer. He had been previously operated on elsewhere for epithelial cancer, beginning in the prepuce. The disease had returned. The whole organ was amputated. He recovered.

Case 13.—A man, aged 42, under the care of Mr. Stanley, on account of epithelial cancer of the penis. The organ was amputated in the usual way. The patient recovered.

Case 14.—A man, admitted under the care of Mr. Lloyd for epithelial cancer. The organ was amputated through its middle. The parts healed well.

Case 15.—Mr. Lloyd.—A middle-aged man, admitted for epithelial cancer of the penis. The disease was of eight weeks' duration. A mass the size of a walnut was removed from the prepuce and the side of the glans penis. Recovered.

Case 16.—Under the care of Mr. Paget. A man, aged 39. The disease was of three years' duration, and had formed in the cicatrix of an injury received in boyhood. Amputation of the entire organ.

THE LONDON HOSPITAL.

(Under the care of Messrs. CURLING, ADAMS, and WARD.)

Case 17.—An elderly man, the subject of cancer of the penis of two years' duration, was admitted under the care of Mr. Adams. It was removed. Recovered.

Case 18.—A tall, muscular man, aged 30, was admitted under the care of Mr. Ward, for epithelial cancer, following long-standing venereal disease of the organ. He was also the subject of congenital phymosis. The prepuce was removed, and subsequently the penis. The case did well, and the patient left the Hospital in twenty-three days after the operation. About a month afterwards he was reported as gaining flesh, and in good health.

Case 19.—A man of bad constitution and very irregular life, was admitted under the care of Mr. Curling, having a large part of the penis involved in a growth of epithelial cancer. It was necessary to amputate at the very root of the organ. The incision was made a little obliquely, so as to leave the urethra rather longer than the rest. Some gland in the groin were a little enlarged, but it was not considered advisable to remove them. The man recovered.

UNIVERSITY COLLEGE.

(Under the care of Mr. ERICHSEN.)

Case 20.—A man, aged 64, the subject of ulcerated cancer of the glans. The whole organ was removed. Recovery.

ST. MARY'S HOSPITAL.

(Under the care of Mr. COULSON.)

Case 21.—A man, aged 44; admitted on account of epithelial cancer of the glans and prepuce of two years' duration, and said to have followed an injury. Mr. Coulson removed the organ. Recovery.

ST. THOMAS'S HOSPITAL.

(Under the care of Messrs. SIMON and LE GROS CLARK.)

Case 22.—A man of middle age was admitted, under the care of Mr. Simon, for epithelial cancer of the penis It was amputated near the root. The man recovered well as far as the operation was concerned, but died from hæmoptysis, etc., before leaving the Hospital, some months after the operation.

Case 23.—Mr. Le Gros Clark removed the penis from a man, aged 54, for epithelial cancer. The patient recovered.

VARIOUS PROVINCIAL HOSPITALS.

Case 24.—The Durham County Hospital: Mr. Green.—A healthy-looking man was admitted on account of epithelial cancer of the penis. The disease had existed two years, and was progressing. The organ was amputated in the usual manner. Recovered.

Case 25.—Durham County Hospital: Mr. Shaw.—A man, aged 36, was admitted on account of epithelial cancer of the penis. Amputation. Recovery.

Case 26.—The Leeds Infirmary: Mr. Hey.—A man, aged 48, admitted for cancer of the penis. The part affected was removed. The disease re-appeared.

Case 27.—The Leeds Infirmary: Mr. Smith.—An elderly man admitted for epithelial cancer of the penis. The glands in the groin were enlarged at the time of the operation, which was done only at the patient's urgent request. Recovered.

Case 28.—The Leeds Infirmary: Mr. Teale.—A healthy man, aged 77, was admitted for epithelial cancer of the penis. He stated that the disease had commenced twenty years back. The glands in the groin were not affected, but the urethra was obstructed, and he made water with the greatest difficulty. The entire penis was amputated. The parts healed, and the meatus remained freely open.

Case 29.—The Liverpool Royal Infirmary.—A healthy-looking man, aged 35, was admitted on account of epithelial cancer of the penis. Amputation was performed, and he recovered.

Case 30.—The Gloucester Infirmary: Mr. Wilton.—A man, aged 57, admitted for cancer of the penis. The entire organ was removed. He recovered well.

Case 31.—Royal Berkshire Hospital, Reading: Mr. May.—A healthy man, the subject of epithelial cancer of the penis. Half the organ was implicated. The disease was of eighteen months' duration. The wound had nearly healed, when, three weeks after the operation, a low form of pneumonia came on, and proved fatal in six days.

Case 32.—The North Staffordshire Infirmary: Mr. Turner.—A cachectic man, aged 46, admitted for epithelial cancer of the glans, which was removed. The patient recovered.

Case 33.—Norfolk and Norwich Hospital: Mr. Crosse.—A man, aged 67, was admitted on account of epithelial cancer of the penis, of three years' duration. He was the subject of phymosis, and only after an operation for the latter did his more serious disease become manifest. The organ was amputated, and he recovered well.

Case 34.—West Norfolk Hospital: Mr. Sayle.—A man, aged 64, by trade a baker, was admitted on account of a growth of epithelial cancer, involving the whole prepuce, and the integuments of the penis. The penis was amputated close to the pubes. The patient left the Hospital in good health, and able to pass water well.

Case 35.—The Huddersfield Infirmary: Mr. Bradshaw.—A healthy man, aged 40, admitted for epithelial cancer of the penis. The disease was of four years' standing. There was

an indurated gland in the right groin. Amputation. Recovery.

COMMENTS ON THE SERIES OF CASES.

Fatality of the Operation.—Amputation of the penis is not, under ordinary circumstances, an operation attended by any material risk to life. Of the thirty-five cases given above, all, excepting two, resulted in recovery, and in one of the latter the fatal event was in no way connected with the operation, and did not occur until three months after it. In the only one in which death *bonâ fide* resulted from the operation, it was caused by a low form of pneumonia which supervened in the fourth week. The patient had previously been a healthy man. Such results will, of course, occasionally follow all operations, even the most trivial, especially when performed in the wards of Hospitals where erysipelas, pyæmia, etc. are often rife. The risk attending amputations of the penis is probably increased slightly in proportion as the advanced stage of the disease requires that it be performed low down. When, as we have seen in one or two instances, it is required to dissect away the crura of the organ from their attachment to the bone, the danger attending it may even become considerable. In none of the cases in our present series, however, was so extensive a dissection required, and a majority of them were amputations not much below the glans.

Age most liable to Cancer of the Penis.—The age of the patient is stated in only 23 out of our cases. The oldest in the series was 77, the youngest 27. To classify them according to age,—we find one under 30, four between 30 and 40, eight between 40 and 50, four between 50 and 60, five between 60 and 70, and one between 70 and 80. Thus it would appear that middle age is the period of life most liable to this form of cancer, a circumstance to which probably several influences contribute.

Exciting Causes of Cancer of the Penis.—It has long been a matter of observation among Surgeons that congenital phymosis often acts as a localising or exciting cause of cancer of the glans. The disease is exceedingly rare in Jews. In only four of the cases in our series do the notes state that this condition of the prepuce had existed; but it must be borne in mind that no special attention was given to the reporting of the previous history of the case by those who have supplied to us the data we have used. The object alone in view was the result of the operation. Thus it is highly probable that a far larger proportion were really the subjects of phymosis. In one case it is stated that a long-standing venereal sore had preceded the malignant one, and in another, the cancerous ulceration attacked a cicatrix left by a wound in infancy.

Pulsatile Tumour.—M. Heyfelder is called to a Pharmacien, who had in the second right intercostal space, immediately to the right of the sternum, a small shining tumour, which appeared after two months of obscure symptoms, and was the seat of pulsations synchronous with the radial pulse. Many doctors thought it an aneurism. There was no bruit audible over it; it fluctuated, and was compressible; the skin over it was thin and ready to break; expiration increased its size, with inspiration it diminished. M. Heyfelder punctured it, and out came eight ounces of pus. He then was satisfied that he had to do with an encysted pleural abscess. In eight weeks the patient recovered. [Surely the wiser and more cautious practice here would have been to let so advanced an abscess open of its own accord. The diagnosis was happily correct in this case; but every one of our readers can doubtless call to mind cases in which the very loftiest Surgical authorities have punctured aneurisms when judging they had abscesses only to deal with.]

Graphite (Black Lead).—Professor B. C. Brodie, of Oxford, in a paper read before the Royal Society, "On the Atomic Weight of Graphite," arrives at the following results:—"That carbon in the form of graphite forms a system of peculiar compounds, different from any compounds of carbon yet known, and capable of being procured only from graphite; that graphite, within certain limits, functions as a distinct element, capable, indeed, of being converted, by a certain process of oxidation, into carbonic acid, and thus identifies itself with the other forms of carbon, but having a distinct atomic weight, namely 33 (hydrogen = 1.)"

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Medical Times & Gazette.

SATURDAY, OCTOBER 1.

GRATUITOUS MEDICAL SERVICES.

The "Builders' Strike," as it is called, may possibly bring to the attention of many of our Profession the subject of Gratuitous Medical Relief. The readers of this Journal will recollect that we have, on more than one occasion, touched upon this subject; and we certainly shall not cease to bring it prominently forward, until we see some signs of a practical attempt made to cope with the monster evil. Surely this very Builders' Strike is only another proof of the injustice suffered by the members of our Profession through "gratuitous advice." The wages of the labouring classes have been, and still are, rapidly rising; and at the very time when these classes are more able than ever they were at any previous period to assist themselves, Hospitals and Dispensaries are springing up like mushrooms in all our large centres of commerce, to give them medicine and advice gratis. The time, we are satisfied, is fast approaching, when the Governors of Hospitals must ask themselves what is the meaning of the words, "fit and proper person to be admitted to your Charity?" And we feel bound to say, that those of our brethren who are attached to public Institutions should be the first to endeavour to abate the enormous robbery perpetrated upon the Profession by the Profession.

The system under which our public Medical charities are carried on is not only fraught with injustice to our Profession, but it is also highly demoralising in its effects upon the objects of those charities. We are not speaking chimerically, for we appeal to every Hospital Medical Officer whether he does not witness daily the purposes of the Charity prostituted for the benefit of individuals who are not entitled to them by their position. Such, indeed, is especially the case in the instance of our larger Hospitals. It is notorious that hundreds of persons who are perfectly capable of paying a Doctor apply to and obtain relief gratuitously. Who is to interfere with them? and who is to apply the test? The Physician or Surgeon who attends them knows perfectly well that they are not of a class who will come to him at his private house, and therefore is apt to overlook the fact that they are nevertheless able to pay one who takes a lesser fee. And then again, as is well understood, the authorities of Hospitals never consider themselves bound to criticise too narrowly the pretensions of patients, whether they are legitimate or otherwise. Hence, in the first place, Medical relief is given at our Hospitals gratuitously to individuals who are quite able to pay for it. In the next place, a large class of artisans and other well-to-do labourers make no provision in their days of health (as they now might readily do, with their large earnings), because they know well enough there are always abundant opportunities for them to obtain gratuitous Medical advice. But it will be said that there is a large class of individuals, who are quite incapable, even during health, of making provision against the evil day. This, of course, we readily

admit; but we say of such, that they form a class essentially of paupers, and that it is the business of the community to take charge of them. Paupers have no right to receive relief in our charitable institutions; and yet we know perfectly well that Poor-law officials force their poor by every means to seek relief at Hospitals and Dispensaries, rather than at the hands of the Union Doctor. In this way, again, our public Medical charities act most injuriously upon the interests of the veritable pauper. The harsh and cruel treatment of the pauper, the difficulties thrown in his way when he requires relief, are facts notorious to all Hospital and Dispensary Doctors. This class of patients will put up with a large amount of real misery rather than accept the aid which is given them. Now, as we see the matter, our public Medical institutions are in a great degree responsible for this state of things. If the pauper had no such refuge as the Hospital or Dispensary to fly to, the Poor-law authorities would be compelled to do him justice; but in these institutions they find an excuse for their negligence.

Are we really to suppose that our Profession will continue for ever to perpetuate this act of suicide? Is it possible that no combination for the prosecution of so legitimate a purpose as the obtaining of payment for services rendered, will ever be made by our Hospital officers? Will they consent to go on pursuing a course of manifest injustice to those of their Professional brethren who do not happen to be attached to public Charities? We cannot but think that the rise in wages which is pretty well universal in all classes of artisans, should at least be a stimulus to lead men of our Profession to think upon these things. We firmly believe that the time is arriving when we have a right to cry out in the name of justice and common sense:—Let the utter pauper be sustained by the community at large; let the mechanic, in his hour of sunshine, make provision for his hour of sickness; let Charity step in to assist him who assists himself; and let Medicine be remunerated for her services, whether bestowed upon pauper or charitably-assisted mechanic. Let there be an end of indiscriminate gratuitous Medical services. To commence this immense Reform required by the age, the first step must be an investigation into the abuses of our Public Medical Charities.

THE WEEK.

We are very glad to be able to announce that a public meeting has taken place in Woolwich, and that on this occasion the system of flogging in the army was denounced as totally inconsistent with our modern ideas of civilization.

Dr. Markham, who was on board the *Great Eastern* during her journey from London to Portland, writes to us as follows concerning the nature of the explosion which then occurred:—

"It has been stated by some of the scientific witnesses who have given evidence at the inquest recently closed at Weymouth, that, in their opinion, the explosion was caused by the decomposition of water, and the subsequent reunion of its elements. I am aware that this hypothetical and inexplicable resolution of water, when exposed to high pressure, into oxygen and hydrogen, has often been given as the explanation of steam-boiler explosions; but, I believe, no proof of the fact has ever yet been adduced. In the present instance there is no kind of evidence, or even seeming pretence, to show that any such evolution of gases, and their combination subsequently, took place. All the facts of the case go distinctly to prove, that the explosion was due, simply and solely, to the sudden escape of steam highly heated and subjected to enormous pressure. In the first place, the nature of the injuries suffered by the wretched victims of the explosion very clearly points out that steam was their cause. The men were for the most part injured in those parts of the body only which were exposed and uncovered, viz., on the breasts, back, and belly, and in one or two instances—where the men had no stockings on, and had tucked up their trowsers—on the legs. There can be no doubt that the men saved their faces to some extent, by putting their hands over them. Mr. Briscoe, one of the head engineers, is said to have saved himself by having thrown himself flat on the floor of the engine-room; but, I believe, that in his case he was saved from injury chiefly by the fact that he had his ordinary clothes on; this I infer from the circumstance, that he was much scalded on his hands with which he guarded his face as he lay on the ground. That the whole of the water in the *steam-jacket* was converted into steam seems pretty clear from the fact that there were nowhere any signs of water having been dashed about, nor as far as I can remember were any of the men's trowsers, etc., wetted by it. The scalding, therefore, of these poor fellows was almost solely caused by the highly-heated steam; in one or two instances, perhaps, the hot air and ashes which were driven down back through the furnaces at the moment of the explosion might have assisted in producing the injuries. Some of the men also suffered greatly from the effects of the sulphurous vapours, etc., to which they were exposed through a similar cause. If the explosion had taken place through the union of oxygen and hydrogen, there must have been at the moment a fearful degree of heat and flame produced, such as could have scarcely failed to have set fire to the immense *débris* of inflammable materials which lay around the scene of the explosion; and the men also could hardly fail to have been severely *scorched*, and the clothes they had on to have been burnt. But nothing of this sort occurred; neither was any violent detonation (such as the union of those gases could necessitate) heard, *nor any flame seen*. Besides, for some short period after the explosion, the ship was from one end to the other filled and covered with steam, showing clearly the enormous quantity of it, which had formed in the super-heating *steam-jacket*, under enormous pressure. The statement, therefore, made (as reported) by the Government agent, about the formation and recombination of hydrogen and oxygen is an ill-founded hypothesis."

The only relic, belonging to any member of our Profession, which has been found by the last Arctic searchers for Sir John Franklin and his crew, was a silver medal obtained by Mr. McDonald as a prize for superior attainments at a Medical examination in Edinburgh, April, 1838. We believe that among the gentlemen who have thus sadly perished, there is numbered a brother of Professor Goodsir, of Edinburgh. He was Assistant-Surgeon and Naturalist to the Expedition; and though young, had already given proofs of his love of Science, and devotion to his Profession.

M. Renault, Director of the School at Alfort, has placed under the eyes, or rather the noses, of the Academicians, specimens of fæcal matter, which had been treated with a mixture of clay and coal-tar. The matter, hard and concrete, had lost all special odour, keeping only that of tar. Unfortunately, the matter thus treated, appears useless for agricultural purposes. The great hygienic question of the day, in French mad-houses and prisons, is their *fosses d'aisances*. M. Ferrus says, that all attempts hitherto made in the way of disinfecting, or of removing the fæcal matter by streams of water, have been unsatisfactory. He is, therefore, driven to propose a very primitive means of its removal, viz.: moveable receptacles—*des fosses mobiles*—which are at present used in many Parisian houses: the matters being thus daily removed.

If we are to trust to rumours and demi-statements, which from time to time appear in the public journals, we shall be led to suspect, that there is going on amongst us, on something of an extensive scale, what may be termed a "Massacre of the Innocents." Our attention has been particularly called to this subject, in consequence of what transpired at the last

weekly meeting of the Poor-law Guardians of St. Marylebone. Our Profession is closely interested in the matter, and if the facts averred be, indeed, true, and means taken to remedy them, it is clear, that it is through the hands of the Profession that the remedy must come. The Coroner of Middlesex observed a short time ago at an inquest held in St. Pancras:—"That he felt surprised that such a number of still-born children should be sent to the different workhouses in the metropolis, and without any investigation buried in the coffins of adult paupers. When that was done, could there be any wonder at all of the number of child murders reported from time to time? He should attribute it to the carelessness in the want of some proper authority, having a check upon the burial of such children." And this induced one of the Marylebone Guardians to inquire what was done in his own parish. He found that still-born children were received on the certificate of a Medical man, or a midwife; but that these certificates were often of a very doubtful character, as he did not know whether those who signed them really were or not what they represented themselves to be. And it appeared also, that since the 1st of January of the present year, ninety-three still-born children had been thus brought to the workhouse for interment; and that in some cases there was so much doubt about the case, that the assistant overseer had refused to receive the child. The remedy for this disgraceful state of things is clear and simple. No still-born child ought to be buried without the production of a certificate from a duly-qualified person. Our readers may perhaps remember, that we lately called attention to the fact, that a similar increase of the number of still-born had been going on of late years in Paris, and that an enthusiastic Physician had attributed the circumstance to the very common use of ergot of rye in labours. We shall again recur to this subject, and shall closely watch the proceedings of the authorities in reference to it.

The Twenty-ninth Annual Meeting of the British Association was opened on the 14th ult. The hall where the meeting was held was crowded with notabilities and fashionables. The business commenced at 8.30 in the evening. Professor Owen, the President for the past year, made a few remarks and then vacated his office, whereupon His Royal Highness Prince Albert took the Chair, amidst (of course) enthusiastic applause; and delivered an address, which has met with general approbation. To this, and to other proceedings of the learned body, we shall elsewhere refer.

A protest from the Homœopaths of Birmingham has been forwarded to us. These gentlemen are in arms and witty (by the aid of Molière), because the Medical Registration Association of Birmingham has resolved that its body shall not contain irregular Practitioners. The complaint contained in the protest, we need hardly say, is the old tune piped over again. We certainly shall not interfere with its harmonic strains, having so often said all that reason can say upon the subject. Only this we would observe, that we congratulate the Registration Association upon its wise resolution. As we have again and again endeavoured to impress upon the Profession, these unnatural offsprings of legitimate Medicine are parasites who live only on the credit and honour of the Profession which they have forsaken, and, therefore, it is an especial duty to have no Professional communion with men who assert that our black is white, and our white black. Don't interfere with them—let them have free play to sport over that excellent well-stocked preserve of Empirics—human credulity. Let them there display the glories of their system, and reap a golden harvest. But surely we may in turn request them not to interfere with us; surely we may, legitimately and in all honesty, refuse to admit amongst us a class of men who practise a system (as they call it) of Medicine which we know and believe to be a mockery and a delusion, and a bane to society. It is clearly our duty to ignore the thing in the face of the public. To sit down in Professional intercourse with Homœoquacks is (as regards the public) indirectly to patronise the imposture.

The *Moniteur des Hôpitaux* has, in the eye of law, misbehaved itself towards M. Bouchut, of glottis-tubage notoriety; and in consequence its editors—head and sub—have been subjected to legal penalties. M. Bouchut only desired a proper apology; but the law did not think this enough, and therefore condemns MM. Joulin and Castelnau each to one month in prison, and a fine of 1000 francs, and orders them to insert their judgment in four papers at the discretion of M. Bouchut, and to pay all expenses.

"My warmest thanks," writes Admiral Hope in his despatch from Peiho, "are due to Staff-Surgeon Walter Dickson, Dr. John Little, of the Marine Brigade, and the Medical officers of the force generally, to whose unwearied exertions I have to attribute the present satisfactory state of our wounded; and I avail myself of this opportunity of bringing under your Lordship's special notice the very high terms in which Colonel Lemon speaks of the services of Dr. W. J. Baird, Senior Assistant-Surgeon of the Brigade."

Mrs. M. A. Worley, late of Stony-Stratford, has left by will £1000 to University College Hospital; a similar sum to King's College; and £500 to the Free Hospital.

British Lying-in-Hospital, Endell-street, Long Acre.—The weekly Board of Governors have received intimation of a bequest by the late Mrs. Mary Ann Worley to the amount of £500 in favour of the above Charity.

Dysentery in Norway.—We learn by a private letter from Norway, that in the district of Bratsberg, sixteen miles (about forty English miles) south of Christiana, an epidemic of dysentery has raged since the month of July, and up to September 12 had carried off 443 individuals out of 3017 attacked.

Religious Lunatics.—We learn on good authority that two females from the neighbourhood of Auchinblae, where the revival movement is being agitated, were conveyed to the Lunatic Asylum in Montrose the end of last week. Dr. Howdon is of opinion that over-religious excitement in persons predisposed to insanity is very dangerous, and that their attendance upon revival meetings is fraught with much danger to them.—*Arbroath Guide.*

Diminution of Rain.—In the quarterly return of the Registrar-General ending with June, it is stated that "the deficiency in the fall of rain from the beginning of the year is $1\frac{3}{4}$ inch. The deficiency in the years 1854, 1855, 1856, 1857, and 1858, amounted to the average fall of one year—viz., 25 inches." In all countries traces of dried-up streams are met with; but within the historical period there are few or no examples of new rivers coming into existence. The Dnieper at Kiev is drying up. The redoubted plains of Troy can with difficulty be recognised or traced, because the rivers mentioned by Homer, whose descriptive topography is not doubted, either cannot be found or they are now such insignificant streams as to fall far below the descriptions of the poet. About the mouths of the Nile the water is becoming shallower; while there is reason to believe that the volume of its waters has been within the period of history sensibly diminished. The Baltic is decreasing. The Adriatic derives its name from a town that is now eighteen miles from the shore, and was once a flourishing seaport. North America is sensibly draining. The rivers are slowly wearing away the rock, and occupying a lower bed. America on the Pacific Ocean is notoriously rising, or the ocean which surrounds it is sinking.

OUR GREAT ONES OF THE PAST.

MEN OF THE BRITISH SCHOOL.—No. IX.

WILLIAM PULTENEY ALISON, M.D., D.C.L. Oxon., F.R.S.E., etc.

We have this week the sorrow to record the death of Dr. William Pulteney Alison, Emeritus Professor of the Practice of Physic in the University of Edinburgh. This event has removed from among us one of the most distinguished ornaments of our Profession, and one of the most excellent of men. Born of a race illustrious in Scottish literature and science, he largely added to the stock of purest family honour by his learning, his virtues, and his ever-active benevolence. Our allusions to him are for the most part based on precious recollections. When not more than thirty years of age, he delivered lectures on the Practice of Physic, in the chair of his honoured uncle, Dr. James Gregory; to which chair he was elected when that great teacher died. Pupils warmly attached to their late revered instructor, whose lessons were like those of some ancient sage, full of impressive wisdom, and not without a kind of grandeur, were relieved from any natural apprehension that after his removal the Edinburgh School of Medicine would decline, when they perceived, as they did at once, the remarkable qualifications of his comparatively youthful successor. Even then, the extent and exactness of Dr. Alison's knowledge, his calm, clear, instructive exposition of what it was most important for the student to know, and the unaffected manner in which it was conveyed, all of which must be well remembered by many living Physicians, as it is by ourselves, gave immediate assurance that the students who had repaired to Edinburgh for Medical instruction had found a great and a truthful preceptor; one, indeed, who combined a sacred love for whatever was philosophically true with the most familiar acquaintance with whatever was important in the common course, and in the highest exigencies of practice. His clinical lectures, and commentaries on cases just seen in the wards of the Hospital, were perhaps the most instructive that Medical pupils ever listened to; and the patience with which he was always ready to answer their questions, and to assist their inquiries, and the pleasure he evidently had in encouraging their desire for improvement, must be well remembered by all of them who survive. He was, in our time, one of the Physicians to the New Town Dispensary, and was ever found willing to assist the advanced students, who divided its duties among them, when they were alarmed by a difficult case; and this by night or by day, and not in his own vicinity only, but in any part of the Old Town, in the West Bow, the Grassmarket, the Canongate, and in all the intricacies of courts and wynds, and up all the painful staircases of that strange aggregation of houses and flats where poverty and sickness chiefly dwelt and dwell. No devotion of time, no abnegation of self, seemed to him to be too great where the object was to relieve the sick and suffering, or to investigate the nature and causes of maladies in which art and skill had failed to prevent a fatal result. In the course of these duties, he was still ever sensible of the privations of those who were poor as well as sick; and he had, most truly, a hand "open as day to melting charity." Those who remember these chance interviews with this good Physician, also know that it is no exaggeration to say that the student always felt, that either at the bedside of the poorest patient, or in the homeward walk and talk, he derived from Dr. Alison's simplest observations some increase of knowledge, or some new matter for thought. Yet, at that time, all the more attractive enjoyments of refined life were at Dr. Alison's command. His father was the author of the celebrated "Essays on Taste," and also a most justly admired and venerated preacher; his mother was a Gregory—one of the daughters to whom Dr. John Gregory's Legacy was inscribed; he himself (Dr. John) being the amiable and accomplished Gregory whom Beattie addressed as,

"Friend, pattern, teacher, darling of mankind."

And in the highly-cultivated circle of persons often assembled in the house of the Rev. Mr. Alison, when the society of Edinburgh was especially brilliant, were to be met at that time the then youthful Alison, the future Historian, and also the enlightened Physician whose loss we have now to deplore. From the time of which we are speaking, and when we ourselves quitted Edinburgh, Dr. Alison seems, for nearly forty studious years, to have devoted his whole mind and heart to the pursuit of truth, and to doing good,—two of the worthiest ends of human existence. His Medical writings are full of wisdom, and composed in language of singular perspicuity and elegance, every sentence bearing the stamp of profound reflection. The student of Medicine cannot read them too carefully or too often. It is difficult to conceive how, with such numerous professional occupations, public and private, as called for Dr. Alison's attention, he found it possible to take the wide and accurate survey which he did of the social relations of different classes constituting the public, and of the various sources of misery and affliction, not only in the populous city around him, but throughout Scotland, and, it may be even said, throughout the great family of man. His writings on the condition of the poor were, we believe, productive of extensive and valuable results in his own country, and their preparation must have demanded great labour and much self-sacrifice. But such was really the character of Dr. Alison, and it should never be forgotten; nor will it, we confidently trust, in an age in which, without prejudice to military merit, civil services begin to be considered legitimate objects of liberal gratitude. To acquire knowledge, and to make that knowledge useful to his fellow-creatures, was the business of his daily life. He affected no superiority; he sought no rewards; he envied no man; he was never involved in vulgar dispute or controversy; and seemed truly to seek for no personal advantage of any kind. He had received from his Maker many and great talents. His intellectual faculties and all the good affections were largely developed in his nature, and his passions had no mastery over him. None of these gifts, entrusted to him during this life's ordeal, were wasted, none neglected by him. But, in the midst of pursuits and exertions which most ennoble man's position in the creation, he was attacked by a severe, and recurrent, and incurable malady; an appreciation of which seems soon to have determined him to resign the Chair of Physic, and all its incidental advantages. Yet, so long as life remained, as soon as he rallied from each cruel accession of disorder, he ever resumed his habitual reflections and his pen; devoting, again and again, unsubdued and undiscouraged, his thoughts to whatever was good, and elevated, and enduring. Under his peculiarly distressing trials, he seems to have refrained from unavailing lamentations, and, with a great trust in God's unfailing Providence, to have made suffering no excuse for indolence, but to have worked even more seriously and strenuously, as one foreseeing that the night was coming in which, humanly speaking,' he could work no more.

Many readers of this imperfect sketch of him will remember Dr. Alison as he appeared at the meeting of the British Association in Edinburgh, in July, 1858, as President; his calm, intelligent countenance; his venerable and distinguished figure; his wise and eloquent words; his unmistakeable air of sincerity and truth. We trust his address on that occasion, and his paper on the "Science of Life," then communicated, will eventually be more accessible to students in some form or other than at present. They strikingly exemplify the mental characteristics to which we have alluded. A few months afterwards he contributed to the National Association for the Promotion of Social Science a paper on the "Effect of Poverty and Privation on the Public Health;" one of the last, perhaps, of the productions of his unconquered mind in a long and manly contest with approaching infirmity. And now this great and good man has left us; but has also left us his example, worthy of all attention, but especially worthy of the attention of all engaged in

the study of Medicine. In the minds of his former pupils, and of his numerous friends, he has left an affectionate remembrance which will only cease—if then, indeed, it does cease—when they, like him, pass from this transient scene in which they still act and suffer, and have to render an account of the manner in which they also have employed or disregarded the talents accorded to them for the good of mankind. There is a kind of consolation in reflecting that the last hours of Dr. Alison's long and useful labours and life (for he had nearly attained his seventieth year) were passed in his charming retreat of Woodville, near Edinburgh, every scene of which seemed to be endeared to him, and where he had the solace of affectionate members of his family, who respected him for his high endowments, loved him for his virtues, and had cheered him in many seasons of pain. From all such trials the inextinguishable soul is now liberated and secure; perhaps, as we humbly hope, to find a still higher sphere of exertion, and still ever under the "Great Taskmaster's eye."

REVIEWS.

Notes on the Wounded from the Mutiny in India; with a Description of the Preparations of Gun-shot Injuries contained in the Museum at Fort Pitt. By George Williamson, M.D., Staff-Surgeon. Pp. 124. London: 1859.

All soldiers of cavalry and infantry of the line who are invalided on account of wounds, pass through the Invalid Depôt at Chatham; and Dr. Williamson, who is stationed at that place, has, therefore, ample opportunities for observing the results of injuries received in battle. He has taken advantage of the recent conflicts in India to draw up a statistical account of the injuries received by our soldiers during the mutiny, together with the results of treatment. In illustration of the cases which have recently occurred, he refers to the extensive series of preparations of gun-shot injuries which are preserved in the Fort Pitt Museum; and, in order to render the cases still further instructive, he presents us with a series of well-executed engravings, representing a great variety of morbid appearances resulting from wounds received in action. The collection of cases thus recorded and illustrated affords a most valuable contribution to Military Surgery, and will be studied with advantage by the Medical officers of the Army, who may be guided in their future treatment by the lessons of experience thus offered to their notice. It would appear from the perusal of the statistics and the cases in Dr. Williamson's volume, that the appliances of modern Surgery have been adopted with great success by our Medical brethren serving in the East, and that especially by the operation of resection many limbs have been preserved, which, under the former system, would have been sacrificed. We learn also, that the success attending the Surgical operations performed during the Indian mutiny has been greater than that which followed the operations in the Crimea: 1·49 per cent. of the total wounded landed from India having recovered with good useful limbs, while only 0·34 per cent. of those landed wounded from the Crimea were equally fortunate. This result is mainly attributed by Dr. Williamson to the use of the *dooley*, a conveyance for wounded soldiers used in India, which he recommends for adoption in other wars in various parts of the globe.

The British Soldier in India. By Fred. J. Mouat, M.D., F.R.C.S., Surgeon in H.M.'s Bengal Army. Pp. 87. London: 1859.

This pamphlet contains some very valuable and seasonable remarks upon the best methods of improving the condition of the British soldier in India. Dr. Mouat, in common with other Medical authorities, considers that the Indian service is, under any circumstances, highly dangerous to European constitutions; and that therefore all possible means should be adopted to lessen the evils of a tropical climate, and to render them more endurable by our fellow-countrymen. The subject is treated under the heads of the Clothing and Equipments of the European Soldier: his Arms and Accoutrements; his Barracks; the question of the possibility of Acclimatising him; his Food and Drink; his Wife and Children; his Parades and Punishments. Upon all these points much reform is needed, and under the new aspect of military affairs in India, it will probably be accomplished, at least to a considerable extent, if the home authorities listen to the voice of reason and the counsels of experience.

It would exceed our limits to follow Dr. Mouat through the various topics discussed in his pamphlet, and we must therefore content ourselves with making a few cursory remarks upon some of its chief features. With regard to the clothing of the soldier, Dr. Mouat of course condemns the spirit of routine which orders the same clothing to be worn in the moist and variable climate of Great Britain and in the torrid plains of India; and he recommends that, both as to texture and colour, such modifications should be introduced as are suitable to the exigencies of the locality. As to the *vexata quæstio* of the best head-dress for the soldier, Dr. Mouat makes the novel but apparently valuable suggestion that a light helmet might be introduced, consisting of the metal aluminium, which is now produced in abundance and at a cheap rate. This metal is as light as cork, as strong and malleable as iron, receives as bright a polish as silver, and is as indestructible as platinum. Such a helmet would of course keep off the rays of the sun, while its lightness would obviate any inconvenience to the soldier's head. On the question of the possibility of acclimatising the European soldier, Dr. Mouat concludes that nature has placed invincible obstacles against the assimilation of the European with the native of the tropics, and that, under any circumstances, a great proportion of our army in India must consist of native forces; but that much may be accomplished towards the comfort of the British soldier in India by judicious management as to clothing, feeding, occupations, and other matters, which at present are regulated upon unsound principles. There are many other points discussed with great force and ability in Dr. Mouat's pamphlet, which we recommend to the notice of all interested in the condition of the army in India.

Sketch of the Medical Topography, or Climate and Soils of Bengal and the North-West Provinces. By John McClelland, F.L.S., F.G.S., Surgeon in the Bengal Service. Pp. 148. London: 1859.

Dr. McClelland examined last year the circumstances connected with the prevalence of cretinism in the plains of Bengal. The inquiry led him to examine particularly the climate and soils of that part of India, and of the North-West Provinces generally. The result of his investigations is briefly summed up in the volume before us, which presents a very able history of the geological structure, botanical peculiarities, and meteorology of the district in question. On the subject of cretinism and goître, the statistics of Dr. McClelland clearly prove that the occurrence of these affections is closely connected with the nature of the soil,—the calcareous rocks presenting a great preponderance in this respect over the other geological formations. This connexion between calcareous soil and goître has been distinctly traced in Switzerland. Dr. McClelland offers the hypothesis that the effect may partly be due to the disengagement of carbonic acid gas from the limestone, and the consequent impurity of the air; and also to the great quantity of the same gas contained in the drinking-water. In a chapter on the Influence of Soils, Dr. McClelland points out the relation existing between the soil on the one hand, and the occurrence, in Bengal, of goître and cretinism, remittent fever, and dracunculus. In his concluding chapter he offers some general remarks upon the best methods of improving the sanitary condition of the residents in India. In common with all the best writers on Indian Hygiene, Dr. McClelland recommends that stations upon the hills should be selected for the purposes of European colonisation, and the location of European troops. He thinks that any elevation on a light rocky soil above a thousand feet would be preferable to the plains.

Celestial Objects for Common Telescopes. By the Rev. T. W. Webb, F.R.A.S. London: 1859. 8vo. Pp. 246.

The author does not intend by the term "common telescopes," such an instrument as most people possess, costing from two to five pounds, but "achromatics of various lengths up to five or five and a half feet, with apertures up to three and three-quarter inches, or reflectors of somewhat larger

diameter." Those who can afford such an instrument will find in Mr. Webb's book plain directions for its use, and a list of objects showing the wonder and glory of the heavens to the observer. They will find more than this: they will find directions what to look for, and how to look for it; how to gain real instruction from the use of the telescope, and how to use it in a systematic, improving manner. Many of our readers may learn from this book how to make a leisure evening hour delightfully interesting.

Peaks, Passes, and Glaciers. A Series of Excursions by Members of the Alpine Club. Second Edition. Edited by JOHN BALL, M.R.I.A. President of the Club. London: 1859. 8vo. Pp. 520.

SEPTEMBER is *par excellence* the holiday of the London Doctor. The men who work hard from October to August in lecture and dissecting-room, in ward and theatre, in home consulting-room, or in the sick-chamber; rush off in September to loch and moor, to some seaside or sylvan retreat, or to the Continent, seeking for health and enjoyment far away from metropolitan turmoil. The peaks, passes, and glaciers, the lakes and valleys of the Alps, will always have a most powerful attraction to those who blend scientific pursuit with love of mountain scenery. To such men the book before us will be especially acceptable. It contains accounts of comparatively unknown and little-frequented Alpine districts, out of the beaten tracks of ordinary tourists, illustrated by excellent plates and maps, and enriched by a chapter of useful suggestions for Alpine travellers. We need not say more of this book than to recommend it heartily to those of our readers who intend to make holiday among the mountains, or to those who only wish to pass a pleasant and instructive hour or two in following the excursions of the Alpine Club.

The Roman or Turkish Bath: its Hygienic and Curative Properties. By WILLIAM POTTER.

IN this pamphlet Mr. Potter offers some remarks upon the beneficial effects of bathing in general, and of the peculiar efficacy of the Turkish Bath, an imitation of which he has introduced to the British public at Manchester. It appears to be analogous to the bath described by Celsus, consisting of a suite of rooms, called respectively the frigidarium, the tepidarium, the sudatorium, and the lavatorium; and shampooing constitutes an important part in the ceremony of bathing.

The Annual Report of the Grant Medical College, Bombay. Thirteenth year. Session 1858-59. Bombay: 1859.

WE are informed by this Report that the Grant Medical College continues in a prosperous state, and that although the number of students is not great, yet that their attainments in the Profession do credit to themselves and their instructors. The usual statistical tables are appended, showing the number and nature of the cases treated in the Hospital, and the examination papers are also printed; the latter forming a fair means of judging of the standard of excellence attained by the students.

Remarks on the Anatomical Relations between the Mother and Fœtus. By HENRY MADGE, M.D. Pp. 49. London: 1859.

IN consequence of some experimental investigations made by Dr. Madge, in a case where the fœtus was removed soon after the death of the mother, he was induced to doubt the commonly-received opinion that there is a true vascular connexion between the mother and the fœtus. His view is that although arteries and veins exist both in the placenta and the uterus, yet that these vessels are only nutritious, and that the chief reservoirs of blood are large sinuses on the placental surface of the uterus, and large cells on the uterine surface of the placenta. These cells and sinuses are separated, according to Dr. Madge, by the two layers of the decidua during fœtal life, but they communicate with each other through that membrane by endosmosis. The hæmorrhage which occurs during and after labour, is therefore neither arterial nor venous, but consists of a gushing of blood from the uterine sinuses, which in ordinary cases are soon afterwards emptied by the contractions of the uterus.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON HYPERTROPHIC ELONGATION OF THE CERVIX UTERI, MISTAKEN FOR PROLAPSUS UTERI.

By M. HUGUIER.

M. HUGUIER thus concludes a long memoir upon this subject with the following propositions:—1. Prolapsus of the uterus, whether complete or incomplete, is not one single disease, but various affections designated by one name. 2. When the uterus projects externally, and when even the vagina is completely inverted, and the uterus from the size of the tumour, in the centre of which it is placed, seems to have entirely descended between the thighs, in the very great majority of cases, it is not the entire uterus which has thus descended and left the pelvis, but there is only a partial or general hypertrophic elongation. 3. In the affection known as prolapsus, hypertrophic elongation is no exception, but a very general rule. 4. Two principal varieties of longitudinal hypertrophy, the sub-vaginal and supra-vaginal, constituting to some extent two different diseases, may simulate prolapse. 5. In the *sub-vaginal* variety of elongation, the cervix forms within the cavity of the vagina a cylindroid, or more or less elongated conoid projection, the free end of which approaches the vulvar opening, or becomes engaged between its lips, without the vulvo-uterine canal becoming shortened, invaginated or inverted upon itself. 6. This has been confounded with partial descent of the uterus, when it has not been taken and treated for a polypus, a chronic inversion, a follicular cyst or a dropsical condition of the cervix. 7. No exact description has been given of it, although its characters are very decided, with regard to its development, its symptoms, and its treatment. 8. Internal treatment and the various forms of cauterisation are only applicable to very slight hypertrophies and to those which are complicated with inflammation and engagement. 9. Pessaries are generally useless or dangerous. 10. When the elongation reaches from five to seven centimetres and gives rise to serious accidents, excision of the cervix at half a centimetre below the insertion of the vagina should be executed. 11. The disease which has hitherto been termed complete prolapsus, or descent of the uterus, is very generally only a longitudinal hypertrophy of the *supra-vaginal* portion of the organ, the body and the fundus remaining within the cavity of the pelvis, although the vagina may be entirely inverted, and the tumour, as long or longer than the uterus in its normal condition, may hang pendant between the thighs. 12. The instances of hypertrophic elongation of the cervix, which have been now and then related by the authors of the last and present century, have led to no practical conclusion, the affection having been always confounded with true prolapsus. 13. The specimens collected by the author and since by others, and demonstrated before the Surgical Society, and those contained in the Dupuytren Museum, prove the frequency of the affection. 14. In the treatment of this affection, we should not resort to a surgical operation until serious symptoms arise and medicinal and prothetic means have proved insufficient. 15. The various operations which have been hitherto devised are of no use in this case, although they may prove useful in simple prolapse without hypertrophical elongation. 16. Amputation of the cervix above the vaginal insertion, more or less near the body of the organ, according to the degree of elongation, is the only means of effectual treatment. 17. The arteries of the uterine tissue are tied with difficulty, and they should be seized by means of a kind of tenaculum, which is left attached until it spontaneously falls. 18. The *écraseur* is useful in terminating the section of the cervix, especially when the part is very vascular. 19. The operation is contra-indicated when there is a large pelvis as well as a large vulvar aperture, when there is laceration of the perineum, or when the soft parts constituting the floor of the pelvis are in a very relaxed condition. 20. When the operation is performed under proper conditions, no relapse takes place, and the health becomes quite restored.

M. Depaul concludes a long criticism of M. Huguier's views

with the following propositions:— 1. That hypertrophic elongation of the *intra-vaginal* portion of the cervix has been long known and described. 2. It cannot be confounded with slight descent of the uterus, and still less with that amount of descent in which a more or less considerable portion of the organ has passed the vulva. 3. Palpation of the abdomen, the introduction of the finger into the vagina and rectum, and direct inspection suffice in all cases to establish a certain diagnosis, without there being any necessity of resorting to uterine catheterism—a means which may be most mischievous in its operation, and which should be reserved for certain exceptional cases of uterine disease. 4. Medicinal agents properly adapted, and especially cauterisations, suffice in nearly every case. 5. The proposition of amputating the cervix should not therefore be generalised, even under the circumstances stated by M. Huguier, this being in fact one of the most serious operations, which has already cost many lives. 7. Hypertrophic elongation limited to the *supra-vaginal* portion is not met with—the condition described by M. Huguier as such being really hypertrophy of the entire uterus, or elongation of the organ without hypertrophy, and sometimes even accompanied by atrophy. 8. Elongation of the uterus, with or without hypertrophy, has been long known, and is described by Cloquet, Dugès and Boivin, and Creweilhier. 9. Since uterine affections have been more carefully studied, this anatomical disposition has not been confounded with complete prolapsus of the uterus. 10. Partial or general hypertrophy of the uterus has been considered as a cause or a consequence of the prolapse. 11. Prolapsus of the uterus in which a portion of the organ has passed the vulva is a rare affection, and the complete descent is even much more rare. 12. When prolapsus in any of its degrees does occur, its diagnosis may be made with sufficient precision by the usual means of exploration. 13. The uterine sound, besides that it is a dangerous instrument, does not enable us to appreciate the thickness of the walls of the uterus, or to accurately ascertain the dimensions of its diameters. 14. The operation proposed in the author's so-called *supra-vaginal* variety is still more dangerous than the simple amputation of the cervix, in consequence of the greater extent of the uterine wound and the vicinity of the peritoneum.—*Bulletin de l'Académie*, Tome xxiv., pp. 592 and 721.

EXCERPTA MINORA.

Dislocation of the Ulna upon the Humerus without Injury to the Radius.—Dr. Isaacs reported to the King's County Medical Society the case of a boy, 13 years of age. The coronoid process was thrown backward into the posterior sigmoid fossa of the humerus, while the olecranon projected backwards and upwards. The forearm and hand were twisted inwards. On the posterior and lower part of the arm was a deep depression into which the hand could be sunk. Chloroform was administered, and, after Liston and Cooper's plans of reduction had been tried in vain, the arm was firmly fixed by an assistant, while the left hand of the Surgeon was strongly applied against the forearm at the elbow, pressing the coronoid process backward and outward. The forearm being now suddenly flexed, the dislocation was instantly reduced.—*New York Journal*, July, p. 38.

Dr. Warren's Styptic in Internal Hæmorrhages.—Dr. Cook reported that he had used the styptic recommended by Dr. Warren, of New York, in almost every variety of hæmorrhage, and has hardly known it fail in hæmoptysis or uterine hæmorrhage. It consists of sulphuric acid, ʒv.; spt. turpentine, alcohol, āā ʒij. The turpentine is slowly mixed with the acid, and, the alcohol having then been added, the mixture is put into a stoppered phial. The dose is 40 drops rubbed up with sugar, and given in a teacupful of water, a second dose being given one hour after the first, and a third two hours after the second.—*New York Journal*, July, p. 41.

Pruritus Vaginæ.—At a discussion upon this subject at the King's County Medical Society, the local applications named as of most benefit, especially in cases of pregnancy, when constitutional treatment is restricted, were glycerine, solutions of tannin (℈ij. ad ʒj.), of cyanuret of potassium (ʒ½ ad lb. ½), or of prussic acid. An obstinate case was relieved by trisnitrate of bismuth mixed with elder ointment. Ice-cold water is a common and often an effectual means of alleviation. Solutions of nitrate of silver (sometimes even 40 grs. ad ʒj.) have been applied with decided effect. When dependent upon ascarides, an enema of equal parts of quassia and wormwood has been found effectual; and in one obstinate case, when the simple infusion failed, the addition of common salt and tincture of camphor rendered it quite effectual.—*New York Journal*, July, p. 43.

Collodion in Puerperal Peritonitis.—M. Latour relates a case in which an alarming condition of puerperal peritonitis was speedily cured by spreading a layer of collodion over the surface of the abdomen. This practice he adopted in consequence of his theory that inflammation is but a local exaggeration of animal heat, and that the immediate action of the air on the skin is one of the indispensible conditions of the production of this heat.—*Union Médicale*, No. 3.

Camphor as an Ectrotic in Variola.—Chance first taught Dr. Neubold a fact which he has since repeatedly verified,—that if the pustules of small-pox are from the beginning covered with linen upon which camphor has been rubbed, they will dry away without passing through their various stages. He finds also that the administration at an early period of a demulcent drink containing a little camphor expedites the progress of the febrile stage.—*L'Union Méd.*, No. 94.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, September 12, 1859.

At the present moment the Hospitals of Paris are deprived of much of the interest which usually attaches to them, in consequence of the absence of many of their Physicians and Surgeons, several of whom, as is their wont at this season of the year, having gone, as the French say, "*Aux Eaux*," to recruit the energies of mind and body which their arduous duties during the past year are presumed to have lowered or diminished. Velpeau, the star of attraction to the students at "La Charité," disappeared about a fortnight ago, and his place is at this moment supplied by his colleague and friend, M. Manec. Robert and others of note and celebrity at the Hôtel-Dieu are also enjoying their autumnal holidays, while their wards are superintended by young men furnished by the Bureau Centrale, some of whom, by the intelligence they display, are evidently destined, in their turn, to follow in the footsteps of their more experienced masters. No class of men we know stand more in need of a temporary relaxation than do the Medical attendants on Hospitals of a large city; and while we sincerely hope they may enjoy their autumnal rambles, we shall rejoice to see them return endowed with fresh vigour for the work of the coming session. Although between the absence of Medical celebrities from the capital and increase of disease, there can be traced no rational connection, it is nevertheless worthy of remark, as a coincidence, that during the last fortnight, certain maladies have become unusually prevalent. Typhoid fever, for example, has increased considerably; while dysentery and choleraic diarrhœa have been prevailing to an alarming extent, not only in the Hospitals generally, but also among the more respectable classes of the community at large. The typhoid fever is of a mild type. I have observed sundry deaths from dysentery, but these have happened to individuals much debilitated by previous disease. It is reported that cases of genuine Asiatic cholera have also been met with, but I have not had an opportunity of substantiating the correctness of this statement. I have certainly observed one or two cases in "La Charité," and elsewhere, accompanied with cramps, cold extremities, and other alarming symptoms, but in which the real pathognomonic features of the Asiatic form of cholera were wanting; and it is just possible that the occurrence of some such cases may have given rise to the report. These affections of the bowels may, I believe, be traced to atmospheric changes, taken in connection with the indiscriminate and immodcrate use of unwholesome and unripe fruits, which the lower orders indulge in to a great extent at this season of the year, Although the weather is remarkably dry and bracing, still the change from heat to comparative cold, especially in the evenings, has been very sudden, and this circumstance alone is sufficient to give rise to gastric and enteric affections. Add to this, that the public mind is at present kept in a state of comparative alarm at the accounts in circulation of the dreadful ravages of cholera in certain parts of Germany, and you

have a *morale* favourable to the production, if not of cholera, at least of diseases of a similar though milder type.

In the department of Surgery, the principal occurrence of interest which I have to chronicle is the ligature of the common carotid, which was practised some three weeks ago by M. Chassaignac, at the Hôpital Laribosière, and under circumstances demanding not only great presence of mind, but all the higher qualities which go to constitute a skilful and successful Surgeon. In the case in question, M. Chassaignac gave ample proof of the justness of his claims to be regarded as one of the leading operating Surgeons of the French capital. The patient on whom the operation was performed was the subject of a tumour which appeared externally in the space between the mastoid portion of the temporal bone, and the inferior maxillary; and internally, formed a projecting mass in the back part of the pharynx. This tumour, which the patient had remarked only fifteen days before his entry into the Hospital, was fluctuating; and, on minute examination, nothing resembling pulsation could be detected. Several ganglia in the sub-maxillary region were also swelled and hard. Under the impression that it was an idiopathic abscess, M. Chassaignac believed that the best course he had to follow was to make an opening for the evacuation of its contents. With a view to this, he carried a bistoury down to the bottom of the pharynx, and made a small puncture towards the outer edge of the tumour, but neither matter nor fluid of any kind followed. He then made a second puncture towards the inner edge of the tumour, and at a point corresponding with the median line of the pharynx. No sooner was the second puncture effected than forth came a jet of arterial blood, which but too plainly showed that a serious error had been committed. M. Chassaignac, without a moment's delay, endeavoured to arrest the hæmorrhage by thrusting his finger into the patient's throat, and exercising direct pressure over the wound. This proved, as might readily be imagined, of little avail. the blood continued to find its way past the sides of his finger into the mouth and throat of the patient and produced temporary suffocation. Seeing that compression was useless, as exercised in this way, and the speedy and inevitable death of his patient staring him in the face, he, with an admirable *sang froid*, and great presence of mind, seized the carotid, together with the skin and intervening tissues, between his fingers and thumb, placed the man in a convenient position, and then and there proceeded to the ligature of the vessel *secundum artem*. The moment the artery was seized, the bleeding stopped, and it has not returned since the ligature was accomplished. A circumstance worthy of note connected with the case was the occurrence of complete aphonia almost consentaneous with the tying of the vessel, while distressing headache tormented the patient for several days. The loss of voice, a phenomenon by no means uncommon as a consequence of this operation (especially when, by accident, any of the filaments of the pneumogastric nerve happen to be injured or embraced in the ligature, it is sometimes permanent), continued in the present case only some forty hours; thus proving that notwithstanding the urgency of the case and the consequent absence of the usual preparations which such a delicate and dangerous operation demand, it had been ably and carefully performed. The patient's recovery from the effects of the operation is now nearly complete, and his health almost as good as ever. The original tumour remains almost in the same state as before, with this exception, that its upper surface has become firmer and harder, while its interior portion has become softer. The enlargement of the submaxillary ganglia which accompanied the tumour, has also disappeared. I am disposed to think (although M. Chassaignac does not admit it) that he is conscious of having erred in his diagnosis, and that, notwithstanding the absence of anything like pulsation in the tumour, he now believes it possible that he *must* have had to do with a case of aneurism. Such a mistake might happen to any Surgeon, however great his experience; and if M. Chassaignac thinks he has had cause, in the first instance, for self-reproach as regards his diagnosis, he has the satisfaction now of having, by his skill and dexterity as an operator, fully repaired by his hands the blunder which his head committed. Supposing the tumour to be of an aneurismal character (which I think there is reason to believe it was), the probability is that the same surgical means thus employed *à l'improviste* would have, in the end, and after full deliberation, been had recourse to for its cure.

At the meeting of the Académie des Sciences, on August 29, a most interesting paper, on the Use of Woorara as a Remedy in Traumatic Tetanus, was read by M. Cl. Bernard, on the part of M. Vella, a distinguished physiologist of Turin. I may mention, before giving an abstract of this paper, that as far back as 1850 M. Bernard showed that Woorara, while it destroys the peculiar properties of the motor nerves, exercises but little influence on the nerves of sensation, and that it so acts on the motor nerves as to cause paralysis of them, beginning at the periphery of the nerve and proceeding gradually to its centre; this being an action the reverse of that observed in the ordinary paralysis of these nerves. Muscular contractility is, according to the same physiologist, quite distinct from, and independent of, the nervous influence which calls it into action, for he has proved that after the Woorara poison has completely destroyed the conducting power of the motor nerves, the muscular tissue continues to contract when it is directly irritated by electricity or other stimulants. Proceeding on the accuracy of these views, M. Vella instituted a lengthened series of experiments in 1856, which led him to conclude that there is a direct antagonistic action as regards their effects on the nervous system, between strychnine and Woorara; in other words, that the effects produced on animals by one of these poisons, can be neutralised by the other. M. Vella, who during the late war was attached to the French Military Hospital at Turin, having observed several cases of tetanus among the wounded, in which the use of opium, ether, and the usual remedies had failed, deemed it a fitting opportunity for the application to the human subject of the experience he had derived from his observations on animals. His first experiments were made on two soldiers, both suffering from tetanus; in the one the affection was of four, and in the other of five days' standing. Both were in a state of demi-asphyxia, and their recovery altogether hopeless; notwithstanding this, however, the application of Woorara was followed by a certain amount of muscular relaxation, and of general relief to the patients, although both, in the end, terminated fatally. In a third case, the experiments were more successful, and the patient was discharged from the Hospital perfectly cured. The subject was a French Serjeant who had been wounded on June 4, at the battle of Magenta, by a ball which had caused an incomplete fracture of the first metatarsal bone of the right foot, with laceration of the tendons and soft parts. He entered the Hospital on June 10 under the most favourable circumstances. Three days afterwards the ball was extracted, and the operation relieved him of much of the pain which the presence of the foreign body had caused him. On the third day after the extraction of the ball, stiffness of the neck made its appearance, attended with difficulty of moving the jaw and the head. There were also slight convulsions, but these were of short duration. The day following the jaws became firmly locked, rendering it at times impossible for him to open the mouth. On the 18th the occurrence of trismus, opisthotonos, and other characteristic symptoms, left no doubt as to the serious character of the disease, and it was declared by all the Surgeons attached to the Hospital to be general tetanus. The condition of the man was so serious and alarming that M. Vella deemed it necessary to bleed him from the arm for the purpose of relieving the asphyxia with which he was threatened. He then, after having freely incised the wound, administered a powerful dose of opium, but these measures produced no good result. On the afternoon of the same day he decided on the application of Woorara to the wounded foot; the dose being in the proportion of two grains of Woorara to an ounce and a third of water, applied in the form of compress; the strength of the solution was gradually increased until it reached the proportion of twenty grains of the Woorara to nearly three ounces of water. Three-quarters-of-an-hour after the application of the weaker solution, and half-an-hour after the more powerful was employed, a visible diminution of the tetanic rigidity was the result, followed by such complete muscular relaxation, that the patient was almost immediately able to drink, to take soup, to urinate, and to sit up in bed. At the commencement of the treatment it was remarked that as soon as the peculiar physiological effects of the Woorara began to pass off the tetanic spasms reappeared with as

much violence as ever, and that the wounded leg was always the first part of the body affected by them. After three days of this treatment a large blister was applied to the thigh, in order to secure a more extensive absorbent surface, and the solution was applied to it as well as to the wound of the foot. For four days the dressings of the entire absorbing surface were renewed every three hours, then every five hours up to the twelfth day, when they were reduced to twice in the twenty-four hours. It was remarked by M. Vella that the wound of the foot and the raw surface produced by the blister were not irritated by the application of the Woorara, as they healed very rapidly. M. Vella resumes his case in the following language:—"The Woorara, which for the first eight days succeeded in rendering greater the interval between the paroxysms, and in diminishing their intensity, ended by making them disappear entirely; and on the 10th of July the patient was able to leave his bed for the first time without experieneing any convulsive shock." On the 15th he went out for an hour, and on the 25th of the same month he left the Hospital perfectly cured. M. Vella terminated his remarks by expressing a wish that this novel treatment should be repeated by other Practitioners in cases of a like nature; he, however, adds, that the tetanus should be attacked as near its *début* as possible, and before it has too seriously implicated the vital organs, especially the lungs. M. Vella also proposes the same treatment for hydrophobia; the want of opportunity only has prevented him, long ere now, from employing it in that formidable disease.

The reading of this highly interesting paper was followed by a quiet and dignified discussion, in which MM. Velpeau, Serres, Cl. Bernard, Cloquet, Jobert de Lamballe, etc., took part. With the exception of M. Velpeau all these gentlemen were disposed to regard the happy termination of the ease recorded as being due to the curative influence of the Woorara, inasmuch as the effects produced by this agent are physiologically opposed in their character to those engendered by the disease it was employed to combat. Velpeau, who maintains that this may have been an exceptional case and a spontaneons cure, would like, no doubt, to subject M. Vella to the same ordeal at La Charité, by which he strangled his friend, the famous "Docteur Noir."

GENERAL CORRESPONDENCE.

MR. PYE H. CHAVASSE AND DR. BARKER.

LETTER FROM MR. PYE H. CHAVASSE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have seen Dr. Herbert Barker's letter in your *Gazette* of to-day, and as I wish to "set myself right with the Profession and the public," it will be necessary for me to enter rather more into detail than I did in my former letter to you, more especially as Dr. Barker makes very light of his conduct towards me.

Before proceeding further, I will give you additional parallel passages from the two works:—

DR. HERBERT BARKER.

"That the pupils have a supply of as much plain wholesome food . . . as they can eat; that the school is situated in a healthy locality; . . . that at least one-third of the day be devoted to recreations, such as walking, running, skipping, gardening, etc.; that the pupils retire regularly to rest at an early hour, and rise early; . . . that each pupil has a separate bed, that the bedrooms are well ventilated, and that too many are not allowed to sleep in one chamber; . . . in short, every care must be taken that moral and physical health be not sacrificed to mere accomplishments." — *The Hygienic Management of Infants and Children*, 1859, p. 111.

MR. PYE H. CHAVASSE.

"That the pupils have as much plain wholesome food as they can eat; that the school be situated in a healthy spot; that there is a good playground attached to it; that the pupils are allowed plenty of exercise in the open air; indeed, that at least one-third of the day is spent there in skipping, gardening, walking, running, etc.; that they are compelled to rise early in the morning, and that they retire to rest early; that each pupil has a separate bed; and that many are not allowed to sleep in the same room, and that the apartments are well ventilated. In fine, their health and their morals should be preferred far before their accomplishments."—*Advice to a Mother*. Fourth Edition, 1852, pp. 263, 264.

Let any impartial reader compare the two books, and I think that he will come to the conclusion that Dr. Barker has copied my ideas and thoughts, clothed, it may be (but not always, as the parallel passages in to-day's and last week's *Medical Times and Gazette* will show), in language of his own.

Twenty years ago there was scarcely a work written on the maternal management of infants and children,—hence I was mainly thrown upon my own resources; and with regard to the formulæ of infants' diet, or "pap formulæ," as Dr. Barker elegantly expresses it, the recipes were my own, having the benefit for several years, before my work was written, of an extensive practice among children.

Dr. Barker asserts, in one of his letters to me: "I find the pap formulæ which I have given, in twenty-eight works, and in five of them in very nearly the same phraseology. I have never deemed it necessary to refer to yourself any more than to twenty-seven (?) other authors, nor have I wished to 'palm off' anything as old as Eve herself as my own. . . . I may mention that the very same pap formulæ appeared in a little work of mine on the 'Diet of Infancy and Childhood,' ten years ago; and in a chapter on the same subject in Richardson's *Sanitary Review*, three years ago in January next." If twenty-seven or twenty-eight books, according to Dr. Barker's statement (for he uses both numbers), have been published on the management of infants and children, he being (as he declares in a letter to me) actually in possession of them, in his own library, at the present time,—if such a number be really in existence,—I shall feel grateful to Dr. Barker, if he will give the titles of the same, of those especially published twenty years ago, indicating the titles of the books where I can find the pap formulæ, as Dr. Barker declares, "in very nearly the same phraseology as my own." Although, since writing my own work, I have read a great deal on and about children (as it is my favourite study) I have never been able to read such formulæ in any book but my own, save and except in Dr. Barker's, "On the Hygienic Management of Infants and Children." I beg Dr. Barker's pardon. Dr. Barker has written a great deal on the "Diet of Infancy and Children," and in the *Journal of Public Health* and *Sanitary Review*, on the management of children. In all of which works he has had the good taste to make use of my book. He has given the readers of the above publications the benefit of my pap formulæ in full. Moreover, he has inserted the following passages, and palmed them off as his own:—

DR. HERBERT BARKER.

"When a youth is delicate, double soles, with a layer of cork or bladder between them, is advisable."—*Sanitary Review*, July, 1857, page 169.

"Wet feet are a most frequent source of cold."—*Ib.*, page 169.

"The windows of a nursery should be thrown open when the children are not there, and, in fine weather, should be frequently partially opened when the children are there. A change of room is very desirable, when children are long confined to the house from inclemency of weather. In short, let it be understood well, that a supply of pure air is as much needed by the lungs of the child, as the supply of wholesome food is required by the stomach."—*Ib.*, page 173.

"A good thermometer . . . should be considered an indispensible appendage to the nursery."—*Ib.*, page 171.

MR. PYE H. CHAVASSE.

"If boys or girls be delicate, they should have double soles to their shoes, with a piece of bladder between each sole, or the inner sole may be made of cork."—Page 226.

"Wet feet are one of the most frequent causes of bronchitis."—Page 226.

"The windows should be thrown open whenever the child is out of the nursery; indeed, when he is in, if the weather be fine, the upper sash may be lowered a little. A child should be encouraged to change the room frequently, in order that it may be freely ventilated; for good air is as necessary to a child's health as wholesome food, and air cannot be good if it be not frequently changed." — Page 146.

"A good thermometer should be considered an indispensible requisite to a nursery."—Page 146.

"The head should be kept cool."—*Ib.*, July, 1858, page 168.	"The head should be kept cool."—Page 34.
"The chest and the abdomen should be kept warm."—*Ib.*, July, 1857, page 168.	"The chest, the bowels, and the feet should be kept comfortably warm."—Page 131.
"Respecting night-dresses, we may observe, that, in the winter, if the children have the habit of throwing the bed-clothes from them, a flannel nightgown may be used."—*Ib.*, page 168.	"Flannel night-gowns.—Children frequently throw the clothes off them . . . on which account I recommend them to be worn."—Page 132.
"The free use of sugar is not to be recommended: it tends to cloy the stomach and weaken the digestion, thus producing acidity, sour eructations, and flatulence."—*Journal of Public Health*, July, 1856, page 149.	"Much sugar cloys the stomach, weakens the digestion, produces acidity, sour belchings, and wind."—Page 67.
"The milk, however, should not be warmed over a fire . . . but only by the admixture of the proper quantity of water, previously heated, so as to raise it to the temperature of milk from the breast, namely, from ninety to ninety-five degrees Fahrenheit."—*Ib.*, July, 1856, page 151.	"The milk itself should not be heated over the fire, but should be warmed by the water. . . . . The milk-and-water should be of the same temperature as the mother's milk, that is to say, about ninety to ninety-five degrees Fahrenheit."—*Advice to a Mother*, Fourth Edition, 1852, page 57.

My work was first published twenty years ago; Dr. Barker's on "The Diet of Infancy and Childhood," ten years ago. The *Journal of Public Health* and *Sanitary Review*, containing Dr. Barker's literary piracies, about three years ago.

Of course, these works that Dr. Barker declares he has in his possession, have been before the public seventeen or twenty years, as those are the dates of my first and second editions, and from which Dr. Barker has principally and so freely copied the passages in question; otherwise, authors not over scrupulous may do what Dr. Barker has done, and copy passages, and long ones, too, (as your Journal of last week and to-day can testify,) from my book, and palm them off as their own, although they may be only "pap formulæ," which, according to Dr. Barker (in his letter to me and his letter to you of to-day) is quite of minor, but which, in my humble opinion, is of vital importance to the infant population. The editor of the *Dublin Quarterly* (no mean authority) thought so, having copied the "pap formulæ" *in extenso*, and giving it, as he thought, "in Dr. Barker's own words," and appending commendations thereto. In justice to Dr. Barker, I should state that he formerly thought most highly of infant dietary (having copied my dietary three separate times). It is only during the last month or two that he has altered his opinion.

I call upon Dr. Herbert Barker to furnish without loss of time the dates and parallel passages of my work and the twenty-seven or twenty-eight works he declares he now has in his library, and of the five works especially in which the formulæ for infants' food are similar to my own, and "in almost the same phraseology." Less than this will not satisfy me nor the Profession. If he does not do so, the only inference that can be drawn is, that he has asserted that which he cannot prove.

I am, &c.

Birmingham, September 17, 1859. Pye H. Chavasse.

NEW LICENTIATES OF THE EDINBURGH COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Among your very numerous correspondents on the subject of the licence of the Edinburgh College of Physicians, I think none of them have drawn attention to the fact that the gentlemen who have obtained the licence have not given up the practice of Pharmacy. Such, I assure you, is the case in the North of England, where the majority of the new licentiates are country Surgeons, and it is impossible that they can do otherwise than dispense their own medicines. There can be only two conclusions arrived at, either that the College gives its licence very indiscriminately, without requiring from the candidates any promise not to practise Pharmacy, or else knowingly grants it to gentlemen known from their position as simple village Practitioners, to dispense for themselves. In fact, there is one instance I know of, where a Member of the College of Surgeons keeps an open shop in a very large town in the North of England, who lately bought the licence of the Edinburgh College of Physicians, and who has "Dr." on the shop door, and continues to sell over the counter. Surely, while such a state of things lasts, no one can consider it in the light of a higher professional grade to be a Licentiate of the Edinburgh College, nor are the Council carrying out what they wished it to be understood was the intention of the College—to separate the practice of Pharmacy from the Profession of Medicine.

I am, &c.

Durham, Sept. 1859. Ἰατρός.

THE SMETHURST CASE.

Letter from Mr. Rhodes.

[To the Editor of the Medical Times and Gazette.]

Sir,—The recent trial of Dr. Smethurst having directed the attention of the Medical Profession to a certain class of symptoms which may show themselves in the early period of pregnancy; a brief outline of the following case may not be uninteresting to your readers. It was evidently in some respects a similar case to the one related by Dr. Quain, published in the *Medical Times and Gazette* on September 10th; but fortunately did not terminate fatally.

April 6th, 1859.—I was called to see Mrs. B—— aged 42 years. She had been ailing a few days, with symptoms of dyspepsia and disordered bowels accompanied by vomiting. On the seventh and eighth she appeared considerably relieved, but on the ninth was attacked early in the day with violent vomiting attended by pain at the stomach, which symptoms continued, with slight intermissions, until the following day, and produced such extreme exhaustion that her life was despaired of. Sinapisms were applied to the epigastrium, followed by a blister, and calomel and opium administered in the form of small pills every two or three hours, till the violence of the symptoms abated. Occasional vomiting, etc., continued daily about ten days longer, and the patient, suffering from great debility, remained under treatment to May 4th.

The patient at the commencement of the attack was a healthy robust woman, accustomed to considerable exertion; had she been otherwise I am quite certain her case would have been a fatal one. The symptoms at the time could only be accounted for on the supposition that the case was one of acute gastritis. About the beginning of July last I saw Mrs. B——, and she informed me she had discovered to her great astonishment that she was pregnant, and expects being confined in the latter part of December next. She had her last child ten years ago.

Perhaps, Sir, you will excuse me mentioning another case which occurred in my practice a short time ago. Although not bearing upon the point in question, it being connected with the end instead of the beginning of pregnancy; yet I think it illustrates the great amount of dangerous gastric disturbance which may be produced by certain conditions of the uterus associated with pregnancy.

July 30th, 1859.—I was summoned to attend M—— N——, a young unmarried woman, in her confinement. I found her in the first stage of labour, the os uteri slightly dilated, rather rigid, every pain accompanied by severe vomiting. She was delivered in the afternoon of the following day of a dead child. The vomiting had been incessant during the whole time of the labour, and still continued with increased violence, accompanied by great thirst and a burning sensation in the throat. In spite of all the usual remedies, the application of counter-irritation to the epigastrium, etc., the symptoms continued severe until August 3rd, when they subsided, and the patient, a strong and otherwise healthy girl, rapidly recovered. The secretion of milk took place (accompanied by the lochia) in the usual manner.

In this case strong suspicions of something injurious being administered, began to occupy my mind, and I had determined

on the third day to adopt measures accordingly, had not the symptoms on my next visit been considerably improved.

I am, &c. James Rhodes, M.R.C.S., &c.

Pontefract, September 16, 1859.

ON THE MORBIFIC INFLUENCE OF "BIG BEN."

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced to inquire of your readers resident in London whether they have experienced, as I have done, the very depressing effects produced on their nervous patients by the sepulchral note of "Big Ben?" I have now witnessed this in three several instances.

A young man, resident about two miles from Westminster, and who some time ago received a severe shock to his nervous system by a railway accident, was slowly convalescing, when a few weeks since a relapse occurred. This, with great reluctance he informed me, was owing to "Big Ben;" that every night since the clock had began its work, being troubled with sleeplessness, he had lain awake in the state of the greatest terror, waiting every moment for the deep tones of the bell, which vibrated through his whole frame and sent a shudder to his very soul. He tells me nothing would give him greater delight than hearing that it had followed the fate of its predecessor.

In another case, that of a young lady, of a melancholy temperament, and suffering with various nervous symptoms, a very similar effect is produced. On inquiring of her mother what her peculiar symptoms were, and whether she ever cried without cause, she stated very reluctantly that her daughter sobbed like a child when she heard the Victoria Bell. Her emotional tendencies were so great, that the plaintive notes of "Big Ben" during the solemn stillness of the night were more than she could bear.

Since this, I have heard of a young man who, suffering from similar nervous symptoms, has endured great aggravation of his disease through this awful bell.

I myself do not dislike the note; but if the weak nerves of invalids are to suffer in the way I mention, "Big Ben" will have much to answer for. I should much like to know the experience of other Medical men; for if they could cite cases in a like proportion to my own, the amount of suffering endured every night in London and the suburbs through this bell must be something truly appalling.

I am, &c. M.D.

Southwark, September 24, 1859.

The British Association has resolved to meet next year at Oxford, on or about June 27, immediately after Commemoration. Lord Wrottesly is requested to accept the office of President for the next meeting; and the following were elected Vice-Presidents:—The Chancellor of the University of Oxford; the Rev. the Vice-Chancellor of the University of Oxford; his Grace the Duke of Marlborough; the Earl of Rosse; the Lord Bishop of Oxford; the Rev. the Dean of Christ Church; C. Daubeny, Esq., M.D., F.R.S. and Professor of Botany; H. W. Acland, Esq., M.D., F.R.S. and Regius Professor of Medicine; W. F. Dinkins, Esq., M.A., F.R.S. Savilian Professor of Astronomy. Professor Walker has been elected General Secretary in the place of General Sabine, who resigns the office; and Professor Phillips was re-elected Assistant General Secretary.

The *John o' Groat Journal* says:—"There is no longer room for doubt that the disease of which several persons died last week and this is Asiatic cholera. All the usual symptoms have been discovered. As is always the case when that disease is prevalent, there is at present a good deal of ordinary sickness in the town. The certain cases of cholera have been about sixteen in number, of whom ten have died, four of these having been reported last week. Several are still ill. The disease has also broken out in Freswick, where three cases have occurred, one of which has proved fatal. At Kilmster also a case (still ill) occurred on Monday among the harvest workers, and it has given rise to considerable excitement in that district. During the week a person who had been seized with cholera was brought into the town from Reiss."

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 15th September:—

Cresswell, Alfred, Ballarat, Australia
Dowell, Robert, Hinderwell
Leach, James, Shaw, near Oldham
Nunn, John Robert, Bedford
Rummin, George, Bath
Thompson, Abraham, Gosforth, Cumberland
Trend, Theophilus William, Bridgewater

Also, on the 22nd September:—

Bishop, Theophilus, Buntingford, Herts
Lyster, Chaworth Edward, Liverpool

The following gentlemen on the 15th September passed their First Examination:—

Gayton, William, Spitalfields
Pechey, William Crisp, Walthamstow

Also, on the 22nd September:—

Butler, Thomas Mapleson, Guildford
Schollick, Thomas James, New Bridge-street

As an Assistant,

Nicholls, Thomas Francis, Strefford, Salop

APPOINTMENTS.

Bracey.—Mr. Charles James Bracey, son of Mr. Bracey, Surgeon, was appointed Medical Tutor of Sydenham College, Birmingham, on the 10th ult.

Eroms.—Mr. Caleb Eroms, late Honorary Surgeon to the Great Northern Hospital, was appointed, on the 14th ult. Resident Medical Officer to the Birkenhead Hospital.

DEATHS.

Alison.—September 22, at Woodville, Colinton, near Edinburgh, William Pultency Alison, M.D., D.C.L., Oxon. F.R.S.E., and Emeritus Professor of the Practice of Medicine in the University of Edinburgh.

Barry.—On the 17th May, at Sydney, New South Wales, Dr. J. C. Barry, late Surgeon of the Peninsular and Oriental Company's steamer "Columbian."

Chabert.—On the 29th August, at New York, Dr. Julius Xavier Chabert, aged 67.

Craig.—On the 5th Sept., at Broom Park, Denny, Stirlingshire, John Brownlee Craig, L.F.P.S. Glasgow, 1847.

Cullenan.—On the 27th August, at Freshford, Kilkenny County, James Cullenan, M.D. St. Andrew's, 1822; L.S.A. Ireland, 1827.

Elmore.—On the 16th August, at Caledonia, Grand River, Canada, Christopher Elmore, M.D., late of Cork County, Ireland, aged 74.

Grundon.—On the 28th August, at North Frodingham, Yorkshire, Mark Grundon, (in practice prior to 1815,) aged 69.

Halfatti.—Recently, at Vienna, Dr. Halfatti, formerly Physician to the Duke de Reichstadt, aged 82.

Harvey.—On the 28th July, at El Dorado City, Dr. G. C. Harvey.

Holmes.—On the 3rd September, at Cardiff-road, Newport, Monmouthshire, Edward Robert Holmes, aged 41.

Keeley.—On the 31st August, at Port Stanley, Canada, Thomas C. Keeley, M.D.

Lillo.—On the 9th September, at Hartlepool, Thos. Lillo, aged 78.

McCheane.—May 16, at Lyttelton, New Zealand, Thomas McCheane, M.D., coroner of the district, aged 37.

May.—On the 29th July, at Sacramento, Henry Burbeck May, M.D., aged 42.

Nicholson.—On the 15th September, George Nicholson, of Ripon, Yorkshire, L.S.A., 1823.

Paddock.—On the 11th August, at Kingston, King's County, Canada, Dr. Ading Paddock, aged 72.

PATES.—On the 7th September, Charles Pates, of Exeter, M.R.C.S., aged 36.

RAYNER.—On September 18th, in the 60th year of his age, Thos. Ingham Rayner, of Birstal, near Leeds.

DE LAPEYRONIE and BARTHEZ are to be honoured by statues at Montpellier.

DR. BOND has been elected Dean of Faculty of Queen's College, Birmingham.

M. MARC D'ESPINE, of Geneva, has been nominated Chevalier of the Legion of Honour.

THE Queen has given 1000 guineas towards paying off the debt of the Royal Botanic Institution of Glasgow.

BARON LIEBIG broke his leg at Passau on the 5th ult. We are happy to learn that his cure progresses favourably.

M. BAMBERGIO adds his testimony to that of others as to the use of collodion in rendering small-pox pustules abortive.

IT is said that Professor Liebig has found out the way to impart to ordinary tobacco the flavour of the finest Havannah.

A NEW journal has just sprung up in Madrid; it is devoted especially to diseases of the eye, of the skin, and to syphilis.

DURING the last three weeks, three cases of death from burning, resulting through the exorbitant use of crinoline, have been reported in the journals.

MR. HUGH MILLER'S Museum has been preserved to Edinburgh. Government pays £500, and the public subscribe another £500, for its purchase.

THE Duke of Newcastle has presented an harmonium, of the value of upwards of £60, to the Lunatic Hospital, Nottingham, for the entertainment of the patients.

THE Prince of Wales has been regularly enrolled as a Student of the Edinburgh University; has duly signed the obligations, and received his Matriculation ticket.

AS a "sign of the times" it is worth noting that a "*Revue Spirite*" has been established in Paris, and contains reports of table-turners, spirit-rappers, and such-like raggamuffins.

CANCER of the lips is so common, we are told, at Montpellier, at the Hôpital St. Eloi, as to be the most frequent cause of operations there. M. Bouisson attributes the disease to smoking.

M. CHEVREUL says that Dr. Berkeley, Bishop of Cloyne, was the first person who especially called attention to pitch water as a remedy, in 1744. It appears that in his time the remedy was much used in the West Indies in small-pox.

MR. G. BIGGS, late publisher and bookseller in the Strand, has left, among numerous other legacies, £100 to each of the following Hospitals:—Charing-cross, Westminster, King's College, Consumption, Cancer, and Royal Free.

THE Electro-Chemical Baths of M. Pennes have, after experiments, been admitted into the Imperial Asylum of Vincennes. M. Pennes, during the last four years, has furnished gratuitously 9500 doses of his salt to different Hospitals!

"ALL the great heresies of modern practice," says M. Gibert, "arise from the fact of pathological doctrines being applied to therapeutics. Our best remedies we have learnt from the savage, and they act we know not how. Experience rules supreme, and must be consulted especially."

M. KERGARADEC informs his Academy that Dr. Pitta, a Madeira Doctor, has made some modifications in the stethoscope, which are of great utility, improving the instrument considerably. M. Bouillaud, who has tried the said modified instrument, confirms the praises of it, and hopes that it will become generally adopted.

AT the meeting of the British Association at Aberdeen, the Brisbane Medal of the Edinburgh Royal Society was presented to Sir Roderick Murchison by a deputation, consisting of Professors Christison, Allman, and Balfour, and Mr. R. Chambers. The honour was conferred upon Sir Roderick more immediately for the services which he has performed in the Scottish field of geology.

PROFESSIONAL SQUABBLES AND THEIR MODE OF SETTLEMENT IN AMERICA.—A shooting affray took place at New Orleans, on the 29th, between Dr. Foster and Dr. Choppin, Physicians attached to the Charity Hospitals. Professional jealousy was the cause. Dr. Choppin was dangerously wounded.

A GERMAN DOCTOR, of Anhalt-Koethen, has been in the habit of administering the vaccine to children *internally;* and then giving certificates of their having been duly vaccinated. The authorities have at last got wind of the fact, and have threatened to prosecute him if he gives any more such certificates.

CYLINDER BALLOON.—M. Lassie has read to the French Academy a memoir on what he considers to be a complete solution of aërial navigation. He subjoins an account of the aërial ship, which is a long horizontal cylinder, terminated by two hemispheres, its length being covered with several helices. The length of the cylinder—about 120 inches—is at least ten times its width. By the apparatus supplied, M. Lassie believes himself to be able to steer his vessel through the atmosphere.—*Cosmos.*

The quantity of nicotine in tobacco varies much according to the locality from whence it is taken. From Havannah tobacco 2 per cent. is obtained; and a like quantity from Maryland and Virginia; from Alsace tobacco 3 per cent.; from tobacco *du Nord* 6 per cent.; and 8 per cent. from tobacco *du Lot*, and from Algeria. Hence it seems that the cheapest tobacco contains the greatest quantities of irritating matter, and we get, it is said, an explanation of the frequency of cancers of the lip in the southern districts of France.

POISONING from tobacco externally applied was observed in the following case. A countryman, troubled with the itch, applied for a cure to an old wife. She prescribed frictions of snuff in olive oil. Soon after the liniment was rubbed in, the man was seized with vertigo, headache, pains at epigastrium, and incessant vomiting. His extremities were cold, and his forehead covered with sweat; general trembling, and faintings. Dr. Massina, who was then called in, gave the man ammonia, applied sinapisms, and made him vomit anew; then acetate of morphia and belladonna were given; and, *post hæc* or *propter hæc*, in two hours the accidents disappeared.

A FRENCH DOCTOR who can cure consumption—one M Thiercelin—speaks thus of Sydney:—"Everyone knows that England is the country elect of phthisis; and everyone knows also that Australia has been peopled in great part by the classes of society most disposed to phthisis. Well! I lived six months at Sydney, the capital of Australia, and I searched for phthisiscals, and scarcely could I find any. Everywhere around was a population vivacious, and in brilliant health. More than this, mothers who had lost their children in England through phthisis and scrofula, here give birth to a new family, numerous and luxuriant in form. The influence of hereditary disease had disappeared under favourable circumstances." We should add that the Doctor's curative agents are salt and heat. That is, chloride of sodium and a warm climate.

M. DEVERGIE has asserted that the acarus is not always the cause of itch, but sometimes its consequence; there is nothing, he says, which disproves the possibility that the products of secretion, the atmosphere around those affected with itch, their clothes, &c., may give rise to the animal. This assertion has been refuted by M. Piogey, as the results of his observation, at St. Louis Hospital, of 300 cases:—"1. The acarus is never a morbid product of the eruption; does not arise spontaneously; it is the sole and necessary cause of itch. 2. The mode of contagion of the sarcoptes is invariably the same, when due precaution is taken. 3. The vesicle arises under the influence of local irritation, ordinarily of a bite; other eruptions are merely complications of different forms of the disease, connected with its duration, etc."

MESSRS. SAVORY and MOORE have invented a new Medical Pannier for the field, and in future all panniers supplied to troops are to be made on their model. Strapped upon the mule's back they appear as two common waterproof trunks of ordinary size. You unloose a belt, open a lid, let down a flap-side, and there is disclosed a whole magazine of drugs, Medical comforts, and surgical instruments, so arranged—and this is a point of great importance—that each article may at once be had without disturbing its neighbour. Here everything has its place and is in its place. In those compartments

are drugs enough to kill a regiment. In that drawer are corkscrews, knives, scissors, weights and scales; in another nests of pill-boxes, corks, measures, pestle and mortar, ligatures, needles, wax, tape, pins, packthread in a third, Surgeons' sponges; in another oiled silk, gutta percha tissue, and oiled paper. There are tin cases, all handy for use, containing field tourniquets and screw ditto, lint, carded cotton, and yards of plaster. A wallet, placed "quite convenient," is rich in linen sheeting, calico, and India-rubber sheeting. Here we have tempting stores of tea and sugar, cocoa-milk, arrow-root, concentrated beef-tea, and brandy, and, of course, the means of cooking them. There is an enamelled counter for making of pills; and by a simple contrivance, each pannier being furnished with a double lid, an operating table is extemporized. The panniers also weigh 20 lbs. less than the regulation weight for a mule's back, viz., 180 lbs.

VITALITY OF TOADS.—M. Victor Legrip, of Chambon, has transmitted to the editor of the *Cosmos* an account of various experiments on this subject. M. Legrip put some toads in chambers hollowed in the earth to the depth of sixteen inches, placing them on a tile, and covering them with a pot. Others were immured between two discs of glass in plaster cells, without access of air; and some were imprisoned in masses of mixed plaster, which touched every part of them. The first were examined monthly, and exhibited no marks of decay till towards the twelfth month, their excretions being retaken as nutriment. They lived thus, on an average, for twenty-three months. The second lot, examined through the glass, presented the following phenomena:—Abundant excretions of the debris of insects and larvæ; torpor while in darkness; sparkling of the eye at the approach of light; powerful efforts to escape; progressive emaciation till death, which took place generally after fifty-six days. Among the third class some toads were living after twenty-eight months of absolute sepulture. These facts prove that the toad can live a long time without aliment or aëration; he lived longer in the chambers where his movements were unimpeded, than in the cells where he could hardly change his position; but his life was very much longer when he was completely embedded in the plaster. Not being able to move, he lost nothing; and thus it will be easily comprehended that alimentation was much less necessary, and that his life, as if suspended, might continue for an indefinite period. M. Legrip states that toads are not only inoffensive, but exceedingly useful in gardens, and that he is not at all surprised at the increasing commerce in these animals, who live exclusively on worms, caterpillars, and insects, great and small, and are thus the protectors of a host of useful and ornamental plants. Market gardeners will find them invaluable.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 17, 1859.

BIRTHS.

Births of Boys, 886; Girls, 866; Total, 1752.
Average of 10 corresponding weeks, 1849–58, 1571·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	544	514	1058
Average of the ten years 1849–58	621·0	622·8	1243·8
Average corrected to increased population	..	..	..
Deaths of people above 90	..	5	5
Deaths in 15 General Hospitals	34	12	46

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	3	5	1	2	3	4
North	490,396	5	4	21	2	2	12	13
Central	393,256	3	2	7	..	2	5	8
East	485,522	6	3	31	3	3	22	7
South	616,635	9	2	19	5	3	19	10
Total	2,362,236	23	14	83	11	12	61	42

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·652 in.
Mean temperature	56·5
Highest point of thermometer	67·1
Lowest point of thermometer	48·0
Mean dew-point temperature	50·2
General direction of wind	S.W.
Whole amount of rain in the week	0·64
Amount of horizontal movement of air in the week	775 miles.

TO CORRESPONDENTS.

Dr. Young's reply to Dr. Gillespie is unavoidably postponed until next week.

Pater.—The queries shall be answered next week.

Medicus.—We have not the slightest idea to what "non-professional Quarterly" or "cudgels," our correspondent alludes.

What Next?—M. Blaudet has really invented what he calls a *Métro-pompe*, which is to be used in affections of the uterus, and cure most of them by its suction power.

Statist.—There is reason to believe that a Royal Commission will be issued before the end of the year to inquire into the social condition of the mining population.

S. T. B.—Suicides are increasing in number in the North. It appears from statistics, that in France there are 10 suicides in 100,000 persons annually; in Belgium, 5; in Prussia, Sweden, and Norway, 11; and in Denmark, 26.

Studens.—There are no special works on Naval Surgery. Ballingall's Military Surgery and Hennen's Medical Topography should be read. The examination for Naval Assistant-Surgeons is not competitive. Dr. Bryson is the examiner.

D. P.—In accordance with the results of four experiments performed by Dr. George Scott on dogs, we are forced to believe: *That in the dog, at all events, after the administration of large doses of calomel, there is a diminution in the amount of fluid bile and bile solids secreted.*

Tattoo.—M. Schul, having successfully performed a cheiloplastic operation, found that the edge of one lip was wanting in its natural colour. He therefore tattooed it with cinnabar, and now finds—one year and a-half after the operation—that the lip has not yet become pale.

[ERRATUM.—In No. 480, p. 270, *for* Henry Ussher, B.A., M.A., *read* M.B.]

INVETERATE WARTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can any of your correspondents inform me, through the medium of your valuable Journal, the best and most effectual remedy for the eradication of a crop of inveterate warts on the hand, I have tried the various caustics usually employed for their destruction, but as yet have not met with anything effectual for their total annihilation.

I am, &c. A CONSTANT SUBSCRIBER.

WATTERS AND HIS GANG.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Allow me, through the medium of your valuable Journal, to acknowledge the receipt of £5 5s. from the London Medical Registration Association, on behalf of Benjamin Thomas Jones, the prosecutor of the notorious Dr. Watters and his gang. The above handsome donation making the subscription up to £21. I am, &c.

12, Pall Mall East, September 22, 1859. SAMUEL E. SMITH.

"NEW TREATMENT OF HYDROCELE."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I find that a typographical error has occurred in the rendering of my communication on the use of the wire seton in hydrocele, which was inserted in the last number of the *Medical Times*.

Instead of *two*, it should be *ten* iron wires, which were employed to make the seton.

The wire employed was the thin wire used for sutures, No. 29 of the wire guage, the same as that recommended by Professor Simpson.

I am, &c. JAMES GILLESPIE, M.D.

Edinburgh, 45, Castle-street, Sept. 13.

THE "L.R.C.P." AND ITS VALUE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As a constant subscriber to, and reader of, your valuable Journal, will you state in your Notices to Correspondents, the value (independently of the honour) of becoming a Licentiate of the Royal College of Physicians even in this "Year of Grace." Registration effects equality of Practice, and what advantage therefore, may be expected to accrue from the additional title, the expense of which, as a hard-working member of the Profession with a large family, I for one should be glad to avoid?

I am, &c. M.D.

OXALATE OF CERIUM IN THE TREATMENT OF ASIATIC CHOLERA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As in the treatment of spurious pregnancy, or pseudocyesis, the oxalate of cerium is proved to be a very valuable remedial agent in combating against the violent and excessive vomiting that sometimes occurs, may I take the liberty of suggesting to the Profession the trial of the

same Medicine when endeavouring either to allay or to check the vomiting that frequently attends some of the worst forms of Asiatic or spasmodic cholera? In this disease, too, it might be found advantageous to administer it, both by the mouth and also by injection (per oram et anum); and, say, about one grain every quarter, or half-an-hour, until it has succeeded in arresting this formidable symptom.

I am, &c., WILLOUGHBY ARDING, M.D.

Gothic-cottage, Wallingford, Sept. 22, 1859.

MORE ADVERTISING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The enclosed specimen of Medical Advertising (an extract from a Hull paper), is I think worthy of a place in the next number of your valuable publication. I am, &c.

Sept. 9, 1859. A CONSTANT READER.

"DRIFFIELD.—THE ECRASEUR.—This modern French surgical instrument (invented by the celebrated Chassaignac), which has only been recently introduced into English surgery, was successfully applied for the removal of a cancer of the tongue, at Langtoft, in Driffield, on Sunday last, in the person of James Lawty, a bricklayer, and the cancer, together with about half the substance of the tongue, removed with scarcely the loss of a spoonful of blood. The operation was skilfully performed by Mr. H. L. Atkinson, formerly of York, and recently returned from Paris, assisted by Mr. T. P. Atkinson and Dr. Bell, and up to the present time the patient is going on quite favourably. The sufferer, who is a poor man with a large family, has been liberally assisted with many comforts and requisites by Lady Sykes, which otherwise he must have greatly felt the want of. He had previously been dismissed from the hospitals as incurable."

RIGHTS OF M.D.'S

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number of the 27th ult., a writer, under the signature of "Not an M.D." asks, What qualification has the holder of a Degree conferred by an English or Scotch University? Although I cannot profess fully to answer this question, I have thought that the following extract from the Degree of M.D. granted by a Scotch University may be so far satisfactory:—

"Eique potestatem damus plenissimam de re Medica, legeudi, docendi, consultandi, scribendi, et disputandi; in cathedram doctoralem ascendendi; omnes denique tuu theorio Medico quam praxeos artus ubique terrarum exercendi et omnes simul honores, prorogativas omnes ei concedimus et privilegia quo vero Medicino Doctori usquam gentium concedantur aut concedi solent."

The Charter of the Queen's University in Ireland, also provides, that those who obtain Degrees from said University, shall be fully possessed of all such rights, privileges, and immunities, as belong to similar Degrees granted by other Universities or Colleges, and shall cutitle the persons on whom they may be conferred, to whatever rank and precedence is derived from similar Degrees granted by other Universities.

From the above extract it would appear that the holder of a Degree from either of those Universities had certainly the right to practise before the passing of the New Medical Act, which right has been recognised by the Act. I am, &c. M.D.

September 19, 1859.

ORTHODOX REGISTRATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—One of the very small minority, on whose opinions at the late meeting of the Midland Counties Medical Registration Society, you have this week commented, I plead oppotunity for explanatory remarks:—

The avowed principal object of the Society, as stated in the first resolution passed at its first meeting, is "to assist the Registrar in securing a complete Registration of duly-qualified Practitioners." After having thus constituted itself for the purpose of carrying out an Act of Parliament, the provisions of which, in the matter of Registration, are clear and unequivocal; the Society determined by its second resolutiou, to set those provisions at nought in the case of non-orthodox, however strictly legal, Practitiouers. To my inquiry, one of the leaders of the movement replied that it was not easy to define orthodoxy, though it was quite easy to understand it; therefore, he should vote for the exclusion of the non-orthodox. The Honorary Secretary then read part of a letter from the Secretary of the London Medical Registration Society, urging the advisability of excluding the homœopaths by some means or other, a purpose which he thought might be usefully served by the word "orthodox."

I confessed myself unable to appreciate the logic, the legality, or the dignity of such a line of policy.

Homœopaths, if legally qualified, can commaud Registration, if opposed, by appeal to the Superior Law Courts. Even to seem to contest their right under such circumstances, can only tend to increase the number of martyrs, already inconveniently numerous.

Why quibble with words and fence with the Law? Truth and philosophy can scarcely be honoured by such warfare.

I am, &c. SAMPSON GAMGEE,

Surgeon to the Queen's Hospital.

18, Broad-street, Birmingham, Sept. 19, 1859.

REVIVALISM *v.* CHOREA, OR HYSTERIA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In one of the leading articles contained in your extensively circulated Journal of the 17th inst. I regret to perceive you have ventured to declare that the wonderful religious awakening now going on in the North of Ireland, "is really no imposture at all, but a real mental malady." Had you, Sir, stated that in some, and that only a small number of cases, certain physical symptoms of a character resembling hysteria had manifested themselves, no one would have objected to the truth of such an assertion; but to declare that the whole of the phenomena witnessed in all the cases of religious awakening now occurring there are purely and simply "different phases of religious hysteria," appears to me to be as unreasonable as to assert, because many cases of chorea coincide with affections of the heart and spinal tenderness, that, therefore, chorea is a phase only of heart disease, or of spinal irritation, whereas we know it may exist without either of them. It is a fact well-known to all who have witnessed the scenes now occurring in those parts of Ireland, that by far the larger number of cases of conversion are unattended by these physical manifestations—cases in which an entire change of heart and purpose of life are as great and distinct, but not more so than in others in which such symptoms have also been for a short time exhibited. Now if one uniform result ensue in all the cases, whether accompanied or not with the aforesaid symptoms, who shall pronounce it in the one set of cases only "an actual and real mental malady," and in the other set of cases acknowledge with joy and gratitude the wonder-working finger of God?

Recognise if you will—nay, more, carefully study—the physical, but do not deny the existence of the higher, viz. the spiritual—the former very evanescent, and seen only in some cases—the latter, permanent, unvariable, and changing the whole character of the individual, and not at all necessarily co-existing with him. Were this the proper place to do so, I could easily show that the spiritual manifestations are only such exhibitions of Divine power, judging them by their fruits, as the Christian church is fully warranted to expect, and for which many sober-minded, devout Christians are now, and have been long praying.

Trusting, Sir, you will candidly let this side of the question obtain a hearing in your columns if space permits. I am, &c.,

T. A. HENDERSON, M.D., L.R.C.P. Lond.

9, Nelson-crescent, Ramsgate, September 26, 1859.

[We are delighted to find that our correspondent has a firm belief that the *revival* movement is truly a religious movement. Every Christian must desire to see the operations of Christianity widely spreading around him, and we sincerely trust that what our correspondent calls "change of heart and purpose of life," may prove a permanent fact, and not a mere spasmodic effervescence of the minds of the "revived." Our correspondent should, however (as he is able) give us some proofs of the assertions he makes. What we stated we stated on high authority—on the authority of a Dignitary of the Church, who had visited Belfast for the very object of making himself acquainted with the real character of the movement. Archdeacon Stopford believes what we stated, that hysteria was the chief agent producing these manifestations, and if our correspondent will read the letters of the Special *Times* Correspondent, lately published on the subject, he will find from that unanswerable and cool-headed authority, that there is no great appearance of any religious enthusiasm, excepting among the "raving" instances. Our correspondent must also remember, that in all ages of the world there have existed, at various periods, Religious Effervescences, which have all had the character of enthusiasm and exaggeration, rather than of a sane and sensible religious improvement of life. He must, therefore, excuse us in being cautious how we receive all these tidings. As a specimen of the turn these revivals are taking, we give the following extract from the *Armagh Journal*. It is there given by way of caution to Medical Students and other light-hearted people:—

"A MOCKER'S END.—Within about three miles of Cootehill there lived a young man, who had been studying for the Medical Profession, and who, of late, frequently made it his business to rail at and mimic the revival movement. He was thus employed on Wednesday—most profanely imitating the gestures and expressions of some of the stricken ones. On the same night he was taken suddenly and alarmingly ill, and continued to suffer the most agonising pain till the following Friday. During that interval he was never once heard to pray for mercy, till, with his expiring breath, he wildly exclaimed, 'O Lord! Lord!' and passed into the presence of his Judge."]

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. CONOLLY; Dr. ROBERT LEE; Dr. PRIESTLEY; Dr. J. ROBERTSON, Edinburgh; Dr. WILKS; Mr. PITTARD; Mr. MILLARD; Mr. SPRATLY; Mr. POWELL; Dr. YOUNG, Edinburgh; Dr. CRISP; Mr. TUCKER; Mr. TUSON; Mr. H. T. KEMPTON; Mr. F. JONES; Mr. J. ROBERTSON; MYOPIA; Dr. MARKHAM; INVESTIGATOR; A CONSTANT READER; M.D.; Dr. W. STEER RIDING; Dr. J. D. GILLESPIE; and W. D. G.

APPOINTMENTS FOR THE WEEK.

October 1. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

3. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

4. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

5. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædie Hospital, 2 p.m.; Middlesex, 12½ p.m.

HUNTERIAN SOCIETY, 8 p.m. Dr. Peacock "On the recently-prevalent Remittent Affections." Council Meeting at 7½.

OBSTETRICAL SOCIETY OF LONDON, 8 p.m. Dr. Graily Hewitt "On the Hydatidiform or Vesicular Mole; its Nature and Mode of Origin."

6. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. Loudon, 1½ p.m.; Great Northern, 2½ p.m.

7. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Grosvenor Place School of Medicine,

No. 1, GROSVENOR PLACE (Adjoining St. George's Hospital).

WINTER SESSION, 1859-60.

LECTURES.

The INTRODUCTORY LECTURE will be delivered on MONDAY, OCTOBER 3rd, at Three o'clock, p.m., by Dr. COCKLE.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford and Mr. Lawson.
Practical Anatomy—Mr. Pittard.
Chemistry—Dr. Thudichum.
Principles and Practice of Medicine—Drs. Cockle and Leared.
Principles and Practice of Surgery—Mr. Spencer Wells & Mr. Adams.

Fees.—General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, 35 Guineas.

Special arrangements may be made for any one of the Examining Boards.

Prizes and Honorary Certificates will be awarded for general proficiency at the termination of the Session.

The Microscope is used to illustrate the Lectures and Demonstrations.

The Dissecting Room and Museum of Anatomy are open to the Students during day-light, where their Studies are superintended by the Lecturers on Anatomy and Mr. Pittard.

The Lecturer on Chemistry has a Private Laboratory, where Students are instructed in Analytical and Physiological Chemistry.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Further information may be obtained at the School, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1859-60 will be delivered by Dr. RUSSELL REYNOLDS, on MONDAY, the 3rd of October, at 8 p.m.; and after the Address a CONVERSAZIONE will be held, and the PRIZES of the past Session distributed.

The Westminster Hospital was Instituted A.D. 1719, and Incorporated by Act of Parliament A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt, and Mr. Brooke, M.A. F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A. F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the new regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Assistants, Physicians' Clerks, and Surgeons' Dressers, are selected from the most qualified Students, without additional Fee.

The Entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of Seventy Guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Hospital.

University College, London.—Faculty

OF MEDICINE.—The SESSION 1859-60 will open on MONDAY the 3rd October. At 3 o'clock, p.m. a Meeting will be held for the Presentation to Students of the Faculty, of the Medals and Certificates of Honour awarded at the Class Examinations for the Winter and Summer Terms of the last Session. At 8 o'clock p.m. the Professors of the Faculty will receive the Students and their friends at a Couversazione, in the General Library and New Museum of the College. Gentlemen who may be disposed to favour the Professors with their company, are requested, if they have not received invitations, to leave their names and addresses in the office of the College, under cover to the Dean, in order that cards may be sent to them.

The Lectures to the Classes of the Winter Term will commence as follows:—

On TUESDAY, October 4.

Anatomy—Professor Ellis, at 9 o'clock, a.m.
Anatomy and Physiology—Professor Sharpey, M.D., at 10 a.m.
Chemistry—Professor Williamson, at 11 a.m.
Comparative Anatomy—Professor Grant, M.D., at 3 p.m.
Surgery—Professor Erichsen, at 4 p.m.
The Principles and Practice of Medicine—Professor Walshe, M.D., at 5 p.m.

On MONDAY, October 17.

Practical Physiology and Histology—Dr. Harley, F.C.S., at 4 p.m.
In January—Dental Surgery—Mr. G. A. Ibbetson, at 6 p.m.

Hospital Practice daily throughout the year with Clinical Lectures by the Physicians and Surgeons, also Lectures on Ophthalmic cases.

Prospectuses may be obtained at the Office of the College.

A. W. WILLIAMSON, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

September 20, 1859.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, October 3rd, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Mr. URE, after which a CONVERSAZIONE will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the Pupils free of every expense. The advantages of FIVE OF THESE APPOINTMENTS far exceed in money value as many SCHOLARSHIPS of Fifty Pounds each. There are four Resident Medical Officers who board (free of all expense) in the Hospital, three of whom are appointed for twelve months, and one (the Obstetric Officer) who is appointed for six months; four Non-Resident Medical Officers; a Medical and a Surgical Registrar; all of whom are appointed by the Weekly Board of Governors on the recommendation of the Medical Committee. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded after competition among the qualified Perpetual Pupils of the Hospital.

Physicians—Drs. Alderson, Chambers, Sibson, H. Jones, Sieveking, and Markham. Surgeons—Messrs. Coulson, Lane, Ure, Spencer Smith, Walton, and J. Lane. Physician-Accoucheur—Dr. Tyler Smith. Ophthalmic Surgeon—Mr. White Cooper. Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in practice in the vicinity of the Hospital willing to receive Pupils to reside with them.

SPENCER SMITH, Dean of the School.

St. Mary's Hospital, August, 1859.

St. George's Hospital Medical School.

SESSION 1859-60.—The WINTER COURSE of INSTRUCTION will commence on SATURDAY, October 1st, with an INTRODUCTORY ADDRESS by Mr. H. C. JOHNSON, at 2 p.m., at the Hospital.

Physicians—Dr. Page, Dr. Bence Jones, F.R.S., Dr. Pitman, and Dr. Fuller.
Assistant-Physicians—Dr. Barclay and Dr. John W. Ogle.
Obstetric Physician—Dr. Robert Lee, F.R.S.
Surgeons—Mr. Cæsar Hawkins, F.R.S., Mr. Cutler, Mr. Tatum, and Mr. H. C. Johnson.
Assistant-Surgeons—Mr. Prescott Hewett and Mr. George D. Pollock.
Dentist—Mr. Vasey.

Lecturers—Medicine—Dr. Pitman.
,, Surgery—Mr. Tatum.
,, Anatomy—Mr. Pollock and Mr. Gray.
,, Physiology—Mr. A. Johnson.
,, Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds.

Clinical Lectures are given by the Physicians and Surgeons of the Hospital during the Winter and Summer Sessions, and Clinical Instruction is given in the Wards by the Physicians and Surgeons, and on the Diseases peculiar to Women by the Obstetric Physician.

A Maternity Department, for the delivery of married lying-in women at their own homes, is established at the Hospital, under the superintendence of the Obstetric Physician.

The Surgeons' Perpetual Pupils are eligible to be Assistant House-Surgeon for Six Months, and House-Surgeon for Twelve Months (without additional Fee), when properly qualified for the office. Pupils of the Hospital are eligible to the office of Obstetric-Assistant, when duly qualified, at a salary of £100 per annum.

Pupils entering to St George's Hospital Medical School are free to all Lectures and Hospital Practice necessary for the Examination of the College of Surgeons and Society of Apothecaries, by the payment of Forty Guineas the first year, Forty Guineas the second year, and Twelve Guineas the third year. But Pupils have the option of entering to the different courses of Lectures and Hospital Practice by separate payments.

EXHIBITIONS AND PRIZES.

"The William Brown Exhibition," of Forty Pounds per Annum, tenable for Three Years, may be held by any Pupil, perpetual to the Medical or Surgical Practice, who has commenced his third, but not completed his fourth Winter Session. Pupils entering to the Hospital Medical School in the Session 1859-60 will be entitled to compete for this Exhibition.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, will be offered to Students who enter to the Hospital Medical School for the Session 1859-60. The Examination will take place in July.

Also, for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year; a Prize of Twenty Guineas, for Physicians' Pupils in their second year; Sir Benjamin Brodie's Clinical Prize in Surgery; the Thompson Medal; the Lewis Powell Clinical Prize in Medicine; and Sir Charles Clarke's Prize for Good Conduct.

Further information may be obtained from Mr. Pollock, the Treasurer of the School; from any of the Lecturers; or from Mr. Hammerton, the Apothecary of the Hospital.

Anderson's University, Glasgow.—

The MEDICAL SESSION begins on TUESDAY, NOVEMBER 1st.

Anatomy and Practical Anatomy, by Drs. M. S. and George Buchanan.
Chemistry and Practical Chemistry, by Dr. Penny.
Materia Medica, by Dr. Morton.
Institutes of Medicine, by Dr. E. Watson.
Surgery, by Dr. Hunter.
Midwifery, by Dr. Paterson.
Practice of Medicine, by Dr. Anderson.
Military Surgery, by Dr. M'Leod.
In SUMMER—Botany, by Dr. Bell; Medical Jurisprudence, by Dr. Cowan.

Fee for each Class, £2 2s. The Fees for all the Classes required for Diploma amount to £30. A Syllabus of the Lectures and particulars may be obtained from ANDREW ANDERSON, M.D., Secretary.

Dr. E. E. Barron has resumed his

MEDICAL and SURGICAL TUITION adapted to Students and Practitioners preparing for PROFESSIONAL EXAMINATIONS, and will commence a Winter Course on October 4. One or two gentlemen received as HOUSE-PUPILS.

15, St. Thomas's-street, Borough, S.E.

OPENING OF THE WINTER SESSION.

The Session opened at King's College, St. George's, Guy's, and St. Thomas's on Saturday, October 1, as usual; at the other Schools on Monday. We append some account of the Introductory Lectures at all the Schools, with the exception of St. Mary's, where Mr. Ure delivered an excellent address; but no report has yet reached us. At University College there was no lecture, but a *conversazione* was held after the distribution of prizes for the past session.

GUY'S HOSPITAL.

Dr. Habershon delivered the address. He spoke of the varied aspects of the Medical Profession, and referred to some of the reasons which induced many to join its ranks, as, for instance, the opportunities it afforded of acquiring position and honourable status in society, and of obtaining wealth or a competency in life. He then dwelt upon the varied subjects of scientific inquiry within its sphere, and the interest of its allied sciences. It was then compared with other professions—in its laborious work and benevolent character, having a reward in itself, and elevating man's noblest faculties whilst it benefitted others—in its highest aspect, that it was the pioneer of the Gospel of Christ. The collateral benefits of the Profession were then shown to be accompanied with intrinsic good to the practitioner of the science; and the mental culture and experience which its study afforded were regarded as a superior attainment, and the source of greater satisfaction than the attainment of truth itself. The vigorous mental exercise in attaining knowledge, rather than the mere collection of facts, was represented to be the object of education. It was then shown that Medicine had been influenced at every period of its history by the condition of science generally as existing at that particular time; that the Greek and Roman philosophers had modified in their time Medical opinions; that great advances in mathematical science had exerted their influence. The philosophy of Bacon, he remarked, prepared the way for Sydenham, and the revival in other sciences had been simultaneous with the brilliant discoveries of Hunter. The development of general laws was then shown to have had a greater influence in other sciences in enabling them to lay aside the incumbrances of earlier periods; modes of thought and research were regarded as receiving the impress of national peculiarities, and in individual investigations the characteristics of each mind were manifested. The slower method of inductive philosophy was urged, rather than mere hasty generalisation; but the injury of incorrect statistics in misleading the mind and retarding the advance of science was also shown. The intimate connexion of other sciences—those of mechanics and statics, of chemistry and of electricity—was then referred to, and man shown to be more than a mere mechanism, an intelligent, thinking being. The importance of bearing this fact in mind in the application of science to the treatment of disease, as well as in explaining the apparent uncertainties of daily practice, was dwelt upon. In the mode of commencing the study of the Profession, the great desirability of not undertaking too much at once, but of doing everything well and the right division of labour, were strongly urged. The value of self-reliance in thought, observation, and practice, and especially of sterling morality and true religion, in promoting earnestness in study and happiness in heart and life were dwelt upon. The stability of moral as well as physical laws, and their certain results were alluded to; and, in conclusion, the lecturer adverted to the influence which one mind must ever exert upon another in the mutual intercourse of daily life and study. The lecturer was frequently applauded during the delivery of his address.

ST. THOMAS'S HOSPITAL.

Dr. R. D. Thomson delivered the address. He pointed out that the science of Medicine had one of the noblest ends in view. By the study of nature's laws it professed to assist in prolonging man's existence on earth, and therefore in contributing essentially to human happiness. He showed that the test of a nation's happiness was not to be sought in riches or conquest, but where an educated, moral, and healthy people existed—there was prosperity and there was longevity—the test of national happiness. True longevity, however, did not consist in the protraction of a few lives beyond the usual allotted span, but in an increase in the average duration of human existence. He combated the popular doctrine that life was uncertain; and argued in support of laws which regulate health and disease, as fixed as those which preside over the movements of the celestial bodies. He referred to the remarkable laws discovered in reference to small-pox and cholera, which enable us to foretell, out of a given number constantly sick, the exact number in each successive day who are to live and to die. From these even the sceptic might learn to believe in the literal interpretation of the Divine aphorism, that not even a sparrow falls to the ground without permission. He briefly alluded to his own experiments on the composition of cholera atmospheres, in which he had found animal life and matter, which may have tended to propagate the disease; and the interesting observations and drawings of his colleague, Mr. Rainey, who had succeeded in artificially producing shell structure, and even starch. He described the nature of ozone, and some of his modes of producing it, and illustrated his remarks by experiments. He concluded his address amid warm applause, by reminding the pupils that they had all a destiny to execute, for the goodness of which they were answerable, and urged upon them the importance of labouring with all their might in their future avocations.

ST. GEORGE'S HOSPITAL.

Mr. H. C. Johnson addressed especially the junior students, giving them good practical advice as to the course and mode of study, and concluded by some general remarks on the position of the Medical man.

The Medical Practitioner should be proud of his acquirements, as he knew they had been gained by labour, but he should look with a lenient eye at the deficiencies of others, and believe himself not faultless. He should abstain from the angry and violent disputes that sometimes agitated the Profession, the consequences of participation being to make more enemies than friends. He should put aside all personal considerations of wealth and fame, and have always in mind the relations that ought to subsist between himself and those to whom he was administering relief. It might be asked, then, by the student, what was to repay him for his study and self-denial? If rank, honour, or fortune were not open to him, he would be repaid by the gratitude of many to whom he had administered relief, and by the foundation of the closest and most lasting friendships.

He then enlarged on the special advantages of the School he opened for the session, and said:—Let it be said of St. George's Hospital School that which Ammianus Marcellinus said of the Egyptians, that in his time it was enough to secure credit to any Physician if he could say that he had studied at Alexandria.

KING'S COLLEGE HOSPITAL.

The address was delivered by Dr. Miller, who, after some remarks on the duties of teachers and pupils, the self-teaching of the pupil, and the objects of his special Medical studies, concluded as follows: "And now, gentlemen, let me congratulate you upon the choice of the Profession which you have made. In none are the means of usefulness greater. In none are the objects which occupy its votaries more truly beneficent. The rewards which it holds out to you are not those of high place, commanding influence, or great emolument. It, however, assures to you a competence, if followed with ordinary industry and perseverance; and it brings you into the society of the best and noblest minds. It associates you with those whose lives are spent in the endeavour to do good to others; whilst it introduces you to the cultivated, the refined, and the enlightened, not less than it makes you acquainted with the miserable, the indigent, and the degraded. The Medical man has thus unusual facilities of becoming familiar with the feelings both of the upper and

of the lower ranks of society; and if he use that knowledge aright, how much may he not accomplish in drawing out the sympathies of the wealthy and influential, and directing them into channels and enabling them effectually to aid their poorer brethren? We hear much of the difficulty of bringing the higher classes into contact with the lower in such a manner that ties of kindly feeling shall be strengthened between the two. Surely much may depend upon the mode in which the Medical man uses the knowledge and the influence within his power. May you, when your time comes to take an active part in human affairs, lay this subject to your heart, and may each of you be faithful to the discharge of this, which, believe me, is one of the least of your responsibilities. Self-denial, in no ordinary degree, is indeed required of you in the Profession to which you have pledged yourselves. But if the Profession have its anxieties, fatigues, and disappointments of no common order, so also has it rewards and consolations which few other pursuits afford. To relieve the sufferings of disease, to soothe the couch of anguish, to minister comfort to the dying, are indeed privileges which cannot be estimated too highly. Go onward, then, gentlemen, and may God prosper you in the work of mercy, of benevolence, and usefulness which it has been your happiness to choose as the business of your life." (Loud cheers.)

The above Lectures were delivered on Saturday. The following Schools were opened on Monday:—

GROSVENOR-PLACE SCHOOL.

Dr. Cockle delivered the address, and taking as his subject "Phases in Medicine Past and Present," commenced by drawing a picture of the present sects in Medicine. These he divided into five Schools:—1. The Physiologico-Pathological, or that School which, taking anatomy, physiological experiment, chemistry, and morbid anatomy as its basis, attempts to demonstrate the whole problem of life, and therefrom to teach all the causes and phenomena of disease. 2. The School of Rational Empiricism, which takes as its fundamental principle the mere observation of disease, and of the remedies which are most useful in treatment. 3. The Hygienic School, or that which aims at the prevention of disease by the removal of causes. 4. The Expectant School, or that which, trusting to what is called the curative powers of nature, anticipates the spontaneous resolution of disease, and at most places the patient in the conditions assumed to be favourable to recovery. 5. The Sceptical School, or that which negatives treatment, and aims chiefly at acquiring a knowledge of disease as purely a philosophical study. Having completed this picture, Dr. Cockle next passed in rapid survey the history of Medicine, and showed how all and each of these schools had their origin in the past. Some of his illustrations were very apt. Speaking of the Expectants or Naturists, he said:—"The last section embraces those who distrust our actual therapeutics. It is not that they question the action of Medical agents; for example, that jalap purges, tartar emetic vomits, or that opium narcotises; but they contend that with our organs so delicately attuned, and consequently so liable to perturbing causes of such varied nature, it is impossible to erect a criterion; in other words, that we have no means of distinguishing the exact times and conditions under which such medicines can be successfully employed. Skoda, the distinguished head of the Vienna School, is the great representative of this class. To illustrate his doctrine, therefore, I cannot resist the opportunity of reading you a *resumé* from the pen of Dr. Gallavardin, a French Physician, who recently visited his clinique. He observes, 'That which essentially distinguishes the originality of Skoda from that of all the other clinical observers of Germany, is his scepticism. A doubter so absolute, so fervent, has rarely, if ever, been seen in Medicine; so that with the Germans Skodism is synonymous with Pyrrhonism in Physic. Every year at his clinical lessons he tries, successively, upon his twenty-eight patients, all the medicines, the most vaunted, of the Pharmacopœia. And with what intention think you? Simply to convince his pupils that all these medicines are invariably inefficacious. If, by chance, a prompt and marked amelioration follows the employment of any treatment, he bestows all the honour upon the natural progress of the disease. For instance, a young and very robust man, 19 years of age, entered the Hospital on May 11, for pneumonia of severe type. On the 13th and 14th Skoda prescribed infusion of digitalis, which produced six evacuations daily. On the 15th he bled. On the 16th the pulse, which was 106 the preceding evening, had fallen to 66. To explain this prompt and obvious modification of the pulse, Skoda thus expressed himself:—"It may be the effect of the bleeding. Such a result has occurred. It may be the effect of the digitalis; that has been, also, observed. But it may equally be considered as due to the natural progress of the disease; for that result has also been seen." This is Skoda's habitual mode of argument—invariably indirect. In this manner he gradually insinuates doubt into the minds of his pupils, and eventually leads them to lose all practical faith!' Such is an outline of the Sceptical School." Again, when showing that the true aim and end of Medicine is the cure of disease, Dr. Cockle said: "The gulf between Physiological Pathology and Therapeutics must be bridged over by clinical observation and experiment, that is to say, by what is known as 'Rational Empiricism.' Simple knowledge of the nature of disease can no more, of itself, suggest the remedy, than can a knowledge of the nature of the rocks and mountains, thrown up by volcanic agency, suggest the mechanical means by which these may be removed, and the barren spot restored to its primeval freshness. Let us test the truth of what I here advance by selecting a few of the best known and homeliest illustrations. Look to the history of the virtues of cinchona bark. The untutored Indian, chance-directed to the healing stream into which cinchona bark had been driven by the winds, found that the stream that slaked his thirst, achieved his cure. And this, to him, was all sufficient. Some reasoning Jesuit traced the pregnant sequence, and added to our therapeutic treasury cinchona bark, one of its richest and most invaluable gifts. Since that poor Indian lived, how many pages have been written, both on the nature of the fever, and the action of the bark! But I would ask whether all this so-called knowledge has afforded one single element of explanation of the simple formula—Bark cures intermittent fever. Take another illustration: A thousand years ago the Arabian Rhazes described the pathology of small-pox so accurately that even now, after this lapse of ages, it scarcely requires retouching. Barely half a century ago the protective power of vaccination was discovered. Was this a deduction from the known pathology of the disease? I will not libel your historical knowledge by pausing for a reply. A country milkmaid, living in some remote district, where small-pox frequently raged in all its fearful intensity, learned from simple observation that if from the udder of the cow a certain pustule were produced upon the hand, immunity was given from disease. No observation could be more simply empirical than this. She related the fact in all its simplicity, to one of our greatest observers. Jenner's intuitive sagacity saw the deep import of the tale. He followed out the experiment in all its simple grandeur, verified it on the largest scale, and bequeathed to suffering humanity, for all coming time, one of its greatest blessings." He concluded an extremely well-delivered address as follows:—"But, in enlisting you into Eclectic ranks, I refer, not to that pseudo-eclecticism that, as it were, mechanically and without reserve selects the latest theory, but that the premises of which, challenged by your intellect, is made your own by right of mental conquest. For pure, indeed, must that system eventually become, which ever tends by the application of a severe logic to eliminate the false—with this admixture, visionary were the attempts to erect true Science—Sisyphus-like, we raise the stone in vain. Be you, then, Eclectics in this, the wider, better sense, ever ready to disarm Prejudice at the altar of Principle. Thus far, gentlemen, our wanderings have gone—at times, in many a devious track—now, o'er quicksands—now, through mists of error; but, ever and anon, discerning in the far distance, reposing on her adamantine basis, the glorious image of Truth inviting the purified and chastened votary to lift the veil that but imperfectly shrouds the effulgence of her face. Gentlemen, I conclude with this exhortation to you,—Lift the veil!"

ST. BARTHOLOMEW'S HOSPITAL.

Mr. Holden addressed an overflowing and rather boisterous audience, enlarging upon the grandeur of the objects of Medical study, and pointing out to his junior hearers what they should do and leave undone during their London life,

and giving general directions as to the course of study. He said:—The late Sir Walter Scott had observed that the country doctor was the worst paid and worst cared for animal in existence, with the exception of his horse. Still, with all that, they were the aristocracy of science, and there was not one of those whom he addressed who might not aspire to fill the presidential chair of the Royal Society, now so worthily occupied by Sir Benjamin Brodie. As they passed through the grand hall of the Hospital they had seen the portraits of those who had shed light and lustre upon the institution, and upon the Medical Profession. It should be their ambition to imitate them. The sight of the great worthies of the Profession would, he hoped, stimulate them to rival their renown. They might also take lessons of encouragement from their predecessors of a more recent date, from those who, a few years ago, occupied the benches before him, who went out in the course of the late war, and dying in the Crimea, showed their devotion to their Profession and to suffering humanity. (Cheers.) He hoped, however, that their career would be one of peace—that they would keep the light of science burning, like the Persian fire upon the hill-tops, and that imitating the Grecian youth in the games of old, they would pass on the burning torch from one to another, until the illumination was complete. (Loud cheers.)

CHARING-CROSS HOSPITAL.

Mr. R. V. Tuson delivered the inaugural lecture. He dwelt at considerable length on the application of chemistry in its various branches, and, adverting to the recent case of Dr. Smethurst, said the failure which had taken place in the Medical evidence was owing to its misapplication, and was not attributable to any fault in Medicine itself. He dwelt upon the responsibilities and duties of students, expressing a hope that they would not give way to that dissipation which would prevent them from doing their work, and would detract from their character as gentlemen.

THE LONDON HOSPITAL.

Mr. Critchett endeavoured to place before his hearers his conceptions of a model student in the various stages of his life, leaving it to each of them to adopt the portions best suited to their peculiarities, and to appropriate such hints as might be profitable and suggestive. Having received the education of a gentleman, an education in which the functions of the body, the mind, and the heart had been actively exercised and developed, in which the sinews of thought had been strengthened, habits of attention and concentration acquired, and respect for the feelings and opinions of those older and wiser than himself inculcated and practised, recognising the practical character of the profession, he commenced the study of the healing art in a School connected with some large Hospital. Three years would have to elapse before he would incur the responsibility of coping with disease, and as a vast field of scientific knowledge was opened over the period, which it would be necessary for him to travel, a gleam from every day of that three years ought to be made to contribute a fair share to the general stock. After some general directions as to the course to be pursued during these three years by the student, Mr. Critchett followed him into professional life, of which he drew a very able sketch, and concluded with some practical reflections which were thoroughly appreciated by the gentlemen to whom they were addressed.

MIDDLESEX HOSPITAL.

Mr. Henry delivered an extempore and very impressive address, which was remarkably well received. He directed his audience to inquire, what qualities had collected the most distinguished men in all professions, in order to see whether there were not some one or more characteristics common to them all. What was it, he would ask, that made Xavier and Schwartz, each in his respective Church the most glorious of missionaries, Luther the most formidable of reformers, Bunyan and Wesley among the most influential of religious teachers? What was it that inspired the courage and foreshadowed the successes of an Alexander, a Hannibal, a Cæsar, and a Napoleon? What was it that made Cromwell at once the most successful of generals and the wisest of statesmen? What was it that embalmed the memories of Socrates, and Newton, and Milton, and Johnson, and Herschell? What was it that gave the ermine to Eldon, and Thurlow, and Ellenborough? What was it that enabled Arkwright, and Wall, and Stevenson to revolutionise the physical world? What was it that in their own Profession had rendered the names of Sydenham, and Harvey, and Hunter, and Jenner familiar as household words? It was, and it might be taken by the gentlemen before him as a solemn truth, and the history of those men proclaimed it, that they possessed earnestness of purpose. To them life was no plaything—time was no trouble, and so must it be with the students before him, so must it be with the students of divinity and law, so with the soldier, and the merchant, so in every calling in life. Let them come furnished with earnestness of purpose, and they would even overcome defects of early education—they would certainly compensate for the lack of genius—they would give pledges of success, which were the harbingers of greatness. This should be their motto (a wiser one was never given), "Whatever thy hand findeth to do, do it with thy might; work while it is day; the night cometh when no man can work." Now was their day; let them perform their task in that Hospital with diligence and earnestness, and show that they were men of courage. More than 2000 years ago, Socrates proclaimed, in language fitted for all time, "The best man and most beloved of the gods is he who as a husbandman performs all the duties of husbandry. As a Surgeon those of the Medical art in political life have duties towards the commonwealth; but the man who does nothing well is neither useful nor agreeable to the gods." The address was concluded as follows:—"A nobler Profession there is not in the world, for in it your lives may be passed in the essence of that true religion which consists in assisting the fatherless and the widow, and in keeping yourselves unspotted from the world. When that great and good man, Dr. Prout, was told that he had but a few hours to live, he called for pen and paper, and occupied literally some of the last remaining moments of his life in dictating directions for the guidance of complicated cases of disease which happened to be under his care. He did so because throughout a long life he had endeavoured so to live as never to be unprepared to die, and because he was actuated by a sense of duty, such as has so often proved the support of our countrymen in every variety of danger and distress. May duty, then, which actuated him, be our guiding star throughout our career! May this session now commenced prove to all a session of honest work, and, as such, an epitome of our lives; and so persevering in duty, even when Time has shaken us by the hand, and we know that Death is not far behind, it may haply come to pass that at length, when our day, too, has come, and the great dread secret has been revealed, it may then be said of each of us, by those who yet survive, as was said of one of old, 'He was skilful enough to have lived still, if knowledge could be set up against mortality.'"

WESTMINSTER HOSPITAL.

Dr. Reynolds delivered a very able lecture, pointing out to his hearers that "life" was their study:—At every step in our upward progress towards some height of science, the horizon widened, and with new wonders and new beauties there were new elements of confusion, and they might be baffled by the very largeness of the view. By going onwards they saw beyond some clear and hitherto limiting line. There were depths to which their vision could not penetrate further than to see that they contained, in lavish profusion, wonders and beauties equal to those around them. The summit of yesterday's was but the starting-point of to-day's exertion, and as the circle enlarged in its circumference that the increase lay. The rate of increase has accelerated, and the objects that surrounded them seemed infinite and overwhelming from their largeness, their numbers, and the marvellous intricacy of their construction. Life was too short for them all, and they must choose their path. They must leave much unseen, still more unthought of, and an infinitude unknown. For, as they ascended still higher, they caught glimpses of the far-off sea, the infinite unfathomable unknown, that mighty ocean of

unknown truth that lay beyond and beneath all our knowings, which confounded and wrecked every venturous barque that launched forth upon its mighty waves, that vast waste of water, sometimes dreary and bodeful as the grave, but at others bright and beaming as the sky; sometimes blazing with the sunlight and again silent and sorrowful as the pale light of stars. It is only (said Dr. Reynolds) when we have attained and can look out from some height of science that we begin to know how vast is the unknown, and how compared with it dwindles into nothingness the little that our powers have yet taken in. The mightiest of philosophers felt that he was but as a child gathering pebbles on the shore of that soundless sea. But we have to come down from these heights to every-day life and work—to know how to advance, and rejoice in the vision that each day's scientific progress yields, but, at the same time, to find among the wide fields of scientific fact those principles which shall guide us in the prosecution of our real life-work—the alleviation of the sorrows and sufferings of humanity. These principles you must learn by means beside those of chemical experiments and dissection. You must learn them in the hearts and lives of your fellow-men. You must come to know the meaning of the infant's look, to understand the tone and teaching of its cry. You must appreciate the patience and long-suffering of woman, and the hardihood and rough exterior of man. You must look and see beneath these if you would measure the true degree of their affliction. You must learn to feel with and understand the feebleness of age, and gain all that is required for your ministration to its wants, from those hints which come to you through the failing powers and closing avenues of a soul that has for a long time battled with a world too rough. True sympathy will reveal much to you that science cannot see. Wherever there is life there is your field of study; wherever there is suffering there is your field of work; and truly, to relieve its burden, your spirit must be that of Him whose life was the perfect life, whose presence and word brought peace and health, and into whose work in this world it is our highest aim and highest dignity to enter. (Loud cheers.)

A *conversazione* and distribution of prizes followed the delivery of the address.

ORIGINAL COMMUNICATIONS.

NOTE ON AMPUTATION OF THE PENIS.

By THOMAS P. TEALE, F.R.C.S.
Surgeon to the Leeds General Infirmary.

In the Hospital Report on Amputation of the Penis contained in the *Medical Times and Gazette* of October 1, 1859, there is a short notice of a case, treated by myself in the Leeds General Infirmary, concluding with these words: "The entire penis was amputated; the parts healed, and the *meatus remained freely open.*"

To the last words of this notice, now marked in italics, I beg leave to draw the attention of the Profession as bearing testimony to the result of a plan of treatment, which I have many times adopted, during the last five years, with the happiest results. About three years ago my mode of treatment was noticed in one of the journals, but I cannot at present call to mind the particular one in which it appeared. As, however, it does not seem to have attracted the attention of Surgeons, I feel it right to bring this "small affair" of Surgery more prominently forward.

I need scarcely allude to the difficulty in keeping the orifice of the urethra open, which is not unfrequently experienced after amputation of the penis, as it must be familiar to most operators. To obviate this difficulty the following simple plan has been adopted, and, as far as I have observed, invariably with success. After the operation of amputation of the penis has been performed in the ordinary way, a director is introduced into the urethra, and by the aid of a bistoury the urethra and skin covering it are slit up to the extent of about two-thirds of an inch. A single suture is then placed on each side of the slit uniting the mucous membrane to the skin. Perfect patency is thus given to the orifice, which is of a long oval form; and, after cicatrization is complete, there remains a free opening into the urinary canal. Hereby, the free discharge of urine is secured, without any mechanical aid being required, not only during the days immediately after the operation, but also after the cure is complete.

I have adopted the same plan with equal success in the treatment of obstinate stricture at the glans penis. Cases of this kind are occasionally met with in Hospitals, resulting from the cicatrisation of sores within the urethra near its orifice. These strictures are readily relieved by bougies, and, the patient instructed in the use of these instruments, might easily keep the passage open; but he neglects to do so; the disease relapses, and he presents himself again and again at the Hospital. Such cases I have seen permanently relieved by slitting up the urethra to the extent of two-thirds of an inch and uniting the mucous membrane and the skin on each side by a single suture.

ON THE MODE OF EMPLOYING THE HYPODERMIC TREATMENT.

By CHARLES HUNTER,
Late House-Surgeon to St. George's Hospital.

The Syringe—Its Employment; the Tissue, and the Part of the Body to Inject.—The Quantity of Fluid; Dose; Cautions.—Greater Effect on Women than Men.—Medicinal Administration by the Tongue and Rectum.

In consequence of the polite letter from "Medicus" in this Journal, and numerous others which I have received relative to the employment of the hypodermic treatment, I feel called upon to make the following observations; and firstly with regard to

The Syringe for Injection.—The little instrument I use is made by Messrs. Whicker and Blaise, it is of the same make (but a little larger as regards the barrel) as their original *caustic syringe*. The barrel is of glass, with silver fittings, and contains a piston which works by a screw-rod, each half-turn of which expels half-a-minim, as a fine drop from the end of the pipe.

Two pipes belong to each syringe, the one larger and stronger than the other; the one here figured A is drawn the exact size of the smaller pipe, which will be found the best for general use; it screws on and off the barrel at pleasure, and is made of silver, with a hardened gold point. This point is sharp like a needle, and perforated on one side (as shown in the enlarged view, Fig. B) by the oblique opening through which the drops of the narcotic or other solution, are expelled.

No Incision is required with lancet, or other instrument, when this syringe is used, for the point of the pipe being very sharp and fine, is readily passed, with proper precaution, beneath the skin; no blood is shed, and the operation is no more than the prick of a needle.

The Employment of the Syringe.—Having charged the syringe with the narcotic fluid, hold it in the right hand at the junction of the barrel with the pipe, and with the left hand take up, between the finger and thumb, a fold of the skin of the patient, so as to make tense the part beyond your thumb, then the right hand being gently steadied, but not heavily pressed on the patient, let the point of the syringe, which is held at a right angle to the skin, touch the part which is tense, and, with a *quick but steady movement*, be passed through it; the point being well *through the skin*, the direction of the pipe may be altered so that it may run along in the loose cellular tissue beneath (a); all this is the work of a moment; the pre-arranged number of drops are then introduced by so many turns of the piston, the pipe is then withdrawn, a finger

(a) In the majority of cases the plan above described is best, especially with thin people; if, however, the patient is very fat, it is better to perforate vertically a portion of skin and subjacent fat, pinched up, and so made tense between the finger and thumb.

making slight pressure as near as possible on the punctured spot, the object being both to steady the skin and prevent any drop of liquid escaping; and lastly, a narrow strip of plaster cut beforehand and warmed, is placed on the spot.

The strip of plaster is generally a precautionary measure, but it becomes a necessity when the quantity injected is large, say twenty minims; but it is always useful to prevent the spot from being chafed. A broad piece of plaster is worse than none at all, it presses on the "little lump" which is caused for a few minutes by the presence of the injected fluid beneath the skin, and not at all perhaps on the punctured spot, and so it does more to press the fluid out than keep it in (I have seen a first injection in a case of delirium tremens fail for this very reason); *but a narrow strip just covers the punctured spot.*

These directions may appear unnecessary, but the operation may fail, as just shown, for want of attention to these little points. If the introduction of the syringe be attempted, the skin of the patient being loose, or the syringe held at the further end, and consequently unsteadily, the patient may by these means be put to a great deal of pain, and the pipe of the syringe may be bent or broken from the socket; but when it is introduced with a quick steady movement, the skin being tense, the patient does frequently not even know when the point is introduced.

The Tissue to Inject.—The tissue injected is the cellular or areolar tissue of the body; it may not matter *much* whether the cellulo-adipose tissue, the panniculus adiposus, or the reticular tissue beneath it (not containing fat) be injected, but the latter is to be preferred; it is the looser of the two, fluid injected into it meets with no obstruction, and cannot easily escape from it, but if injected into the skin itself, as some think it is, or the conjoined cellulo-adipose tissue, it is apt to cause pain, it enters less readily, and is more apt to escape; nor does it seem to act quite so rapidly as when injected into the loose cellular tissue from which most probably absorption is the more rapid.

The Part of the Body to Inject.—When the object is to quiet the brain, or to produce a general effect, is it material whether the fluid be injected into the cellular tissue of the body or of an extremity? *No;* the non-necessity of localisation is the basis of this plan of treatment, and is the reason of its applicability in cerebro-spinal affections and general diseases. I need only refer to the various cases detailed in corroboration of this. The site which I, however, most commonly inject, is *the inner part of the arm.* The skin is here thin, easily made tense, and easily perforated; the cellular tissue beneath is loose, and readily receives the fluid; there are perhaps more veins here than in some other parts, but they are easily avoided.

The Quantity of Fluid to Inject.—It is as well to have the fluid of that strength that three or four turns of the piston shall be an ordinary injecting dose. Two or three turns can be made in a moment of time, and it is no small relief or surprise to the patient, who has been expecting, perhaps dreading, an operation, to find all over *in less than half-a-minute.*

The Dose.—Too much caution cannot be employed with regard to the *amount of the narcotic* injected. Two half turns, if your solution is strong, may double the dose, and the life of the patient, for want of due care, be placed in jeopardy; I would, therefore, urge attention to these points:—

1. Be certain of the exact strength of the fluid employed, and the exact value of each turn of the piston.

2. Concerning first injections, never use more than half the ordinary stomachic dose for males, nor more than a third for females.

2. Should a second injection be necessary, let it not be used too soon; nor in a full dose when the patient is partially under the influence of the narcotic.

These points are of practical importance, a *certain degree* of narcotism has to be reached for benefit to accrue, and by the injection it can be reached in many cases by a very small quantity of the narcotic, because of the rapidity with which the effect is produced, what we have to avoid is *too great* an effect; what we try to produce is a *certain effect* with as *small a quantity* as possible. This leads me to remark that Men *bear narcotics much better than women.*

I was not aware to what extent this was the case until I had employed this treatment some little while; but I now think it may be looked on as a rule that men in general will bear with no ill effects, but be benefitted by, injected doses of narcotics, which doses would very strongly, if not seriously affect women; in fact, *this treatment is a test of the exact amount* of a narcotic necessary to produce a desired effect, when taken by direct means into the general circulation. For instance, you introduce beneath the skin the one-eighth of a grain of morphia, the effect which follows is the whole effect of the whole one-eighth; but you cannot be certain that the effect which follows the administration of one-eighth of a grain, firstly, by the skin; secondly, by the stomach; or, thirdly, by the rectum, is the effect of the whole one-eighth; but it is the whole effect of the quantity absorbed.

As by this method we get the *whole effect of the known quantity introduced,* which we are not sure of getting by the other modes, we have now a method as accurate as that of venous injection (without its dangers) for testing the precise effect of little-known medicines on animals, and the exact doses and effects of well-known medicines on man, of seeing the difference which the sex requires in the dose, and of ascertaining the minimum amount required to produce a desired effect.

It is impossible to say "what amount is to be injected" without knowing the particulars of the case, as well as the sex and age; but taking the acetate of morphia for an example, I think that first injections for adult females should vary from the one-eighth to a quarter or one-third of a grain; for adult males, from the one-sixth to half or three-quarters of a grain.

First injections should be small rather than large, and are good indicators of the amount necessary, should repetition be required. It is true that I have seen used and employed myself much larger quantities than those I have mentioned, for first injections; but the cases have been exceptional, and under close observation.

In the preceding papers on this subject I have shown the advantages of this mode of treatment over the endermic, cnepidermic, and stomachic methods, which, requiring longer to act, are less certain and apt to fail completely. Before, however, bringing this paper to a close, I would allude to two other modes of medicinal administration, viz., by the tongue and by the rectum.

1. *Medicines administered by the Tongue.*—Dr. Wardrop has shown (b) that there is a remarkable difference in point of time when medicines are absorbed from the stomach or from the mouth, absorption being most rapid from the latter, and the effect is more regular and more equable. Nor is it difficult to see why,—the medicine absorbed from the mouth is taken directly into the general circulation, but when absorbed from the stomach it has *en route* to pass through the portal system; absorbed from the tongue, the effect is more regular, because the medicine is more certainly absorbed *en masse.*

There is, then, much similarity between the hypodermic and the lingual modes. Rapidity of absorption is the great point in the *modus operandi* of each; and with regard to the effect they both have the advantages of rapidity, greater efficacy, regularity, and equability. Can the one method, then, replace the other? Are they applicable for the same cases and medicines? No; they both have their advantages. Dr. Wardrop's plan is best for the administration of *tasteless* medicines, for calomel, *et hoc genus omne,* but it cannot be used for those medicines which are nauseating and bitter, not, in fact, for narcotics generally, not for cases of delirium, patients refusing medicine, etc., which are the cases where the other plan is most desirable.

2. *Medicines administered by the Rectum.*—This mode of medicinal administration is of great value, and useful as a means both for local and general treatment; there can be no doubt that this method has advantages which the stomachic has not, viz., of greater rapidity of action and greater effect, but the effect is *uncertain;* this uncertainty of action is *not* dependent on the mode of introduction, especially if the medicine be used in the liquid form, and employment be made of the graduated syringe invented by Mr. Spencer Wells to regulate the exact amount introduced; but is due to the want of *regularity of complete absorption,* which cannot be done away with. The rectal method is the more advantageous where the object is to administer the smaller doses of narcotics for affections of the intestinal canal, the rectum, and the parts adjacent

(b) Ranking's Half-yearly Abstract, Vol. xxii., p. 302.

supplied by the great sympathetic, but *most especially* for the speedy introduction of stimuli, and of nutriment in urgent cases, for liquids introduced by this plan have the advantage of being conveyed *simultaneously into both* the portal and systemic circulation; the hypodermic, on the other hand, is the more applicable for those cases where the part, requiring the narcotic, is supplied by the systemic circulation, and is under the influence of the cerebro-spinal nervous system.

Wilton-place, Belgrave-square.

CASE OF EXCISION OF THE KNEE-JOINT.

By EDWARD E. TUCKER, F.R.C.S.

As the case I am about to narrate possesses some statistical value in relation to the above operation, I am desirous to record it.

E. M., 11 years of age, presented the earliest traces of strumous disease in the knee, the result of blows on different occasions in 1853. The disease gradually developed itself, and increased in severity up to the end of 1858. His constitution at this time sympathised greatly with the local affection, and a very rapid deterioration of health rendered an operation imperative.

Excision of the knee-joint having been determined upon, my assistant, Mr. Watterson, speedily put the little fellow under the influence of chloroform, and my friend and neighbour, Mr. Essex, Surgeon of the Pontypool Iron-works, gave me also his most efficient assistance in performing the operation, which included no features of a very unusual character. The disease of the joint proved very extensive. It had penetrated deeply into the head of the tibia, as well as into the corresponding extremity of the femur. About one inch of the latter bone was sawn off, and upwards of an inch of the tibia; the head of the fibula, free from disease, was left entire, projecting considerably above the sawn surface of the tibia. In the attempt to straighten the limb, which heretofore had been kept flexed on the thigh at a very acute angle, I experienced so much difficulty and resistance, that I instantly determined to divide the ham-string tendons on both sides, in preference to using the very considerable force necessary to overcome the excessive contraction of these muscles. It is a proceeding I have had no cause to regret, as it, without doubt, greatly facilitated the after treatment. The patella, slightly diseased, was removed, as well as a portion of the redundant flap below it. The operation being completed, and the wound dressed up, the patient was put into bed. The minute details of the after treatment I need not enter upon; suffice it to say, the case required great attention and care. By the end of February, or two months after the operation, things were going on satisfactorily, the boy's health had greatly improved, and there was every hope of a firm bony union of the severed parts. At no period of his prolonged confinement of eighteen weeks, excepting the first days subsequent to the operation, could I consider his life in danger. He experienced, I might with truth say, immediate relief from severe exhausting pain; his health gradually improved, although the appearance of the wound varied greatly.

The end of the third month showed most favourable progress, inasmuch as, with the assistance of a finger supporting the heel, he was enabled to lift the limb from his bed; but it was apparent that bony union had not taken place. He was, however, permitted to assume a sitting posture. By the end of April firm bony union was accomplished, and he had liberty to move his limb about in his bed as he chose, and finally, at the end of the second week in May, he was out in the open air, on his crutches, greatly enjoying the change of things. His food throughout was of a highly nourishing quality, and he had a pretty liberal allowance of stimulants.

This being the only case of excision of the knee-joint which I have seen, I am quite unable to offer an opinion as to the value which may attach to a division of the ham-string tendons; but I am under the impression that it very greatly contributed to maintain, with my rough self-constructed apparatus, the limb in that perfect state of rest which obtained throughout the greater part of the time of his confinement.

To save this boy's life, an operation was imperative. My practice in these cases hitherto for upwards of twenty years, has been to remove the limb. My brother-in-law, Mr. John Sharman, of London, who happened to be visiting me, saw the case, and thought it a favourable one for excision, and the parents of the child eagerly seized upon the hope thus held out of saving his limb.

The operation has proved *perfectly* successful. It is rather more than eight months since it was performed, and the boy now, in the middle of September, can run and fly his kite, and even play at leap-frog pretty nearly as well as his brothers.

Aberschyan Iron Works, near Pontypool.

ON THE

INTRODUCTION OF THE CATHETER.

By J. ZACHARIAH LAURENCE, F.R.C.S. M.B. Lond.
Surgeon to the South London Ophthalmic Hospital.

The late Mr. Liston observes that the introduction of a catheter through an impermeable stricture is "the most difficult in the whole range of surgical operations, and demands all the prudence, science, and skill of a master." It may not therefore be amiss to devote a few reflections to this very common and hence most important operation. The credit and self satisfaction the Surgeon experiences after the successful introduction of an instrument (especially in cases of retention), the relief he affords his patient, are so many incentives to a careful study of the circumstances which must be attended to for the acquisition of this so useful and telling surgical accomplishment. Before actually introducing a catheter, much useful information may be derived by inquiring into the general features of the case in question,—the more so, when it is borne in mind that all the symptoms of stricture may be simulated by other diseases. It would be foreign to my purpose to enter here into the diagnosis of stricture; but may perhaps be permitted to allude to a not uncommon source of "false stricture,"—viz. abnormal conditions of the urine. I not long ago met with a patient who had been supposed, and supposed himself, to suffer from stricture for upwards of two years, and had been treated in accordance with that supposition. Finding that No. 10 passed easily into the bladder, I was led to inquire further into the state of his urine; I found this highly alkaline. The administration of mild mercurial purgatives and mineral acids effected a complete and permanent cure of his "stricture" in nine days. Should organic disease of the kidneys be suspected, the greatest caution and forbearance should be observed in the use of instruments. Some years ago I witnessed an impressive warning of this fact: a Surgeon *would* introduce an instrument into the bladder of a patient suffering from Bright's disease; a fatal shiver ensued, and in four-and-twenty hours the man was dead.

One of the most remarkable characters of this interesting disease is the great variety of aspects it assumes in different cases. The dispositions of different individuals do not vary more than different cases of stricture do. And this leads us to observe that to treat any case well, its character and peculiarities must, in the first instance, be carefully studied and investigated. This acquaintance with stricture is not made all at once; it is only after several interviews with the patient that it is to be acquired, but will subsequently prove most useful in the further treatment of the case. This remark applies especially to those strictures which are complicated with false passages: the situations of these have to be learned to be avoided. When the Surgeon enters upon the treatment of stricture by dilatation, he should commence by introducing a full-sized instrument (No. 9 or 10). If this pass into the bladder, it is evident that any further instrumental treatment would be uncalled for. Either there is no stricture at all, or there is only a potential ("spasmodic") one, depending on some perverted action of the muscular apparatus of the urethra, which itself again depends on some ex or in-trinsic cause of irritation, which it is the Surgeon's problem to find out, and, if possible, remove.

Suppose a full-sized instrument is arrested at some point in its progress onwards to the bladder, does it hence absolutely follow that the patient has an organic stricture? By no means: the presence of the instrument itself may act as a cause of spasm. Should, however, the Surgeon succeed, after

withdrawing the larger instrument, in introducing a less one, he then has pretty conclusive evidence of the existence of an organic stricture. Presuming such to exist, the point of arrest of the full-sized instrument affords most important information—the locality of the obstruction. Any less-sized instrument employed in the further treatment of the case, if arrested short of this point, must be so by being merely caught in some irregularity of the urethral membrane. The Surgeon will thus avoid the risk of making a false passage under the impression that he is dealing with an obstruction which really does not exist. In commencing the treatment of a stricture by dilatation, the patient can generally afford some useful information in the choice of an instrument, either from the size of his stream of urine, or from his previous experience in instrumental dilatation. No rule in Surgery has perhaps been more impressed by writers on stricture, than the caution of avoiding all undue force in the use of the catheter. While endorsing this statement most heartily, I would at the same time remind my readers that there are certain hard gristly strictures, into which it would be impossible to introduce any instrument by merely holding it "like a feather;" but in which a little scientifically directed pressure is absolutely indispensable. This pressure, however, must not be used till the point of the instrument has fairly entered the "mouth" of the stricture: otherwise, a false passage, anterior to the stricture, is all but inevitable. If in a case of this kind the instrument be kept gently pressed against the mouth of the stricture, the mere force of the respiratory movements of the abdominal muscles will be observed to gradually carry the catheter through the stricture into the bladder.

Before concluding these few remarks, I would remark that I have often seen Surgeons exert a good deal of injurious force in a way which has not been duly appreciated, viz. by depressing the handle of the catheter too rapidly and forcibly down to between the patient's thighs, after the instrument reaches the triangular ligament. They seemed to forget that they were thus using a large amount of leverage; the amount of force they imagined they were only using being really multiplied many times by the long arm of the lever (the stem of the catheter). This leverage may, however, if used judiciously, become very usefully available in the introduction of an instrument through a stricture.

Movements of the Soft Palate in Deglutition and Speaking.—In a female, under Prof. Schuh, a tumour in the left nostril had destroyed the septum of nose, separated upper maxillary bones, so that after its extirpation there remained an enormous opening, giving a clear view of the palate, the bottom of pharynx, and the orifices of the Eustachian tube. She was the subject of the following observations:—Deglutition. When a glass was brought to the mouth, the soft palate was raised above the horizontal, and completely closed communications with the nose. It remained in this position as long as the liquid flowed into the mouth; but at the moment of deglutition, it was suddenly depressed, and became invisible, aiding in the descent of the liquid into the pharynx; it then rapidly again ascended, even a little higher than before, and was more tense in order to close the passage into the nasal fossæ. The deglutition of solid food was accompanied with like movements, only there was wanting the first elevation of the palate, in consequence of there being no suction. The angle made by the posterior surface of the palate when raised with the flow of the nostrils at the last moment of deglutition was from 10° to 15°.

M. Behier calls the attention of the Medical Hospital Society of Paris to the use of large doses of opium as arresters of hæmorrhage. Rhatany, and perchloride of iron had been tried in vain in two cases of tubercle; and then M. Behier comes in with his opium. Not only did the large doses of opium, he says, arrest the hæmorrhage, but the patient's condition was much improved afterwards. This is the old tale over again; assuming as positive facts consequences which follow antecedents; the jumbling together of *post hoc* and *propter hoc*. Surely M. Behier need not be told that in nine cases out of ten, hæmorrhage from the lungs of phthisical patients will cease spontaneously; and that the condition of such patients is almost invariably temporarily relieved by hæmoptysis.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT ON THE RESULTS OF TRACHEOTOMY.

In the following report we purpose to bring before the reader a general summary of all the Tracheotomy Cases recorded in our Hospital statistics during a period of about five years. We shall have the pleasure of being able to cite the particulars of nearly ninety cases, respecting most of which fair circumstantial details are in our possession. A few cases of laryngotomy will be included, but they are comparatively very few. It will be convenient to classify the cases according to the nature of the disease requiring the operation, and we shall therefore subdivide them under the following heads,—1st. Tracheotomy for Laryngeal Disease, not including True Croup; 2nd. Tracheotomy for Scalds of the Glottis; 3rd. Tracheotomy for Croup; 4th. Tracheotomy for Foreign Bodies in the Trachea; and 5th. Tracheotomy for various affections not included in the preceding groups. On bringing to a conclusion our citation of facts, we shall arrange the cases in tabular juxtaposition, and proceed to analyse the whole, and to offer such comments as may appear required.

FIRST GROUP.
TRACHEOTOMY FOR LARYNGEAL AFFECTIONS
(Exclusive of True Croup).

In this Group we have thirty-seven Cases, of which seventeen resulted in recovery, and twenty in death. In a considerable number of them (eighteen cases) the disease requiring the operation was syphilitic laryngitis, and these appear to have afforded a fair proportion of recoveries (eight out of eighteen); while, however, in not a few the canula was permanently needed. Of the fatal cases, in several death occurred during the operation (Cases 9, 32, 35, and 36). In one instance the immediate cause of death was hæmorrhage into the trachea, caused during the attempt to remove Dr. Marshall Hall's tracheotome from the wound. In almost all the cases in this class the patients were adults, and in several they were past middle age.

ST. BARTHOLOMEW'S HOSPITAL.

(Under the care of Messrs. STANLEY, LLOYD, SKEY, PAGET, etc.)

Case 1.—A woman, aged 44, was admitted, under the care of Mr. Stanley, for syphilitic disease of the larynx of two years' duration. Tracheotomy was performed on account of threatening suffocation. She did well: the wound healed, and in three weeks she left the Hospital.

Case 2.—A beadle of the Hospital, aged 32. Laryngotomy was performed for odœma of the glottis supervening on acute tonsillitis. A considerable portion (about three-quarters of an inch) of the uvula had been removed the previous day, which gave considerable relief to the dyspnœa. Acute laryngitis set in about two hours after, for which he was freely bled and leeched. The depletion was followed by decided improvement for a short time; but about four hours after the dyspnœa returned with great severity, and the man fell back apparently dead. Mr. Chippendale at once performed laryngotomy, and then had recourse to artificial respiration, which was maintained for more than ten minutes before signs of returning animation appeared. It was necessary to continue it for some time longer, as the natural respiration was unable to go on without it. It was estimated that two minutes elapsed from the time the man fell back and ceased to breathe, to the time the operation was performed. For some time the patient continued in a precarious state, but he ultimately recovered, and the wound closed in a fortnight.

Case 3.—A man, of middle age, was admitted, under the care of Mr. Lloyd, on account of syphilitic ulceration of the larynx. Most urgent dyspnœa having supervened, tracheotomy was performed by Mr. Jowers, House-Surgeon. At the time of its performance the man was all but asphyxiated, and

although it occupied but very little time, yet before its completion he was to all appearance dead. Artificial respiration was resorted to, and had to be continued for two hours before it was safe to abandon it. Injections of brandy and beef-tea were, during the time, thrown into the rectum. As far as the respiration was concerned, the operation was successful the relief afforded being permanent. The patient, however, sank and died from exhaustion four days afterwards.

Case 4.—A man, aged 66, was admitted on account of acute inflammation of the tonsils and much œdema of the pharynx and neighbouring parts. Punctures were made with some relief, but the symptoms increasing laryngotomy was performed two hours afterwards. Death took place on the third day. The autopsy revealed purulent œdema round the glottis, and purulent infiltration of the lungs.

Case 5.—B. H. was admitted, April 1, for typhoid fever. On the morning of the 16th his breathing became rapid, and he was paler and more exhausted than usual. In the afternoon the respiration had become decidedly laryngeal and hoarse, and there was extreme debility. Towards evening the man was evidently sinking from suffocation, when tracheotomy was decided on and performed by Mr. Chippendale. The relief to the breathing was most marked and immediate, and shortly after the introduction of the tube the boy went to sleep. He continued to improve, until the morning of the 17th, when the respiration again became rapid and embarrassed. He died twenty-seven hours after the operation. At the autopsy there was found a slough in the mucous membrane of the larynx about the size of a fourpenny-piece. The post-mortem also revealed another peculiarity. The left carotid artery was, in this case, given off from the innominate, and crossed the trachea within two-thirds of an inch from the lower end of the incision, which latter had been made from the third to the sixth ring, inclusive.

Case 6.—M. W. was admitted on October 8, under the care of Dr. Jeaffreson, on account of symptoms of acute laryngitis. She was a prostitute, and confessed to having had syphilis fourteen years ago. She stated that she never had cough, and that nine weeks ago she first noticed that she was hoarse, and that the throat had been sore for four weeks. She was bled twice: the first time to ʒxxiv. with great relief, the second time to ʒxvii. which again relieved her. Blisters, mercurial inunctions, and the internal administration of calomel, were also used. On the third day after admission she was very much reduced. The dyspnœa was increased. The mouth being now affected, the mercury was omitted. Stimulants were given. She slept during the earlier part of the night, but towards morning the dyspnœa was much aggravated; her face became livid, and suffocation seemed impending. Tracheotomy was, therefore, performed by Mr. Skey, jun. The utmost relief was afforded by the operation. She improved steadily. On the tenth day after the operation, the canula was withdrawn, but her breathing by the larynx was found to be as difficult as ever. It was therefore replaced. The last note says, "There seems every probability that she will wear it permanently."

Case 7.—A sailor, a stout muscular man, aged 28, was admitted at 5·30 a.m., suffering from intense dyspnœa, which had come on during the night. Two days previously he had been locked up all night in a police cell for drunkenness. He had had a slight pain in the larynx, which did not prevent his going about. He went to bed at 10·30 the night before admission, without any difficulty at all in his breathing, and awoke at 5 a.m. with a feeling of suffocation. Leeches were applied to the throat, and blood taken from the arm. This gave him temporary relief, but the urgent symptoms having returned tracheotomy was performed by Mr. Morris, the House-Surgeon, with immediate relief. He progressed most favourably for ten hours, when he was seized with a fit of delirium and suddenly expired. Post-mortem examination showed the epiglottis to be in a state of slough, with serous effusions in the surrounding cellular tissue. There was emphysema of the cellular tissue of the posterior mediastinum and compression of the lungs.

Case 8.—A man, aged 26, under the care of Mr. Paget for syphilitic disease of the larynx. He had suffered during the day from several very urgent paroxysms of suffocative dyspnœa, and, for fear of their recurrence at a time when assistance might not be at hand, Mr. Paget advised the man to submit to tracheotomy. This was accordingly done, and for some days he appeared relieved. Broncho-pneumonia, however, subsequently occurred, and carried him off about the eleventh day. No post-mortem was permitted. There has reason to suspect extensive tuberculous disease of the lungs.

Case 9.—A man, aged about 55, was admitted, suffering from laryngitis which threatened suffocation, and which, according to the account given, had only commenced a few hours before. The urgency of the symptoms being rapidly on the increase tracheotomy was decided on. At this time he could not speak, and every minute threatened to be his last. Whilst the preparations for the operation were being made he ceased to breathe, and although Mr. Lloyd proceeded immediately to its completion it was not afterwards found practicable to rally him. Artificial respiration was tried. At the autopsy great œdema of the submucous tissue of the glottis was found.

Case 10.—A delicate woman, aged 53, was admitted under care of Dr. Jeffreson, for chronic laryngitis of six weeks' duration. She had been repeatedly leeched and blistered. As the dyspnœa had become urgent, tracheotomy was performed by Mr. Chippendale a few hours after admission. For four days she progressed very favourably, but on the fifth day profuse diarrhœa having set in, she died. On post-mortem examination, the margins of the wound were seen to be healthy, but suppuration had extended downwards along the left side of the trachea to the space between it and the œsophagus involving also the posterior œsophageal fascia as low as the fourth dorsal vertebra. The loose cellular tissue of the mediastina was distended with air. The left lung was partly collapsed. The pleural sac contained turbid fluid and was lined with lymph. The lower lobe of the right lung was in a state of grey hepatisation. The mucous membrane of the trachea below the opening, which had been made from the fourth to the eighth ring, was much congested and presented some small patches of sloughing ulceration. The larynx and that portion of the trachea above the wound was perfectly healthy, but the mucous membrane of the glottis was wrinkled as if it had been œdematous.

Case 11.—A woman, aged 31, was admitted on account of syphilitic ulceration of the larynx and pharynx. Great difficulty of breathing existed, and it gradually increased to such an extent that tracheotomy had to be resorted to. Inability to swallow afterwards occurred, and the patient required to be fed with the stomach-pump Death from exhaustion took place seven days after the operation.

ST. THOMAS'S HOSPITAL.

Case 12.—A girl, aged 17, was admitted for acute laryngitis. Death from asphyxia being threatened, the House-Surgeon, Mr. Williams, performed tracheotomy. Recovery resulted, and the tube was removed on the eighth day.

Case 13.—A man under care for syphilitic disease of the larynx. He had been under treatment for several days, when dyspnœa became so urgent that tracheotomy was performed by Mr. Ord, the House-Surgeon. Immediate relief was obtained, and the man at the last report, three weeks after the operation, was doing well, but still unable to dispense with the tube.

Case 14.—A woman, aged 26, was under care for what was believed to be syphilitic disease of the larynx. Asphyxia being imminent, the trachea was opened by Mr. Williams, the House-Surgeon. She recovered well. The tube was still needful at the date of the last report.

KING'S COLLEGE HOSPITAL.

(Under the care of Dr. TODD and Mr. FERGUSSON.)

Case 15.—A man, aged 40, was admitted, under the care of Dr. Todd and Mr. Fergusson, on account of syphilitic ulceration of the larynx. There had been no loss of voice for some months. The dyspnœa, which had been increasing for three days, became so urgent that tracheotomy was performed. The patient recovered.

Case 16.—A woman, aged 42, was admitted on account of syphilitic laryngitis. During a relapse she became reduced to a condition of such imminent danger from suffocation, that tracheotomy was performed by Mr. Tutin, the House-Surgeon, in charge of the case. Very great relief was afforded by the operation, but she died from exhaustion on the fourth day. There was great pulmonary congestion.

THE MIDDLESEX HOSPITAL.

Case 17.—A woman, aged 30, was admitted, on account of chronic laryngitis. Suffocation being imminent, laryngotomy was performed by Mr. Cribb, the House-Surgeon. The operation was attended by complete relief. The patient up to the date of the last report still wore the canula, and was unable to breathe without it.

THE WESTMINSTER HOSPITAL.

(Under the care of Dr. FINCHAM.)

Case 18.—A woman, aged 39, was admitted, under the care of Dr. Fincham, on account of syphilitic disease of the larynx, which had existed for nearly five years. There was also extensive ulceration of the pharynx. She was very cachectic; the respiration was rapid, the pulse quick, and the swallowing very difficult. Her symptoms increased in severity, and the third day after admission tracheotomy was performed, she being at the time *in articulo mortis* from suffocative dyspnœa. When the tracheal tube was introduced, so much muco-purulent fluid escaped as to suggest to some present that an abscess had been opened. Brandy and ether were administered, and she quickly rallied. On the following day she swallowed easily, and the respiration had become much slower. Mercury was afterwards given, and a steady improvement followed. Six days after the operation the tube was coughed out, and it being found that she could breathe comfortably, it was not replaced. The wound healed quickly, and she left the Hospital quite well.

ST. GEORGE'S HOSPITAL.

(Under the care of Mr. TATUM.)

Case 19.—A man, of middle age, had suffered from threatening attacks of suffocative dyspnœa in connexion with chronic disease of the larynx. As a precautionary measure the larynx was opened by Mr. Tatum. The tube was used for a few days and then removed. The wound healed, and the breathing was much more comfortable.

THE LONDON HOSPITAL.

Case 20.—A boy, aged 12, under care for phthisis, became affected with inflammatory œdema of the glottis. When in a state of very perilous dyspnœa, and when he appeared to be fast sinking, tracheotomy was performed by Mr. Corner, the House-Surgeon. Immediate and very great relief was obtained, but death from exhaustion occurred on the third day. The autopsy showed extensive œdema of the glottis, pharynx and soft palate, and much tuberculous disorganisation of the lungs.

Case 21.—A man, aged 40, who had been frequently an inmate for extensive syphilitic disease of the pharynx and palate, was brought into the Hospital all but dead from laryngeal obstruction. Mr. Thornhill, the House-Surgeon in charge, at once performed tracheotomy, and afterwards resorted to artificial respiration. The latter was continued for nearly three-quarters of an hour before the patient recovered. He did, however, ultimately rally, and was sufficiently restored to be able to write on a slate, "I feel all right now." The instrument used was Dr. Marshall Hall's tracheotome. During the urgent symptoms it had been left in the wound. The operator now attempted to substitute for it a canula, and to withdraw the blades; in doing so, however, hæmorrhage was caused, probably from wound of part of the thyroid body; the blood flowed into the trachea, and almost immediate death ensued.

Case 22.—A woman was admitted in an advanced stage of phthisis with laryngeal disease. Death from suffocation was threatened, apparently from impediment in the larynx, and tracheotomy was accordingly performed by Mr. Debenham, the House-Surgeon. An enormous quantity of semi-purulent fluid was brought up through the canula, and some relief was afforded. Death, however, followed thirty-six hours after the operation. At the autopsy, in addition to extensive disease of the lung, much inflammatory thickening of the mucous membrane of the larynx was found. There were also two small ulcers beneath the chordæ vocales.

ST. MARY'S HOSPITAL.

(Under the care of Dr. CHAMBERS and Mr. LANE.)

Case 23.—A man, aged 55, under the care of Mr. Lane on account of chronic laryngitis of eight months' standing, laryngotomy was performed by Mr. Lane. The patient recovered well from the operation, but subsequently died of phthisis.

Case 24.—Mr. James Lane performed tracheotomy on a patient of Dr. Chambers suffering from chronic laryngitis, the symptoms of obstruction having become urgent. The operation was quite successful. The wound was afterwards allowed to close. About a month later, urgent dyspnœa having again set in, a second operation was performed by the House-Surgeon, Mr. Ormerod, who selected a part a little below the original wound. The man again did well.

Case 25.—A man, aged 45, was admitted with acute laryngitis. Tracheotomy was performed by Mr. Heath, the House-Surgeon, The operation afforded great relief to the respiration, but death took place on the fourth day.

UNIVERSITY COLLEGE HOSPITAL.

(Under the care of Mr. ERICHSEN.)

Case 26.—A man, aged 32, under the care of Mr. Erichsen. Laryngotomy was performed on account of chronic syphilitic disease of the larynx threatening suffocation. Recovery.

GUY'S HOSPITAL.

Case 27.—A woman, aged 26. She had been under treatment for syphilitic ulceration of the larynx of two years' duration. Urgent symptoms of impending suffocation having presented themselves, Mr. Barker, one of the dressers, performed tracheotomy. She was much relieved, but death from bronchitis followed ten days afterwards. The tube had been retained throughout.

Case 28.—A man, aged 30, was admitted on account of obstructive disease of the larynx. His dyspnœa gradually increased until, under the most urgent circumstances it became necessary to perform tracheotomy. The operation was performed by Mr. Callaway, with immediate and great relief; but the patient died from bronchitis on the third day. At the autopsy, in looking downwards into the larynx, the rima glottidis was seen to be completely occluded by tumefaction. On cutting it across, this was found to be caused by an abscess capable of holding half a walnut in the posterior part of the larynx. In the matter contained in it one of the arytenoid cartilages lay quite detached. There were also evidences of inflammation of the trachea and bronchial tubes, and in the mucous membranes of the latter were numerous very small abrasions or follicular ulcers. The man had an eruption of the skin, which was thought by some to be syphilitic, but there was no ulcerative disease whatever about the larynx.

Case 29.—A woman, aged 44, was admitted on account of syphilitic laryngitis. The disease had existed five weeks. She was almost *in articulo mortis*, when tracheotomy was performed by Mr. Daniell, the House-Surgeon. She was with difficulty revived after the operation, but subsequently did well and made a rapid recovery.

VARIOUS PROVINCIAL HOSPITALS.

Case 30.—The Liverpool Royal Infirmary.—A man, aged 33, under care on account of chronic laryngitis. The thoracic organs were healthy. Suffocative obstruction supervened rapidly after the use of a strong solution of caustic, and tracheotomy was necessitated. The operation was performed by Mr. Halford. The man recovered well, but still wore the tube when he left the Hospital.

Case 31.—Kent and Canterbury Hospital.—A girl, aged 17, under care on account of anæmia, etc. Two months after admission she began to suffer from sore-throat. The right tonsil became immensely enlarged, and all but occluded the pharynx. No soft part could be felt in it; and although several deep punctures were made, no matter was obtained. On the third day laryngotomy was performed, the dyspnœa having become so urgent as to threaten suffocation. No tube was introduced, the space being found too small. Marked relief followed the operation. The wound healed in about a week, the swelling having meanwhile much decreased. The abscess did not give way until three weeks after the first symptoms, when about half a pint of greenish well-formed pus was brought up. Recovered.

Case 32.—Kent and Canterbury Hospital.—A man, aged 66, under care on account of albuminuria, was suddenly seized with laryngitis. The symptoms having become urgent, laryngotomy was resorted to; but it was too late, and death took place before the operation was completed.

Case 33.—The Derby Hospital.—A young woman, aged 22, was admitted under the care of Mr. Gisborne, with syphilitic laryngitis. Paroxysms of severe dyspnœa occurred, and during one of these, as death appeared imminent, tracheotomy was performed by the House-Surgeon. She was cold and pulseless at the time, and subsequently died of bronchitis.

Case 34.—Royal Berkshire Hospital, Reading.—A young woman, aged 20, was admitted under the care of Mr. Bulley. The previous history was, that she had suffered for two days from sore-throat, but went to bed the evening before admission otherwise in good health. She awoke in the morning in a state of apparently impending suffocation, and was at once sent to the Hospital. Laryngotomy was immediately performed, and with great relief. The canula was worn for the next twelve days and then disused. The wound, which had been very unhealthy for some time, healed in about ten weeks. She was a red-haired unhealthy girl, of flabby appearance, and it was only by the most liberal use of stimulants that her recovery was obtained. The attack appeared to have been one of œdematous laryngitis, and she suffered during the illness from congestion of the lungs. Four months after the operation she had not regained the perfect use of her voice.

Case 35.—Staffordshire General Hospital.—A woman, aged 38, was admitted on account of ulceration of the larynx, with warty growths. The disease had existed for nine months, and was suspected to be syphilitic. Several paroxysms of most threatening dyspnœa had occurred, and in one of these Mr. Moreton, House-Surgeon, proceeded to perform tracheotomy. The breathing having ceased altogether, the more speedy operation of laryngotomy was preferred, and the trocar and canula were at once thrust through the cricothyroid space. Artificial respiration was immediately resorted to, and galvanism used, but with no avail. At the autopsy a cluster of warts, with surrounding ulcerations, were found immediately above the bifurcation of the trachea, and almost occluding that tube.

Case 36.—Bristol General Hospital.—A woman, aged 25, was admitted for syphilitic ulceration of the larynx. She was moribund on admission, and, although tracheotomy was at once resorted to, she did not rally. At the autopsy a small piece of carious bone was found in the laryngeal pouch.

Case 37.—The Dundee Infirmary.—A man, aged 36, was in a state of impending suffocation from syphilitic disease of the larynx. Tracheotomy was performed, and with temporary benefit, but death took place in fourteen hours. No autopsy.

SECOND GROUP.

TRACHEOTOMY FOR SCALDS OF THE GLOTTIS.

All the Cases in this Group have, of course, young children for their subjects. It would appear that the age liable to the accident of scalded glottis is between twelve months and five years. Children under the age of a year are unable to accomplish the feat of drinking from the kettle-spout, and those upwards of five are too sensible to attempt it. It might have been supposed that this extraordinary form of accident would occur with extreme rarity; but, as will be seen, we are able to adduce fourteen examples of it. Of these fourteen cases, eleven ended in death, and only three in recovery. In one the fluid was heated oil, but in all the others it was boiling water from the kettle. Nearly all the little patients were between two and three years old, three or four only being above or below those limits of age.

GUY'S HOSPITAL.

(Under the care of Mr. BIRKETT and Mr. CALLAWAY.)

Case 38.—A child, aged 3½ years, was admitted under the care of Mr. Birkett, having attempted to drink boiling-water from a kettle. The trachea was opened on account of very distressing dyspnœa about seven hours after the accident. During the operation the child all but died from suffocation. During the following week it progressed very favourably, and appeared to be quite out of danger, when rather suddenly symptoms of inflammation of the lungs set in. Death occurred on the fourteenth day. The post-mortem examination showed acute pneumonia.

Case 39.—A boy, aged 3, was admitted under the care of Mr. Callaway, on account of laryngitis, consequent on having attempted to drink from a kettle. Eighteen hours after the accident it became necessary to open the trachea. The child was then almost dead, and the operation had to be performed hurriedly. There was probably hæmorrhage from some wounded veins. The child did not rally from the collapsed condition in which it was, and death occurred about nine days after the operation.

Case 40.—An unhealthy infant, aged 1 year, under the care of Mr. Callaway. Its history was peculiar. The mother stated that it had attempted to drink from a kettle, and in so doing had scalded its mouth, but not as it was thought seriously, as it continued to play about for three or four hours subsequently. Symptoms of laryngitis then began to present themselves, and soon became very pressing. When admitted the dyspnœa was extreme. Tracheotomy was performed, and with the greatest relief. No bad symptoms subsequently occurred. The canula was kept in for six days. The wound healed perfectly.

Case 41.—A boy, aged 3, under the care of Mr. Callaway, on account of scalded throat. Tracheotomy was performed about seven hours after the accident, under very urgent circumstances. The dyspnœa was at once relieved. The canula was retained for five days. The child recovered without a bad symptom.

Case 42.—A male child, aged 2½ years, was admitted under the care of Mr. Birkett, for scald of the throat, caused by attempting to swallow boiling-water. Suffocation was impending at the time of his admission, seven hours after the accident. The child had previously been healthy, but was only just recovering from hooping-cough. Mr. Birkett performed tracheotomy, using a hook and a scalpel, and then introducing the canula by means of a blunt-pointed or pilot trocar. The tube was retained three days. The child recovered without drawback, excepting that the hooping-cough returned. Some of the paroxysms of cough were so severe as to threaten suffocation. He left the Hospital quite well, the wound being soundly healed, in about three weeks.

THE LONDON HOSPITAL.

Case 43.—A child, aged 16 months, was admitted, after having swallowed some boiling oil. Intense dyspnœa having rapidly supervened, Mr. Debenham, the House-Surgeon, at once opened the trachea. Great relief was at first afforded, but the difficulty of breathing soon afterwards returned, and death took place twenty-four hours after the operation. At the post-mortem examination the epiglottis was found charred and shrivelled, and there was great œdema of the parts about the glottis.

Case 44.—A child, aged 4, was admitted, reported to have attempted to swallow boiling water five hours previously. Leeches were at first applied, but the dyspnœa becoming very urgent, Mr. Wordsworth performed tracheotomy about an hour after admission. Great relief was afforded, but after some hours the difficulty of breathing returned, and death took place fifty hours after the operation. The post-mortem examination showed charring of the glottis and epiglottis, collapse of parts of the lungs, but no extension of inflammation to them.

Case 45.—A stout, healthy child, aged 2½ years, was admitted on account of urgent symptoms, after drinking boiling water from a kettle. She was admitted an hour and a-half after the accident. Tracheotomy was performed by Mr. Sharman, House-Surgeon; all did well for the next four-and-twenty hours, when symptoms of acute bronchitis set in, and death followed eighteen hours later. At the autopsy the larynx only was examined: its mucous membrane was found inflamed, and so swollen as to obstruct the passage of the rima glottidis.

ST. GEORGE'S HOSPITAL.

Case 46.—A girl, aged 5, was admitted on account of scald of the throat. Tracheotomy was performed, but the child only lived a few hours.

ST. BARTHOLOMEW'S HOSPITAL.

Case 47.—A child, aged 3 years, was admitted after having attempted to swallow boiling water from a kettle. The pharynx, tongue, and glottis, were extensively scalded, and there was great dyspnœa at the time of admission. Soon afterwards the symptoms became so extremely urgent that tracheotomy was performed by Mr. Furnivall, the House-

Surgeon. On opening the trachea, the cough became so violent, that it was with difficulty that the canula was introduced. This was, however, accomplished by holding away the edges of the wound by retractors connected behind the neck by an elastic band. The child was relieved by the operation, and fell asleep. The breathing continued tranquil until noon the next day, sixteen hours after the operation, when acute bronchitis set in, and death followed in eight hours more. The autopsy showed great œdema of the tissues about the glottis, much thickening of the epiglottis, and a scald of the pharynx and tongue. The right lung was fixed by pleuritic bands, and its lower lobe was hepatised. The lining membrane of the trachea was inflamed, and the bronchial tubes contained much muco-purulent secretion.

STAFFORDSHIRE GENERAL INFIRMARY.

Case 48.—A child, aged 2, was admitted for scald after swallowing boiling water. Suffocation appearing imminent, tracheotomy was performed by Mr. Moreton, the House-Surgeon. Great relief to the breathing followed, and for two days the child did well. Death, however, occurred on the fourth day. The autopsy showed acute softening in the right lung, and some surrounding inflammation about its root.

THE MIDDLESEX HOSPITAL.

Case 49.—A female infant, aged 2 years, was admitted on account of scald of the mouth and fauces, from drinking from a tea-kettle. Symptoms of laryngeal obstruction rendered tracheotomy necessary, which was performed by Mr. Carver, the House-Surgeon. The symptoms were relieved, but death followed, from exhaustion, thirty hours after.

ST. MARY'S HOSPITAL.

Case 50.—A healthy boy, aged 3, was admitted, under the care of Mr. Spencer Smith, having attempted to swallow some boiling water the night before. The symptoms being urgent, tracheotomy was performed seventeen hours after the accident. Although much immediate relief was given, yet death followed forty-six hours afterwards. At the autopsy, the epiglottis was found thickened, and, together with the uvula and neighbouring folds of mucous membrane, coated with lymph. The mucous membrane of the trachea was much inflamed, and the lungs congested.

KING'S COLLEGE HOSPITAL.

Case 51.—A healthy boy, aged 3½ years, was admitted for scald, from swallowing some boiling water from a kettle-spout. Tracheotomy was performed by Mr. Atkinson, the House-Surgeon, twelve hours after the accident, the child being at the time unable either to speak or to swallow. To subdue subsequent inflammation, calomel was prescribed, and, unfortunately, produced salivation. On the fifth day the canula was removed, and from that time until death the respiration was almost natural. Death appeared to be from exhaustion. There was a large sloughing ulcer in the left cheek. At the post-mortem examination, the larynx was found to be quite recovered from the inflammation, and there was no evidence of bronchitis.

Most writers on Intestinal Hæmorrhage in Typhoid Fever—Bretonneau, Chomel, Louis, etc.—have considered it as a very dangerous symptom. Dr. Graves, of Dublin, however, offers a totally opposite opinion, considering the sign as rather favourable than otherwise, provided the loss of blood were not extreme. This opinion of an authority like Dr. Graves, M. Trousseau informs the world, at first astonished him, and then set him a thinking; and then he recollected cases of typhoid fever in which the patients were cured after hæmorrhage, and during seven years he had only known two deaths occur through such hæmorrhage. Other of his patients attacked with intestinal hæmorrhage not only recovered, but generally were better afterwards. Dr. Ragaine in his memoir sent to the Academy, relates of 115 cases of typhoid fever—of these eleven suffered from hæmorrhage, and they all recovered. Might not the anti-venesectionists of the present day, take a hint from this fact—if true fact it be? Here in a purely adynamic disease—in typhoid fever—large hæmorrhages are not only supported by the constitution, but the patient appears to be actually relieved by them! Yet with dozens of such facts before them, how boldly do we dogmatise, and boldly lay down systems of treatment!

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 358.—Treatment of Ascarides.

Sir,—I have already called the attention of your readers to this subject; and I trust you will allow me to do so again. I think we are disposed to under-estimate the importance of the malady in question; for to judge from my own experience, I should say that there are a very great number of individuals who are tormented by these animals. One cannot help thinking, that if only one tithe of the high scientific powers which are daily exercised in the investigation of all sorts of incurable diseases, were exerted upon this, that a discovery of real value to humanity would almost infallibly result. Here is a complaint, which *à priori*, we have a right to conjecture is a curable complaint, and yet it is one which numbers of individuals are subjected to from infancy to old age. I must say that I have really been surprised, since looking into the matter, to find how many persons are infested and tormented by these wretched creatures. It is curious that the greatest authority on this subject, Küchenmeister, appears to have been all his life troubled with the animals in question—a fact which may lead people to the idea that their eradication is impossible. Now, it seems to me to be very evident, that if ever we are to arrive at their complete removal, two facts in the history of these animals must be ascertained; and these two facts I can nowhere find satisfactorily told. I, therefore conclude that they should be the special objects of study with those who desire to investigate this subject. The first is, What is the actual seat of the ascarides,—how high up in the intestines do they live and breed? It is truly surprising to find how little really is known upon this point; though on consideration of the fact, that in post-mortem examinations the investigation of the subject is usually altogether neglected, we have a ready explanation of the circumstance. We want to know then, first: Do these animals live and breed higher up in the intestine than our injections, etc., per anum, can reach? Are the ova deposited high up, and the animals developed as they pass down, making their presence known only in the rectum? Or, again, do they live and breed and are developed only in the rectum? If these animals' ova are deposited high up in the intestine, then we may conclude that remedies applied per anum can only give temporary relief by removing those of the animals which are present in the rectum. But if it be shown on close study of their natural history, that they live and breed only in the rectum, then we have to investigate why it is that remedies are in so many cases inefficacious for the cure. We want also to have a remedy shown which, while it is destructive to the ascarides, is at the same time harmless as regards the intestinal walls. These are all points which scientific investigation has yet to make clear, but which are yet clearly points about which it may be exercised with every prospect of yielding a most happy harvest of facts. Does the thick mucus, which is so readily thrown out by the irritated mucous membrane of the rectum, form a cover or *nidus* for the ova, protecting them against the destructive influence of injections? Or, again, may not the ova of the animals (if their actual and only *habitat* be the rectum) be deposited beneath those large folds of mucous membrane which encircle the lower portion of it in particular, and so in great part escape altogether the action of injections, unless when large quantities are thrown into the gut, so as to distend it completely? Every day we see in the scientific journals accounts of a certain cure for ascarides; but the fact, which I started off with, viz., that numbers of individuals have been all their life the subjects of these worms, and cannot get rid of them, proves that the right cure has yet to be found. I think I have, above, proposed two questions, which if answered, will most assuredly either give us a certain cure in all cases, if a cure is attainable by injections; or will show us, what is now-a-days denied, that we must try to attack the animals by remedies administered through the mouth.

I am, &c. W. O. M.

No. 359.—Hair Turning White Rapidly.

Mézerai relates that, "Ludovicus Sforza, surnamed 'the Moor,' having been taken prisoner by Louis the Twelfth

was seized with such terror, that the night before he received his punishment, his hair, which had been very black, became all white, so that his guards the next day thought him to be another person." Montaigne tells us of a gentleman whom he met at the Baths at Plombières, in whom one-half of the beard and one eyebrow suddenly became white in consequence of a sudden emotion, the opposite side remaining perfectly black.

No. 360.—The "Fell" Treatment of Cancer.

It would be very desirable to obtain some information as to the result of cases treated by caustic after the Fell method, now that two years, and in some cases three years, have elapsed. The cases related in the Middlesex Hospital report, and in Dr. Fell's book, would now be of value, if we could know the present state of the patients. Allow me, therefore, to suggest, that any of your readers who may know the ultimate results of the caustic treatment in any case, or the present condition of such patients, would do good service by sending you a short account, stating especially the age of the patient, the nature of the disease, the immediate effects of the caustic, the period of its application, and the ultimate result, or present state. This may help us in determining the important question if caustic possess any real advantage over the knife in the removal of cancer, or the retardation of a return of the disease. F.R.C.S.

London, July 18.

[We shall be happy to receive and arrange such information.—Ed.]

No. 361.—Bonaparte in an Epileptic Fit.

"I attended him," said Talleyrand, "to Strasbourg, and was alone with him in the house of the Prefet—in one of the chambers there—when he fell, and foamed at the mouth. '*Fermez la porte!*' he cried, and from that moment he lay as dead on the floor. Bertier came to the door; '*On ne peut pas entrer!*' The Empress came to the door; '*On ne peut pas entrer!*' In about half-an-hour he recovered; but what would have been my situation if he had died? Before day-break he was in his carriage; and in less than sixty hours the Austrian army had capitulated" (At Ulm).—*Rogers's Recollections.*

No. 362.—Bordeu on Polypharmacy.

"These things," Bordeu writes one hundred years ago, "have satisfied me that remedies are too multiplied. The profusion of them renders the disease obscure, and forms an obstacle to its cure. The fury of treating diseases by the giving of drugs on drugs, having seized ordinary heads, Physicians are at this day more required to prevent the use of them than to prescribe them. The national practice, and the observations of the most sensible Physicians demonstrate, more or less clearly, the invincible inclination that men have to prefer certain ideas to others, which are as well-founded as those which they prefer. I declare without passion, and with all the modesty to which my feeble knowledge condemns me, that when I look backwards, I feel shame at having insisted so much on bleedings, emetics, and purgatives. I seem to hear Nature crying out, 'Disturb me not; let me alone; your drugs cure not, and especially when you heap them up in the body of your patient; it is I alone who cure. Those periods of the disease which seem to you the most tempestuous, are those wherein I should regain my health, if you take not my forces from me. Better let me alone, and leave all the work to me, than try your doubtful remedies.'"

No. 363.—Harvey's Portrait.

There is no good engraved portrait of Harvey to be bought at the shops. Two or three book-prints exist, but they are very poor, and a Dutch engraving from the painting late in the collection of Dr. Mead is so scarce as to fetch a high price. The modern composition of the Demonstration of the Circulation to Charles is not a fair portrait. Would it be possible to get an engraving from the painting in the Manchester Exhibition by subscription, or can you suggest any other way?

I am, &c. W.

Death from a Blister.—This cause of a death in 1857 is italicised by Dr. Farr.

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Medical Times & Gazette.

SATURDAY, OCTOBER 8.

DEFECTIVE PERFORMANCE OF VACCINATION.

Mr. Griffin has addressed a letter to the Privy Council, the Poor-Law Board, and the Registrar-General, on the present defective performance of Vaccination throughout the country, which the pressure of other important matter has alone prevented us from noticing before. The subject was brought under the notice of Parliament last Session by the Earl of Shaftesbury, and Mr. Griffin has been induced to examine the public records for information; but from the inefficient state of the Registers he has found it impossible to arrive at any definite conclusions as to the extent to which Vaccination is practised in England and Wales. He recommends that a joint Committee of Inquiry should be appointed by the three authorities to whom his letter is addressed, with a view of obviating the anomaly of separate orders being issued by the Privy Council, the Poor-Law Board, and the Registrar-General on the same topic. It is represented that by the present system much time is unnecessarily occupied by the process of filling up double sets of certificates by the Vaccinators; and, indeed, the task is so laborious that many Medical men refuse to fill them up at all. This statement is proved by the table printed below, which shows that although 411,268 Vaccinations were paid for by the public, only 376,798 were returned to the Registrars, the returns in the other cases being neglected altogether. To remedy this defect it is suggested that a more simple form of certificate should be adopted, and that when the Vaccinator fills up and returns this document to the Registrar, he should receive a small fee for his trouble; by which means a return would at least be insured of all *public* vaccinations. Mr. Griffin, as the result of his own experience, denies that the defective performance of vaccination is due to repugnance to the practice on the part of the population, and attributes the neglect to mere carelessness and procrastination—obstacles which might be removed by stimulating the vigilance of Registrars and Medical men, by giving a reasonable reward for their services. It is also desirable that a quarterly list of children one year old, and unvaccinated, should be made out by the Registrars and sent to the vaccinators of their respective districts, who would then call upon the parents or guardians and urge upon them the necessity of immediate vaccination of the children; and in case of non-compliance, the penalties should be sued for—except, of course, where the children are proved to be sickly. Another point, which is very properly adverted to, is the smallness of many of the vaccinating districts, and the consequent impossibility of keeping up an adequate supply of lymph. It is therefore suggested, that when vacancies occur among the public vaccinators (such vacancies now averaging 270 per annum), the smaller districts should be united. It appears by the Table, that there are 915 vaccinators who receive less than 5*l.* per annum,

and many of these receive only a few shillings. It is obviously impossible for persons vaccinating so little, to keep up a supply of lymph, however anxious they may be to do so. It is hoped that under a better and more equitable arrangement of Poor-Law Medical affairs, the subject of the payment of the public Vaccinators will be carefully considered, and a definite system of remuneration adopted. At present, as is well known, the payments are entirely arbitrary, some Boards of Guardians paying 1s. per case for vaccination, while others give 2s. 6d., or even more. The annexed table shows this remarkable disparity of payment even in entire districts of the kingdom; thus in the South Midland Division the average remuneration is 2s. 6¾d.; while in the Metropolis it is only 1s. 0¾d.; and the Medical officers of Union Houses have no fees at all. Mr. Griffin proposes a graduated scale of payment to the Vaccinators, as for instance, 2s. 6d. per case for the first hundred cases per annum; 2s. up to the next 400; and above this 1s. 6d. per case, and he recommends that if the Vaccinators neglect to give a certificate of Vaccination which has been performed successfully, or give a certificate of successful vaccination without having ascertained the fact by personal inspection, they shall for each such offence be subject to a fine of 20s., one-half of the fine to be paid to the informer, and the rest to the Poor's-rate. These suggestions are really very valuable, and we hope that they will be acted upon, as the present neglect of Vaccination is a disgrace to a civilized age and country.

PAYMENTS MADE TO THE MEDICAL OFFICERS.

Divisions.	Number of Officers who receive												
	Under £5.	£5, under £10.	£10, under £20.	£20, under £30.	£30, under £40.	£40, under £50.	£50, under £60.	£60, under £70.	£70, under £80.	£80, under £90.	£90, under £100.	£100, under £120.	£160.
The Metropolis .	15	27	41	27	14	3	1	..	2	..	..	..	..
South-Eastern..	141	140	86	20	2	1	..	..	..	..	..	..	..
South-Midland .	99	97	84	13	8	4	..	..	..	..	..	..	..
Eastern	118	104	57	9	0	2	..	1	..	..	.	..	..
South-Western .	176	124	84	24	5	3	..	..	..	..	..	..	..
West-Midland ..	87	103	79	40	13	9	1	1	..	..	..	..	..
North-Midland .	73	91	53	15	6	5	1	..	1	..	..	..	..
North-Western .	16	40	68	39	22	16	5	3	1	2	2	1	1
York	109	112	83	22	14	6	..	..	1	..	..	..	..
Northern	44	59	39	4	7	2	..	1	..	..	..	..	..
Welsh..	37	27	56	24	7	8	3	3	..	1	..	..	..
	915	924	730	237	98	59	11	9	5	3	2	1	1

VACCINATION STATISTICS.

Divisions.	Population of Unions in 1857.	Births in the year ended Sept. 1857.	Deaths 8 per cent. under Three months.	Number of children alive at the end of three months.	Deaths during the first year of life.	Number of children alive at the end of twelve months.	Number of successful vaccinations during first year of life.	Number of successful vaccination after first year of life.	Total number of successful vaccinations by the public vaccinators.	Vaccinations recorded by the Registrars.	Unsuccessful vaccinations by the public vaccinators.	Total vaccinations by the public vaccinators.	Vaccination fees for the year ended Sept. 1857.	Average payment to the Medical officers for each successful vaccination.
													£ s. d.	s. d.
The Metropolis	2,359,185	100,282	8022	992,260	13,931	86,351	41,976	6441	48,417	44,324	1577	49,994	2507 17 3	1 0¼
South Eastern	1,627,091	43,988	3520	40,468	7104	36,884	20,081	7122	27,203	27,122	758	27,961	3229 11 11	2 4½
South Midland	1,230,151	41,276	3302	37,974	6478	34,798	18,170	5103	23,273	19,569	841	24,114	2974 12 2	2 6¼
Eastern	1,113,410	36,489	2918	33,571	5512	30,977	15,198	6567	21,765	15,055	1529	23,294	2213 8 5	2 0¼
South Western	1,802,454	56,076	4486	51,590	7145	49,031	25,340	12,426	37,766	34,951	1251	39,017	3359 14 11	1 9¼
West Midland	2,134,771	79,335	6345	72,990	13,588	65,747	44,180	15,504	59,684	46,985	1962	61,646	4008 5 1	1 4
North Midland	1,210,409	43,153	3452	39,701	6901	36,252	23,378	6107	29,485	26,496	291	29,776	2569 16 5	1 8¾
North Western	2,492,930	100,938	8074	92,864	19,315	81,623	57,920	5888	63,808	66,603	1103	64,911	5010 14 9	1 6¾
York.	1,788,662	66,052	5284	60,768	15,308	50,744	37,054	4543	41,597	41,345	868	42,465	3444 2 11	1 7¾
Northern	968,624	40,306	3224	37,082	5,991	34,315	23,733	3360	27,093	26,210	890	27,983	1830 8 3	1 4¾
Welsh	1,186,187	42,068	3366	38,702	5,361	36,707	22,245	8932	31,177	28,138	1093	32,270	2678 2 4	1 8¼
Schools	..	..	..	..	..	..	..	...	..	..	..	..	20 9 6	..
Total and average.. ..	17,913,873	649,963	51,993	597,970	106,634	543,329	329,275	81,993	411,268	376,798	12,163	423,431	33,847 3 11	1 7¾

THE WEEK.

A Correspondent writes to us: "That the general indignation of the Profession and the Regulation of the Council, and the virtuous Resolution taken by the College itself, have had little effect on the traffic in licences at the Edinburgh College of Physicians. Upwards of sixty licences were disposed of there last Tuesday week." We must once again ask, Why is it that no list of the gentlemen who take these licences is published? Why should there be any concealment in the matter? If the gentlemen who take that licence, and the College who grant it, have no shame in the matter, why don't they act like all other public Licensing Bodies?

The flogging authorities at Woolwich admit that they were wrong in flogging the man with boils on his back. A military Court of Enquiry has investigated the case—no doubt in consequence of the public pressure of opinion—and it finds the facts so unpleasant, that it is forced to look out for a scapegrace to bear the odium and disgrace of them. The Doctor, on an occasion of this kind, presents a tempting mark, and he has been made—after usual custom—to bear the blame in this blameable business. The Journals say:—

"We understand that after hearing evidence and carefully considering the case, the Court decided that the Medical officer was blameable for allowing the punishment to be inflicted, and that he was reprimanded accordingly."

Now this is all very pretty as an outlet for the inspirers of Military Flogging; but it does not satisfy us, and we are sure it will not satisfy the public. The gross injustice of the thing is plain on the face of it; and we have too strongly in remembrance examples of a similar kind, in which the sins and ignorance, and stupid folly of martial red-tapeism have been slided off on to the shoulders of our Professional brethren from the feeble backs of the guilty. The Crimean war produced a tolerably thick crop of such injustices. We are delighted to see that this question of back torture is not allowed to rest by the public. The day is gone by when people will submit to be silent on matters of this kind. The public know that they are much more capable of giving a true and independent opinion in a matter of this kind, than stiff, professional, military martinets.

The first trial in Scotland for infringement of the Medical Act took place on Friday, the 23rd of September. Mr. Broatch, a Medical Practitioner in Ruthwell, Dumfriesshire, was placed at the bar of the Circuit Court of Justiciary, presided over by the Lord Justice Clerk, and tried before the

Lords of Justiciary and a Jury, charged with infringing the provisions of the Medical Act by getting his name inserted in the Medical Register by false pretences. From the evidence given, it appeared that Mr. Broatch transmitted to the Medical Registrar for Scotland a declaration solemnly setting forth that he had produced his diploma from the College of Surgeons to a Justice of the Peace, and to a Dr. McCulloch, a Medical man of some notoriety in Dumfries. These persons declared that they had inspected the said diploma. Thereupon Mr. Broatch was registered. Suspicion having arisen, Mr. Broatch was applied to, to produce his diploma, when he stated that he had lost it many years ago, and Dr. McCulloch in the most unblushing manner admitted, in a letter to the Registrar, that he believed the diploma to have been lost, and therefore certified that it had been produced before him. After a lengthened trial, in which Dr. McCulloch appeared as a witness against him, Broatch was found guilty, and sentenced to three months' imprisonment. The following remarks from the summing up of the Judge are worthy of all attention:—

"The jury ought to remember that they were trying an offence under a statute; as to the moral guilt of the case they had nothing to do: the question was, Had an offence been committed within the meaning of a clause in an Act of Parliament?—and if so, a certain penalty attached to that offence. They should attend to the words of the statute quoted in the indictment. They were wilfully attempting to procure or procuring registration. They might throw aside the charge of attempting, as the attempt had been successful. The charge was the wilful procuring of registration by particular means; that is, panel must have known well what he was about, that what he did was done with his eyes open, not by making a mistake. The means used must have been false or fraudulent representation in words or writing. In this case the thing was done in writing. As to some facts of the case there was no dispute. Panel wrote and signed a declaration which he sent by post to Dr. Robertson, and by that, and that only he was registered; if the representation made was of the character described by the statute, he feared there could be no doubt that an offence had been committed. The question under the statute was narrowed to a single point; the words were false *or* fraudulent, not false *and* fraudulent. Then, the only important question was, Was the representation either false or fraudulent."

The Medical Schools have opened this month under very favourable auspices. The number of Students entered has been much larger than usual at nearly all the Schools at so early a period of the Session. An account of the Introductory Lectures will be found at the commencement of this number. The principal novelty of the year is the inauguration of a Metropolitan School of Dental Science. This School was opened on Wednesday by an introductory address from Dr. Richardson, and a dinner at the Freemasons' Tavern. We think the Profession generally will sympathise with this effort of the Dentists to raise themselves to a distinct and independent social and Professional position; while the attempt to raise up a body of Dental Licentiates of the College of Surgeons will meet with the reprobation it merits. Like the Licentiates in Midwifery, the Licentiates in Dentistry would become a class of nondescript offshoots of Surgery, and, without raising their position as Dentists, they would lower that of the Surgeons with whom they became allied. Were the College of Surgeons governed by the "College" instead of by the "Council," no such proposition would be entertained for a moment.

We have on a former occasion alluded, in terms of surprise and incredulity, to a system which is said to exist in the United States, of selling Medical degrees to applicants from other countries, without residence or examination, and it is made to appear that certain parties on the other side of the Atlantic are actually touting for candidates in Great Britain. We have been favoured with a communication from a correspondent in Yorkshire, inclosing the following letter from America, which is of so extraordinary a nature that we are induced to print it entire; but we are authorised to state that Mr. Dale, the gentleman to whom it is addressed, has no acquaintance whatever with the writer, nor has he ever transmitted any sum of money to America for the purposes alleged. We hope that the Universities of the United States will repudiate all connexion with proceedings so questionable as those alluded to, and with respect to the value of American Diplomas, or of any other foreign Diplomas, we have only to remind our readers that such documents, however "splendid" they may be, or however "elegant specimens of Latin composition" they may exhibit, are utterly worthless in this country. We must repeat the suspicion expressed on a former occasion, that the whole affair is a hoax; but we may observe that the names and localities specified in the letter are the very same as those contained in the previous letter on the same subject to which we have already drawn attention:—

"Auburn-street, Hudson, N.Y., U.S. America,
"August 16th, 1859.

"Dear Sir,—Yours of the 7th inst., enclosing a £5 Bank of England note, came safe to hand, for which receive my worthy thanks. I have devised all in my power to obtain your diploma, but find it no good to apply to the Professors, as they are so guarded and watched by the Trustees of the University. It is more difficult to obtain a diploma in this country than in England, for I do not think there is a College in all America that would grant a diploma for £10,000 in money; nevertheless, some of the higher Universities confer their greatest honours: 'Pro gradu Doctoris, summisque in medicina honoribus ac privilegiis ritè et legitimè consequendis;' or, in other words, a fine composition in Latin Thesis, which occasionally in this country run up to 800 pages; so you see nothing short of a refined education will do in the States; and I believe the Latin Secretary and Supervisor of Theses is the only channel through which an M.D. qualification can be obtained, and even in this case the applicant must be a regular qualified Surgeon. On minute and secret inquiry, therefore, I find your only plan is to write to the Latin Secretary yourself; forasmuch as he has more power over the Chancellor and Board of Trustees, to fetch up a mandamus from the Lower College than any other person. Indeed, to my certain knowledge several Surgeons in Ireland have obtained University degrees through his powerful influence; and one Surgeon in Scotland whom I know well, only sent him £70, Bank of England, for which he wrote a Latin inaugural thesis of 100 pages, printed 200 copies of the same, delivered them to the Venerable the Dean as the common keeper and distributor of the University editions, and then sent over a great diploma, with all the insignia and trappings of a University degree. As I said before, all our University degrees are elegant specimens of Latin composition, and much more splendid than the British ones.

"A letter sent to his mansion would be more exempt from the suspicions of the Faculty, than through the channel of his Chambers in the University. Such being the case, his address stands thus: Dr. Bellamy, T.P.S.S., Clarksville, Cayuga County, New York State, America.

"I would not advise you, as some have done, and as suggested in your last, to remit half £5 (cut) to solicit attention and answer, for it is too contemptible, and makes a bad impression on so grave an occasion as that of taking out an M.D. degree; besides, what is £5 to a man in his exalted stand, with a revenue (and honours attached thereto) of more than £10,000 a-year?

"You had better not answer this until you hear from me again, lest peradventure your good letter miscarry, as I am just on the eve of moving 200 miles south. Excuse my writing more this morning, as I have just completed ten letters with no other aid than that of my son.

"Your attached and faithful Friend,
"W. John Dower, Surgeon, etc.

"John Dale, Esq., London, Great Britain.

"P.S.—Observing your intended removal into Yorkshire, I venture to direct accordingly. Your good influence on my behalf has had the following effect, causing these to appeal to me for a 'Dip.'—Henry Noye, Esq., Cormac House, Falmouth; John Taylor, Evesham, Worcestershire; J. W. Paynter, Esq., Oscut Hall, Pembroke; Thomas Penman, Esq., Hendon-road, Bishopswearmouth.

"Now, I wish you to write to these parties, taking £30 from each in my name, when I will instantly commence proceedings; but first and foremost they must send £5 to the Latin Secretary for presenting their proposals before the Faculty.

"Enclosed are the seeds you ask for, but it is not the real 'furze plant.'"

Dr. Moorhead, Surgeon to the Weymouth Infirmary, complains to the *Times* that a false impression respecting his Infirmary and its Medical staff has been excited in the public mind, through a remark made on it by "Our Special Correspondent." For our own part, we must say, that Dr. Moorhead's letter itself reveals rather an anomalous state of the carrying on of an Hospital. Here are some three or four sufferers from the *Great Eastern* explosion—very properly taken out of the ship at the earliest possible period—brought to the Weymouth Infirmary. For eight long days, the Doctor tells us, did they receive the attention required by them from the Medical officers of the Hospital; but time runs on, and burns heal slowly, therefore:—

"The Medical officers of the Hospital, whose services are rendered gratuitously, then formally requested the Surgeons of the ship to take the poor men into their own charge, finding that attendance upon them exacted an amount of time wholly incompatible with the performance of their other professional duties."

This we believe is about the first time in the annals of "Gratuitous Medical Services" rendered to public charities that the Medical officers have actually struck work, under the allegation that they have their own affairs to attend to, that they get no pay from the Hospital, and that the work is too much for them. We have often pointed out the folly of gratuitous Medical services; but at the same time we are proud to say that our Profession nobly fulfils the promises which it has taken upon itself, so that there must be something unexplained in the background here; possibly some financial difficulty between the Governors of the Infirmary and the *Great Eastern* Directors. But some further explanation is certainly due to the Profession.

The news recently brought home as to the fate of Sir John Franklin, shows very remarkably the fault committed by Government in neglecting to follow the advice of a well-known member of our Profession—Dr. King. It is now known that Franklin's ships were wrecked close to an island—King William's Island—lying off the western land of North Somerset; and traces of the expedition have been found on the southern shore of this island, at Point Ogle on the Continent of America, and at Montreal Island in the estuary of the Great Fish River. Now, in February, 1845, Dr. King proposed to Lord Grey, then Colonial Secretary, to go by the Great Fish River to the western land of North Somerset to aid the Franklin Expedition in its survey. Two years afterwards, when anxiety was felt for the fate of the Expedition, Dr. King made his second offer to Lord Grey to go by the same route to the same coast to search for and assist the Expedition in its difficulty. The letter making this offer was dated June 10, 1847, and, curiously enough, it is now shown that Franklin died on the 11th of June, one day only after this letter was written, near the very spot which Dr. King proposed to explore. After Franklin's death, it appears from the records found by Captain McClintock, 105 survivors were on the road to the Great Fish River, in April, 1848; so that had Dr. King's proposals of 1845 and 1847 been accepted he must have met the party and rescued them. Year after year Dr. King reiterated his warnings and offers, and in 1856 memorialised the Admiralty to arrange a combined effort by sea and land, again directed to the precise spot where the remains of the expedition have been found. Had his offers been accepted, not only would our gallant countrymen have been rescued, but no necessity would have arisen for the expeditions of Ross, Richardson, Collinson, Austin, Penny, Belcher, or Kellett, at a Government expense of two millions; nor for the private expeditions under Ross, Kennedy and McClintock, or the American efforts of De Haven and Kane. We do not mention this in any spirit of vain regret, but to point out that a summer land search up the Great Fish River would be devoid of danger, would be inexpensive, and might be successful in rescuing some of the 105 survivors, all of whom can scarcely have perished in a country where there is plenty of game.

REVIEWS.

Nature and her Agents shown to be more efficient in Curing Disease, and less hazardous to employ than extreme Drug Medication By Scrutator Verax. Pp. 80. London: 1859.

Under the guise of a benevolent wish to enforce dietetic and hygienic rules upon the public, the author of this pamphlet indulges in a tissue of vulgar abuse against the educated members of our Profession, while his sympathies are warmly expressed for the numerous systems of quackery which constitute some of the fashionable follies of the day. The amount of information possessed by this arrogant pretender to exalted Medical science, may be estimated from the fact that he tells us in one place of atmospheric air containing *about half per cent. of carbonic acid!* And in another place he complacently informs his readers that cancer, if not too far advanced, *is amenable to the influence of oxygen gas!* It is dangerous to play with edge-tools, and before a man criticizes and ridicules the practice of others in the treatment of disease, he should study at least the rudiments of chemistry and pathology.

The Sense Denied and Lost. By Thomas Bull, M.D. Edited by the Rev. B. G. Johns, Chaplain of the Blind School, St. George's-fields. Pp. 214. London: 1859.

Dr. Bull was well known as an obstetric Practitioner in this metropolis for many years; but while he was still in the prime of life his health gave way, and for the last eight years of his existence he was afflicted with total blindness. While in this melancholy condition he solaced himself with such pursuits as were compatible with his tastes and with his altered state; and among other occupations he interested himself in the education of the blind, and in writing the book now before us. It appears, indeed, that he actually wrote it himself, or at least a considerable part of it, being assisted by one of Wedgewood's writing-desks.

Under any circumstances, such a work would prove an interesting contribution to literature; but under the peculiar position in which the writer was unhappily placed, it possesses many special claims to notice. It shows how, under one of the greatest evils which can afflict human nature, the mind is able to reconcile itself to its privations, and how, by the increased exercise of the other senses, the deficiency of sight may, in some measure, be compensated. The author has carefully collected together the history of many distinguished persons, who, although deprived of sight, have made themselves conspicuous by their intellectual acquirements, some having been even illustrious mathematicians, astronomers, naturalists, chemists, poets, and musicians. Some amusing illustrations are also given of persons being conducted along unknown paths by blind guides, who, by the great acuteness of their other faculties, had acquired an accurate knowledge of localities. Among the mechanical arts, it is well known that several are exercised, with advantage to others and profit to themselves, by blind persons; but many will be astonished to learn, that even the business of a tailor may be executed by a

blind man, and that one case is on record of a blind man having actually excelled in watch-making.

The various topics connected with this subject are discussed in a very philosophical manner, and both on account of its own intrinsic merits, and of its bearing upon the amelioration in the condition of a large portion of our suffering fellow-creatures, this little volume well deserves, and will command, extensive perusal. The happy and contented spirit in which Dr. Bull spent the later years of his life is a sufficient evidence of the good which may be accomplished in relieving the tedium of a sightless existence, by the adoption of such measures as are calculated to open other avenues to the contemplation of external objects, after "wisdom at one entrance" is "quite shut out."

Traité d'Electricité et de Magnétisme: avec leurs Applications aux Sciences Physiques, aux Arts, et à l'Industrie. Par MM. Becquerel et Edward Becquerel. Vols. I. II. III. Paris: 1855.

(*Treatise on Electricity and Magnetism, with their Applications to the Physical Sciences, the Arts, and Industry.* Paris: 1855.)

Resumé de l'Histoire de l'Electricité et du Magnétisme, et des Applications de ces Sciences à la Chimie, aux Sciences Naturelles, et aux Arts. Par MM. Becquerel et Edward Becquerel. Pp. 300. Paris: 1858.

(*Compendium of the History of Electricity and Magnetism, and of the Application of these Sciences to Chemistry, the Natural Sciences, and the Arts.* Paris: 1858.)

The extensive work of MM. Becquerel, who have long been known among the most zealous cultivators of electrical science, has just been brought to a conclusion by the appearance of the volume containing the *Resumé*, during the last year; and this volume, although the last in point of time, is intended to precede the three volumes published on the same subject in 1855. The whole forms one of the most complete treatises on electricity in any language. The subject is treated in all its various shapes, from the early observation of the attractive powers of amber by the ancients, down to our present era of electro-plates and electric telegraphs. In so comprehensive a work, proceeding from such distinguished *savans*, it is scarcely necessary to observe, that not only are the phenomena of ordinary electricity fully explained, but the whole theory and practice of Voltaic electricity, as well as magnetism and electro-magnetism, are minutely described, and the care with which all existing authorities upon these subjects have been consulted, is evident from the copious bibliography which accompanies each of the chapters in the *Resumé*.

Upon the therapeutical applications of electricity, the details in these volumes are not very copious; but the authors refer to the operation of galvanic cauterisation in some surgical diseases, and to the beneficial effects produced by the electric current in certain adynamic conditions of muscles, especially in paralysis.

It may not, perhaps, be generally known that the present Emperor of the French is intimately acquainted with electrical science; and, like his uncle, takes a deep interest in its future development. Louis Napoleon, in 1843, described a Voltaic pile to the Académie des Sciences, constructed by himself, of a single metal and two acid solutions; and in 1852, when he occupied the chief position of the chief personage in the French nation, he offered a prize of 50,000 francs to the author of the greatest discovery which should render the Voltaic pile economically useful in the arts or in practical Medicine. Judging by the wonderful powers of the electric telegraph, the future may conceal some other equally brilliant results of the simple experiments first made upon glass and sealing-wax, and our successors may admire even more than ourselves the splendid achievements attained by the labours of Franklin and Dufay, of Davy, Faraday, Volta, and Galvani.

Report on the Health of the Water-guard and Water-side Officers of Her Majesty's Customs during 1858. By J. O. M'William, M.D., F.R.S., C.B., R.N., Medical Inspector, Her Majesty's Customs.

In this brief but valuable Report, Dr. M'William gives some important information as to the health of the persons living on or near the river Thames during the year 1858. It will be recollected that in the early part of the summer of that year, and also during the summer which has now nearly passed, the river has not only emitted an effluvium of the most disagreeable character, but its state has excited the most anxious apprehensions as to the influence of its exhalations upon the health of the Metropolis. Nevertheless, it is an extraordinary fact, that the public health has by no means suffered in a degree at all proportionate to the admitted evil; and indeed we learn from the evidence of statistics, that the sanitary condition of London has been, for the last two years, somewhat above the average. Not only have the inhabitants of London generally escaped from the ravages of any epidemic or contagious disease, but the persons who reside upon or near the river have enjoyed a greater degree of health than usual, as we are informed in the present Report by Dr. M'William, who possesses extraordinary opportunities for forming an opinion. His duties are to superintend the health of the Water-guard and Water-side Officers of the port of London; the former class numbering upwards of 800, almost living on the river or in the docks, in ships or in barges and open boats, while the latter, numbering upwards of 500, are employed during the day in the docks, or at the various wharves of the bonded warehouses on each bank of the river. As the result of his inquiries, he finds that during the four hot months of 1858, the total number placed on the sick-list from all causes, although slightly in excess of those sick at the same period in 1855 and 1856, was below the average of the three previous years, and considerably lower than in 1857, the year immediately preceding, when the river and the docks were far less offensive than during the summer of 1858. We believe that the sanitary statistics of the present year will lead to a somewhat similar result. The facts thus ascertained by Dr. M'William are not adduced by him to discourage attempts made to purify the river, but he has honestly recorded them, and they will tend to allay the alarm which was not unnaturally felt that the putrid state of the stream might lead to extensive disease. In other respects the Report is very ably put together, as might be anticipated from Dr. M'William's high reputation, and it well deserves attentive perusal.

Oratio ex Harveii Instituto, in Ædibus Collegii Regalis Medicorum, Londinensis; habitâ die xxix.$^{mo.}$ *Junii,* 1859. Auctore Carolo Jacobo B. Aldis, M.D., M.A. Londini: 1859.

In this Oration Dr. Aldis passes in review many of the events which have marked the progress of Medicine during the previous year, and he pays a graceful tribute of respect to the memory of those distinguished members of our Profession who during the same period have quitted this mortal scene. The importance of sanitary science, the mischief and folly of the homœopathic quackery, and many other kindred subjects, are briefly but effectively handled.

Five Essays. By John Kearsley Mitchell, M.D., late Professor of the Practice of Medicine in Jefferson Medical College of Philadelphia. Edited by S. Weir Mitchell, M.D. Pp. 371. Philadelphia: 1859.

Of these five Essays, the two longest are those on Malarious and Epidemic Fevers, and on Animal Magnetism. In the first of these, Dr. Mitchell contends for the cryptogamous origin of fevers, in opposition to the views of Liebig and other modern chemists; and he adduces some able arguments in favour of his own proposition. In the second Essay, the claims of Animal Magnetism are elaborately discussed; but while Dr. Mitchell appears to believe in many of the phenomena said to be produced by this agency, he questions the existence of phreno-mesmerism, clairvoyance, and many other extraordinary effects described by the more advanced class of Mesmerists. The other three papers are comparatively short. One is on the Penetrativeness of Fluids, and another on the Penetration of Gases; and both these papers are founded upon philosophical investigations conducted by the author, who calls in question some of the conclusions drawn by other observers in the same field of inquiry. The last Essay, which is alone connected with practical Medicine, is on a New Practice in Acute and Chronic Rheumatism. In this paper, Dr. Mitchell advances an opinion that many of the cases con-

sidered as rheumatism are really due to disease of the spinal cord, and that they should therefore be treated by remedial measures directed to the spine. The cases recorded in illustration are too few to support a new plan of practice in rheumatism, but, as far as they go, they present points of considerable interest.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON COLD AFFUSION IN NARCOTIC POISONING.

By Dr. REEVES JACKSON.

"Under the impression," says the author, "that the value of cold affusion as a convenient and most effectual remedy in cases of narcotic poisoning, is not so highly appreciated by the Profession as it should be, I am induced to relate the following cases:—Every Practitioner who has had experience in such cases must have been painfully sensible of the impotency and impracticability of many of the ordinary means. When the degree of narcotism is very great, emetics cannot be swallowed, the stomach-pump is frequently not at hand, and galvanism, although a remedy of undoubted power, usually cannot be resorted to from want of the necessary apparatus. In view of the difficulties which surround the treatment of these cases, it is fortunate that there is a remedy always at hand, and one that in nearly every case in which recovery is possible by any means, is promptly effectual."

Three cases are related in exemplification of these observations. The first was a child eight months old, to which a large dose of Godfrey's cordial had been given five hours before the author saw it. Intense stupor and rapid sinking were present, and the case seemed hopeless. The head being turned downwards, a steady stream of cold water was poured from a coffee-pot over the occiput. When two or three gallons had thus been poured, the child made a long, gasping inspiration, and opened its eyes. They were soon closed again, but after the affusion had been continued awhile longer, the breathing became more distinct, and the child uttered a feeble cry. Suspension of the affusion was attended with complete reproduction of the sopor, which, however, on yielded on its resumption, and after a while the child having been got to cry lustily, vomiting was produced by means of an emetic and tickling the fauces. In two or three days the child had regained its usual health. 2. A lad, aged 19, suffering from facial neuralgia drank a large tablespoonful of laudanum. The author was called to him seven hours after, and found him under the full poisonous effects of opium; the surface cold and clammy; the breathing irregular, slow and stertorous; the respirations eight in the minute; the pulse full, slow and very irregular; the pupils very contracted and insensible to light, the countenance calm and pale. Various means of arousing and exciting him were tried in vain, when cold water was poured upon the head from a large pitcher, held at a height of about eighteen inches. The effect was almost magical in arousing his sensibility; and, after a while, violent vomiting ensued, all symptoms of drowsiness disappearing afterwards, under the use of a cup of strong coffee. 3. This was an example of poisoning by belladonna, occurring in a lady, to whom it had been administered in an enema for the relief of neuralgia of the rectum. She was found by the author completely insensible, with a swollen, flushed face, slow, unstertorous breathing, and a small, hard (130) pulse. Various means were employed to arouse her without any effect. A large enema of thin gruel was first administered, in order to clear out any of the poison that might remain in the bowel; and a steady stream of water was then poured upon the back of the head and neck. In about five minutes she made an attempt to articulate; and the use of the affusion was suspended, as the patient was cold. Placed in bed, and lightly covered, in ten or fifteen minutes her face became flushed, and she again fell into a deep sleep. The cold affusion was reapplied, and she soon regained consciousness. Although she continued drowsy for some hours, she recovered without the use of any other remedy, her vision remaining dim and confused for about three weeks.

Dr. Jackson observes that although the efficacy of cold affusion in opium-poisoning has been proved before, he is not aware of its employment in the case of belladonna. "Toxicologists agree in stating that where an overdose of belladonna has been taken, the stomach and intestines are peculiarly insensible to impressions; and, in fact, the whole nervous system is temporarily paralysed. This fact of course detracts very much from the amount of dependence to be placed on emetics and purgatives, even when they can be swallowed, and obviously enhances the value of a remedy so simple and convenient, and which promises to be so useful, as cold affusion to the head. Evacuants, even admitting that they produce their full therapeutic action, can do little more than rid the system of that portion of the poisonous substance which is still unabsorbed, and although highly useful for this purpose, and not to be neglected, yet, as remedies to relieve the narcotism already produced, and which forms the real source of danger, they are comparatively worthless. Hence the necessity of a remedy which has the power to stimulate the nervous system to a sufficient degree of action to maintain the vital functions, while labouring under the prostrating influence of a narcotic poison."—*American Journal of Medical Science*, July, p. 77.

EXCERPTA MINORA.

Removal of Foreign Bodies from the Ear.—Dr. Archibald recommends the following as a very effectual procedure:—Upon the back of a circular piece of isinglass or court-plaister, two lines in diameter, a piece of thread twelve or fifteen inches long is to be attached by a very narrow strip of the same material, placed at right angles over the thread. When this is dry, a piece of muslin or cotton cloth is to be torn, two inches long, and broad enough to be rolled around both arms of the thread into a cylinder of required size and firmness. The ends of the thread should next be drawn so as to bring the plaister upon the extremity of the cylinder, around which one end of the thread may be wrapped, to keep it from unfolding. The meatus should now be freed from moisture, by means of a little lint or cotton; and the surface of the plaister should be wetted and applied to the foreign body. Adhesion will take place in five or ten minutes, and then the body may be removed with the plaister.—*American Journal of Medical Science*, July, p. 281.

Treatment of Diabetes.—Dr. Calhoon states that he has pursued the following plan with great success, especially in old subjects:—"Forbidding the use of fluids, except in small quantities, and enjoining the use of solid food and the observance of quietude, I direct the following powder to be taken three times a day, viz.:—Pulv. Doveri, gr. v.; acet. plumb., gr. iij.; sulph. quin., gr. ij. If necessary, the bowels are to be kept gently open with castor-oil. I have never found it necessary to continue the above treatment more than four or five days."—*Ibid.*, July, p. 282.

Calomel Insufflation in Diphtheria.—M. Bontemps performs insufflation with a powder composed of five parts of animal charcoal and a half part of calomel—the false membranes rapidly disappearing under its use, providing that they have not invaded the larynx, when the remedy, like so many others, fails.—*Gaz. des Hôp.*, No. 91.

Diffused Aneurism produced in a Singular Manner.—A soldier was shutting a window, one of the upper panes of which was broken. A fragment of the glass falling down, fell upon the middle of the external surface of the right arm, traversing the shirt sleeve, and making a small transverse wound, about two centimetres long, at the external edge of the biceps. An abundant jet of blood immediately followed, which was attributed to a wound of the cephalic vein. After the cicatrisation of the little wound, a diffused aneurism was found to be occupying the internal and interior region of the arm, presenting at first much the appearance of diffused phlegmon. By an operation, performed twenty days after the accident, it was ascertained that there was a longitudinal wound of the brachial artery seven or eight millimetres long; and that, as the biceps was intact, the glass, to reach the vessel, had slid behind the muscle in its posterior sheath, and had then escaped from the wound.—*Moniteur des Hôpitaux*, No. 30.

To ensure timely re-vaccination, Dr. Babu recommends that every person on his first communion and marriage should be fortified with a vaccine certificate.

GENERAL CORRESPONDENCE.

"NEW TREATMENT OF HYDROCELE."

LETTER FROM DR. YOUNG.

[To the Editor of the Medical Times and Gazette.]

SIR,—In common with the Profession at large, I feel under great obligations to Dr. James D. Gillespie for his able letter in your Journal of September 10, 1859, on the above subject; but, as it treats of this operation in such a wholesale condemnatory style, I feel myself called on to say a few words in its defence; and I would add that my task will not prove a difficult one.

Had Dr. James D. Gillespie seen this operation performed by Professor Simpson, the probability is his cases might have terminated more successfully. I presume Dr. Gillespie has seen no case of this kind but that of J. L., on whom Professor Simpson operated with me on October 26, 1858, and reported in your Journal of February 26, 1859. This case, so eminently successful, was seen by Dr. Gillespie on the second or third day after the operation.

It is not a little remarkable that there should have appeared on the same day with Dr. Gillespie's letter a clinical report on the subject of hydrocele. That report gives the experience of Mr. Pollock, of St. George's Hospital. It says of the treatment of hydrocele by the wire seton:—"We have previously referred to the subject of the treatment of hydrocele by the passage of wires through the sac, which plan of radical cure has proved sueeessful in several cases under Mr. Pollock's care at St. George's Hospital. On the 12th of August he tapped a very large hydrocele of the right side in an elderly man, and withdrew thirty ounces of fluid. A needle and wire were then passed through the canula and sac. The canula being withdrawn, the wire was then tied, and thus formed a seton. A second case of hydrocele of the right side was likewise tapped, six ounces of fluid evacuated, and the same proeess adopted of introducing a wire seton. These two made the fourth and fifth cases thus treated with success. The first was an example of encysted hydrocele of the cord—five months ago—the patient being in the Hospital *one week*. No irritation was caused by the wire, but it produced an amount of eonsolidation of the part sufficient to obliterate the cyst. The second and third eases were those of ordinary hydrocele; in these, however, there was not the same power of bearing the wire, and it had to be removed in forty-eight hours. In one it nearly produced suppuration, but at the same time the sac was obliterated. Mr. Pollock considers the advantage of using the wire seton to be, that the patient suffers much less pain than when the sac is injected with the tincture of iodine."

There is a slight difference here in the method of operating from that adopted by Professor Simpson; and although the results seem equally successful, I consider the operation of Professor Simpson infinitely superior to that of Mr. Pollock. I still insist on styling this operation by the "dignified title" of New Treatment of Hydrocele, inasmuch as it was never tried previous to Professor Simpson's advocating it.

Dr. Gillespie might as well argue that an old wooden vessel is equally as good as a new iron steam-ship, or that the latter is not a new improvement over the old, as to say or deny that the use of a metallic seton is not a new and improved agent over silk, which we all know has been in use for ages.

I would be ready and willing to allow Dr. James Gillespie all the credit of a new method of treatment of hydrocele, or any disease, were he to discover and prove "*mulled claret*" to be a superior injeetion over the tincture of iodine. The very reason of the "shortcomings of the seton," and the consequent failure of the cure of hydrocele long ago, was the employment of thread or silk, which we know exeites such profuse suppuration, when used as a seton in the eure of disease as a eounter-irritant.

Hence the newness of the wire treatment; seeing the fact is established, that the wire seton does not produce such severe suppuration as the common seton; and to prove this, I have tried the iron-wire seton as a counter-irritant in some other diseases, and invariably failed to produee suppuration; so we need not be astonished that the thread seton was abandoned for the cure of hydrocele.

Dr. Gillespie says, that the second reason which induced the change of treatment from the seton, was the discovery that it was unnecessary to obliterate the eavity for the radieal cure of hydrocele.

I maintain, that to cure this disease radically, you must produce nearly complete consolidation and obliteration of the cavity of the tunica vaginalis; and that is not always effected by the iodine, as I have seen hydrocele often return after injection.

Dr. Gillespie also tells us that the seton has, with justice, been displaced in public estimation. In this I agree with him, as his reference here is to the seton of Pott, and not that of Professor Simpson. I must take the liberty of correcting Dr. Gillespie, when he speaks of Professor Simpson returning to the seton; neither is the operation a matter of theory, but of fact—except in the experience of Dr. Gillespie. After injecting a hydrocele with tincture of iodine, we do not expect only to restore the tunica to a "healthy state;" if it merely did this, the fluid would re-collect. We hope to obliterate the cyst *in toto*, or nearly so; and with this object in view we use the seton, and thus, in Dr. Gillespie's words, produce occlusion of the sac by adhesive inflammation.

In one part of Dr. Gillespie's letter, he says, that "only the parts in contact with the seton may be roused to adhesive inflammation;" and in another part he speaks of the suppurative action having spread over so large a surface, that two incisions were required to give exit to the pus. Now surely there sounds some mistake here, for, in the first place, I have invariably found that the adhesive inflammation spreads over the whole sac, provided the seton is properly inserted. It is also the opinion of Mr. Edwards that the inflammation diffuses itself; and secondly, if it were confined to the close proximity of the seton, how was such extensive suppuration produced? Dr. Gillespie condemns this treatment on his own experience only. I have hitherto upheld it, not on my own merely,—but on the experience of many others, and, as quoted above, on that of Mr. Pollock, who so entirely differs from Dr. Gillespie, as he explicitly says that the main feature of this operation is its comparative freedom from pain.

I beg leave to correct Dr. Gillespie when he makes me say, "that the pain goes on increasing to two, three, or even four days;" on the contrary, if he will read my papers again, he will find that pain is seldom, if ever, complained of.

From Dr. Gillespie's first case, I find the operation was performed with a packing-needle, certainly not the best instrument for such a delicate operation; I would, therefore, recommend Dr. Gillespie to have a needle made for the purpose by Mr. Young, of Princes-street. This case might have succeeded after the first operation, had the wire seton been retained longer, and five wires doubled used in place of two (a). As regards the second operation, I consider it unjust to have both methods of treatment performed at once in the same patient. The whole matter is summed up in this, that the new treatment of hydroeele has in two instances failed with Dr. James Gillespie, while, on the other hand, it has succeeded to admiration with all those who have performed it—such as Professor Simpson, Mr. Edwards, Mr. Pollock, Mr. Stainthorpe, Dr. Quinlan, and myself. And if I have been over-estimating the operation, after so many successful cases, I am sure Dr. Gillespie has undervalued its merits. He says, "I suspect if Dr. James Young will gather together his cases of cure at the end of a few months, he will find several in the same predicament as the patient of whom he reports on July 30th, 1859." The reference here is to the last patient on whom I operated, and who, though cured, suffered at the end of two months from a very severe blow by machinery, which reproduced the hydrocele. Now, I maintain the cause was sufficient to reproduce it; but, even allowing this one was a failure, I am able to inform Dr. Gillespie that on all the patients on whom I have operated for hydrocele since September, 1858, in not one instance has the disease returned, even at the lapse of eleven months.

On looking over Braithwait's "Retrospect of Medicine" for 1858, I find, at page 188, a paper by T. Spencer Wells, Esq., of London, "On the Radical Cure of Reducible Inguinal Hernia, by passing a needle through the Hernial Sac so as to produce its obliteration." In that article, we have not only the experience of Mr. Wells, but likewise that of Wertzer, and others, who have performed the operation very frequently, and with perfect success. My reason for noticing it here, is to ask Dr. Gillespie how he can reconcile the practice of such an eminent Surgeon as Mr. Wells, where neither much

(a) See correction by Dr. Gillespie in our last Number, p. 348.

inflammation, nor any suppuration followed the use of the needle, nor in any case peritonitis; and yet Dr. Gillespie says that extensive suppuration follows the use of the wire seton in hydrocele. Surely Dr. Gillespie will admit that in textures so delicate as these here indicated, and so likely to be affected by excessive inflammatory and suppurative action, if his theory held true, it would be sustained in this instance, *which it is not.* I am, &c.,

JAMES YOUNG, M.D., Surgeon.

36, Castle-street, Edinburgh, Sept. 19th, 1859.

THE LATE MONOPOLY OF THE APOTHECARIES' COMPANY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Students' Number of to-day you say (p. 303)—"We cannot conceive it possible, therefore, that any Student will seek his Medical qualification from the Apothecaries' Company, unless he feel certain that, for some time at least, in the district where he intends to practise, he may be compelled to maintain the right in a Court of Law, of recovering for medicines supplied in Medical cases. It is still believed that in England this power is alone possessed by Licentiates of the Apothecaries' Company. Any registered person can recover charges for attendance; but, if anyone think it necessary also to be able to recover for medicines, he had better take the licence of the Hall."

As I cannot suspect you of any leaning to the Apothecaries' Company, I am surprised that you should not rather have pointed out, that this doubt is a mere *ruse* in the interest of the Apothecaries' Company, to frighten those who don't know the terms of the Act into taking their licence. What says Clause 31 of the Act?

"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for Professional aid, advice, and visits, and the cost of any medicines, or other medical or surgical appliances rendered or supplied by him to his patients."

I read three things in this clause:—First. The preservation of the Double Qualification, that every registered person is entitled to practise only Medicine if he has only a Medical qualification; only Surgery, if he has only a Surgical qualification; both, if he has both qualifications. Secondly. That he is entitled so to do in any part of her Majesty's dominions; thus abolishing the Apothecaries' late monopoly of Medical licensing, and establishing the long-desired reciprocity throughout the three kingdoms. Thirdly. That every person so registered, and so entitled to practise either Medicine or Surgery, or both, is besides (it is *and* to demand and recover) entitled to recover for advice, attendance, medicines, or other medical or surgical appliances; this power being conferred by the clause, just as the extension of the right to practise to any part of her Majesty's dominions is conferred.

As it would be inconsistent to hold (the free reading of this part of the clause) that every registered person with even one qualification could recover for both kinds of cases, while he could practise in one kind only, we must hold the strict reading to be, that the medically qualified can recover for advice, visits, medicines, or other appliances, in medical cases only; the surgically qualified the same in surgical cases only; and the doubly qualified in both kinds.

Very well; where now is the Apothecaries' pretence? I look in vain for any distinction between medicines and the other things to be recovered for. Those who register the licence of the College of Physicians, or a University degree, are authorised by this clause to practise Medicine in any part of her Majesty's dominions (of which England, the Apothecaries' late preserve, is one), *and* to recover for aid, advice, visits, medicines, or other medical appliances rendered or supplied to their patients.

Why this delay in the arrangement of a joint examination by the Colleges of Physicians and Surgeons? But a joint examination is in no way essential, if the Colleges cannot agree, although it would be a great convenience to the student, and would save repetition of the examination on subjects common to both. Let the College of Physicians come out at once with a curriculum and examination for its Licentiate (for the Medical half of the General Practitioner), examining, like the Apothecaries, on everything except Surgery, and the students will go up for it, just as they go up for the separate diploma of the College of Surgeons. This is the step which is wanted, not necessarily a joint examination with the sister College; which, however, both Colleges would soon see it to be their interest to arrange.

September 24. I am, &c. F.R.C.S.

MYOPIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I wish to ask a few questions concerning Dr. Wright's new theory of long and short sight; as I suffer from myopia myself, I trust you will deem that a sufficient excuse for my trespassing upon your valuable space.

Dr. Wright says, the essential cause of myopia is in the iris which is preternaturally contracted, or else is too irritable. He also says that a bright light aggravates the congenital form by producing contraction of the circular fibres of the iris. As regards myself, I find that I can see much better on a bright sunny day than at evening or on a cloudy day, when of course the pupil is enlarged by the contraction of these circular fibres.

I wish to ask you the following questions:—

1. Why do I see worse at evening or on a cloudy day, when as Dr. Wright says, any means that cause dilatation of the pupil will enable the myopic individual to read with the book held at the same distance as a person would require whose eyes are sound?

2. If I could obtain the power over the muscular fibres of the iris, viz., to dilate and contract the pupil at will, should I be able to see any better?

3. Does Dr. Wright lay down any rules in the *North American Review* for the treatment of myopia?

4. Do you think I should injure my eyes by endeavouring to cause the dilatation of the pupil by rapidly changing the focus of the eye?

MYOPIA.

P.S.—I have only been short-sighted for the last three or four years, since I have been reading for the Medical Profession; but one eye has been short-sighted from birth.

TUNGSTEN STEEL.—Tungsten has nearly the same specific gravity as gold; and for hardness nearly approaches the hardest of natural bodies. It is found usually in company with tin-stone, and has been hitherto regarded as a mineralogical curiosity. One of the richest sources of the ore of Tungsten is in the tin-mines of Zinnwald, Bohemia, where it has been thrown into heaps as worthless for nearly 500 years. Franz Mayr, the proprietor of cast-steel works at Kapfenberg, in Styria, has combined this hitherto unprofitable metal with iron, and made from it steel of remarkable goodness, cheaper than English steel, and, it is said, in some respects superior. Excellent cutlery and tools have been made from it.—*Dingler's Polytechnisches Journal.*

COD-LIVER OIL IN A PALATEABLE FORM.—M. Bassi recommends a preparation of cod-liver oil, which "may be taken not only without difficulty, but with pleasure. Take 250 grammes of white bread; this is broken into pieces, and moderately roasted; it is put into a tinned vessel with two kilogrammes of water, which by decoction is reduced to one-half. This is then passed through a sieve, and lightly squeezed. The liquid is then exposed to a gentle heat until it has taken a gelatinous consistence. Then add to it 100 grammes of white sugar, and 60 grammes of isinglass. It is then removed from the fire, and left to cool. Next is to be added 2·50 grammes of tartaric acid, and the whole well mixed. Of the jelly of bread thus prepared is taken: jelly of bread 120 grammes, cod-liver oil 30 grammes, distilled canella water 15 grammes, essence of lemon twelve drops. Mix these well in a glass mortar. Under this form the cod-liver oil may be administered readily in large doses."—*Bullet de Thérap.*

REPORTS OF SOCIETIES.

ROYAL INSTITUTION.

The Lord Wensleydale, Vice-President, in the Chair.

Dr. R. Druitt delivered a Lecture on

HOUSES IN RELATION TO HEALTH. (a)

Having alluded to the sickness, bereavement, and ruinous expense which sometimes ensue from the wrong choice of houses by private individuals, and to the disorders liable to be diffused amongst all classes, from the unhealthy dwellings of the poor, he proceeded to consider the subject of houses and their influence on health, under three heads. Under the first, he treated of deficiencies of air, light, warmth, and dryness, and of the maladies of degeneration to which they give rise, of which consumption and scrofula are types; under the second, he spoke of the common typhoid fever of this country, and of choleraic disorders, and of their origin in defective house drainage; and under the third, he discussed the conditions which give intensity and power of propagation to certain diseases, such as scarlatina and diphtherite. Amongst the details noticed under the first head, he observed that the ground on which a house is built should have the qualities of porosity and firmness; porosity is required in order that all water charged with organic debris, which happens to penetrate it, may pass onwards and undergo that rapid oxydation which is so happily effected by the London gravel. Wherever the soil is deficient in this quality, or where beds of gravel or sand come in contact with beds of clay, a thorough subsoil drainage is as essential for the health of man, as it is for the growth of sweet herbage. Spots can be pointed out in which the subsoil is swampy, and where fever has prevailed in consequence. Moreover, the land on which houses are being built around London, is sometimes raised artificially by what is called made-earth: that is to say, on a low, wet spot, quite undrained, are heaped all sorts of rubbish, road scrapings, mud, and refuse, mixed with organic debris; and over this the houses are built. Besides, the excavation of sweet wholesome gravel, and the filling in the vacuity with rubbish, has long been prevalent at the west of London, and was much to be condemned; and an instance was quoted of a house, whose rental was £400 per annum, built over a laystall of the last century, that is a pit where every kind of impurity was deposited, and now filled with black mould mixed with sheep bones. This earth, when dried and analysed, yielded ten per cent. of organic matter, and was as unwholesome to build on as an old churchyard. Want of firmness might be remedied by a solid floor of concrete, after the Roman manner, which would enable houses to be built with less chance of settlements and cracks, which are causes of unhealthiness, not merely by allowing cold and damp to enter, but by permitting currents of fetid air to come from unknown and distant sources. Thin walls, too, render a house not only extremely cold, but unwarmable in winter. Passing over the grouping and position of houses, and the width of streets, which ought to be regulated by the height of the sun in winter, we come to the internal arrangements, and air supply. The last may be provided by some special ventilating apparatus; or may be left to take care of itself; but even if left to itself, it will be prudent to see that the basement doors, and other chief apertures, are not near any source of contamination; moreover, great caution should be exercised in roofing in yards and areas with glass, as is often done, because the glass may cover over some sources of effluvia, and bring them into the house. This has been the cause of fever. The supply of air to the apartments should be large; diffused and not in perceptible draughts; and warmed; and should be so contrived as not to attract attention: otherwise persons who are afraid of pure air, especially servants and the poor, will speedily close up the apertures. The plan suggested by the Commissioners on Warming and Ventilation was exhibited, and described as fulfilling most of these conditions—inasmuch, as the air is warmed by the heat otherwise wasted by the chimney, and is introduced in ascending currents; and care is taken that there is a channel of escape separate from the chimney, and that the upper part of the apartments should be the coolest. Any plan for bringing currents of cold air to the level of the feet, or of the bed, is to be condemned. Nothing can be a better evidence of the carelessness of our present system of air-supply to houses, than the fact, that much of it comes down the chimneys when there is no fire, bringing with it abundance of soot, and many, possibly unwholesome, products of imperfect combustion of organic matter. A free supply of pure air is the *sine qua non* to persons who lead in-door lives; inasmuch as the direct influence of close bedroom air in producing scrofula and consumption has been proved incontestibly by Carmichael of Dublin; and later, by Dr. Guy. But till people have a sufficiency of food and clothing, it is a mockery to speak of pure air. Man's instinct chooses foulness before hunger; when the contact of pure air with the lungs, and of pure water with the skin, creates an appetite for food which he has no means of satisfying. Further researches on the composition of house air are to be desired. It is evident that the amount of carbonic acid represents that of the most volatile, and probably that of the most innoxious product of the presence of living beings, and consequently the minimum of atmospheric impurity. The speaker had made several determinations which showed how rapidly the quantity fluctuated according to the amount of ventilation and the state of the wind. For example, in a small room in May's-buildings, Brick-street, inhabited by two adults and three children—

	Volumes of Carbonic Acid in 10,000 vols. of air.
April 20th. Noon; family dining ..	13·74
,, 21st. ,, ,, ,, ..	9·19
,, 24th. Room empty, door open ..	3·34
,, 20th. All night	15·97
,, 21st. ,, ...	15·10
,, 22nd. ,, ...	12·27
In the Infant School-room, Curzon Schools, Mayfair, room crowded, with a window open at each end	9·46
In a bedroom, unoccupied, but with the doors and windows closed all day, the quantity fluctuated between 5 and 7 volumes per 10,000.	

The list of maladies arising from cold, damp, airless and sunless dwellings is a long one, and is identical with the maladies caused by hunger, depraved nutrition, solitude, and grief; moreover, the effects of dark, monotonous, and decayed dwellings upon the mind must not be overlooked, inasmuch as they produce a direct temptation to indulge in spirituous liquors. Under the second head, the speaker alluded to the great number of modes in which a house may receive poisonous vapours from sewers. If the house drainage has not been revised during the last ten years, there may probably be every variety of imperfect and dilapidated drainage; wells that once supplied a family with water, may have been converted into dead wells and receptacles of filth; and even when a house possesses a perfect drainage system of its own, it may be invaded by its neighbours: or the remains of old drainage systems may have been left by the carelessness or ignorance of workmen. Every pipe, too, of whatever sort, may be a means of bringing foul air from sewers; every such apparatus should, therefore, be examined from time to time, and be regulated with philosophical precision. The possibilities were described of the entrance of air from the public sewers into houses; either from stagnation and decomposition, or through the wind which at certain times penetrates the great sewers from the river; then wherever a sewer ends abruptly, the gases are sure to be driven out of it, through the apertures in the streets made for ventilating purposes. The effects of bad house drainage, and of sewer poison, are found in the prevalence of typhoid fever and choleraic maladies. The great fevers at Clapham, Croydon, Westminster, and Windsor, were all of this sort, and traceable to this cause; and instances were given of illness, year after year, visiting a family, and robbing it of one or more lives; and when too late, the discovery made that an ancient, unknown, and decayed sewer ran under the premises. Many such sewers exist underground, not noticed in any map, and unknown to the present generation of officials; serving only as reservoirs of foul gases, which find vent through most unexpected channels. It is in vain for the Physician to discuss remedies, while the

(a) From the Proceedings of the Royal Institution.

patient is still breathing the vapours which caused the disease. Lastly, the property which diseases have of lurking in certain quarters, and then breaking out with virulence, and acquiring a self-propagating force, was ascribed to impurity in general, and to defective drainage in particular. Scarlet fever, especially, was asserted by the speaker to be caused *ab initio*, as well as to receive power of extension from this source; but the limits of the hour did not permit him to develop the evidence on this point. Thirteen contagious maladies, at the least, can be produced at will; and the speaker believed that, in time, epidemic diseases would be found subject to human control; and that the surest mode of protecting the dwellings of the rich was to cleanse and ventilate the dwellings of the poor.

Diagrams were exhibited, showing the mortality in several parts of the parish of St. George, Hanover-square, by which it appeared that, out of 20,000 inhabitants of first and second class streets there died at home, in the three years 1856, 1857, and 1858, 10·78 per thousand per annum; while, in third and fourth class streets, there died at home, in those three years, 20· per thousand per annum, exclusive of deaths in Hospitals and workhouses. Taking the mews separately, there died at home 15·36 per thousand per annum. The mortality and population of several streets during these years was also exhibited in a diagram, which contrasted the low mortality of purely aristocratic, and first-class business streets, with that of the nest of low streets between Grosvenor-square and Oxford-street, where, owing to the crowded and unventilatable state of the houses, there is a mortality of thirty per thousand; a mortality enhanced, of course, by the deaths of the children who are born but cannot be reared in such habitations.

MEDICAL NEWS.

Royal College of Physicians—At the Comitia Majora held on Friday, September 30th, A. T. Houghton Waters, of Liverpool, was admitted a Member of the College after Examination.

The following Extra-Licentiates of the College were admitted Members, under the Temporary Bye-Laws, at the Comitia Majora held on Friday, September 30th:—

Crowdy, Charles Witton, Brighton
Dickinson, Joseph, M.D., Liverpool
Grantham, Thomas Payne James, Burgh, Boston
Lankester, Edwin, Savile-row
Lister, John, Porchester-terrace, Hyde-park
Plomley, Francis, Maidstone
Stewart, John Grant, Greenwich Hospital
Wright, Thomas Giordani, Wakefield

The following Graduates of Medicine were also admitted Members of the College, under the Temporary Bye-Laws:—

Browning, George, M.D., St. Stephen's-crescent, Westbourne-pk.
Burns, John James Douglas, M.D., R.N., Chatham
Cormack, John Rose, M.D., Ampthill-square
Gooch, William Henry, M.D., Ventnor, Isle of Wight
Holdsworth, Samuel, M.D., Wakefield
Humble, George Arthur, M.D., Upper-street, Islington
Maclachlan, Daniel, M.D., Royal Hospital, Chelsea
Meadows, Alfred, M.D., Cavendish-place, Cavendish-square
Olliffe, Sir Joseph F., M.D., Rue St. Florentin, Paris
Power, Robert Francis, M.D., Lower Grosvenor-place
Robinson, Frederick, M.D., Scots Fusileer Guards
Sheppard, Edgar, M.D., Hanover-terrace, Regent's-park

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 29th September:—

Arminson, John, Preston, Lancashire
Gaye, Arthur Charles, Minehead, Somerset
Greenwood, Newton, Truro, Cornwall
Horsley, Henry, Croydon, Surrey
Jackson, John, Leicester
Parker, Robert, Churton, Cheshire
Riste, William, Bere Regis, Dorset
Shepherd, Joseph Brooks, Skidhill, Kent

The following gentlemen also on the same day passed their First Examination:—

Bowling, Thomas, Birmingham
Hume, Henry, Newcastle-on-Tyne
Lee, Leonard John, Devonshire-square
Wise, William Clunie, Plumstead, Kent
Wither, Francis Orde Bigg, Basingstoke, Hants
Kitching, Thomas, Campbell-road, Bow

APPOINTMENTS.

Ashdown.—Mr. George Ashdown was unanimously elected Surgeon to the General Infirmary, Northampton, on October 1; vice, Mr. Terry, resigned.

Harrison.—Mr. Reginald Harrison has been appointed House-Surgeon to the Northern Hospital.

DEATHS.

Allen.—July 24, Charles P. Allen, M.D., Surgeon, R.N.

Bockett.—Recently, William C. Bockett, Assistant-Surgeon, R.N., serving in H.M.S. *Havannah* on the Pacific Station.

Dean.—September 29, at his residence, 32, Lucas-street, Commercial-road East, J. H. Dean, aged 62.

Dewar.—On October 3, at Lower-road, Islington, Alexander Dewar, Surgeon R.N., late of Sunning-hill, Berks, aged 80.

French.—October 2, John James French, of 2, St. Peter's-street, Islington.

Goodrich.—Recently, at Topsham, Edward Stratton Goodrich, aged 32.

Hougham.—September 19, at Brookland, G. Hougham.

Jeffrey.—September 27, at Liverpool, Alexander Colquhoun Jeffrey, L.F.P.S. Glasgow, 1814, aged 69.

Little.—September 18, at Headfort, County Galway, Francis Evelyn Little, L.R.C.S. Ireland, aged 38.

McDonald.—Perished, exact date unknown, in the last Arctic Expedition, under the command of Sir John Franklin, A. McDonald, of Lawrencekirk, North Britain, Assistant-Surgeon, R.N.

Milton.—Recently, William Meyler Milton, Assistant-Surgeon, formerly of the Royal Artillery, late of the 82nd Regiment.

Morewood.—September 24, at Bath, G. Morewood, M.D., late Physician to the Forces.

Paterson.—August 26, at Embro, Canada, James Malcolm Paterson, M.D., aged 26.

Reid.—Perished, May 9, in H.M. sloop *Heron*, which foundered on the Western Coast of Africa, Samuel Reid, Acting Assistant-Surgeon, R.N.

Rigby.—September 25, at Macclesfield, James Rigby, for fourteen years Surgeon on board H.M.S. *Princess*.

Roberts.—September 29, at his residence, Bradford, John Walker Roberts, M.R.C.S. and L.S.A. 1827, late Senior Surgeon to the Bradford Infirmary.

Robertson.—Recently, Archibald Robertson, Surgeon, R.N. 1809 (retired).

Sproule.—Perished, May 9, in the wreck of H.M. sloop *Heron*, Dr. Robert Sproule, Surgeon, R.N. 1856.

Thorbury.—July 13, at the European Depot Hospital, Benares, Bengal, George Thorbury, M.S.C. of the Medical Staff Corps, late of Staindrop, Durham, aged 33.

Thorne.—September 22, at South Molton, James Wilkins Thorne, formerly of Okehampton, Devon, M.R.C.S. and L.S.A. 1817; M.D. St. Andrew's, 1844, aged 63.

Wilson.—September 27, at Workington, Dr. John Wilson, formerly Physician to the Middlesex Hospital, aged 71.

Windus.—On August 10, at Chicacole, Madras Presidency, Frederic James Windus, Civil Surgeon, second son of the late John Windus, Esq., of Epping, Essex, aged 32.

Sir George Grey has laid the foundation-stone at Cape-town of a new General Hospital, which is to cost from £20,000 to £30,000.

Mr. W. Ellis commences, on October 11, a course of Lectures on Social Science, at the South Kensington Museum, under the authority of the Committee of Council of Education.

The veteran Lord Brougham will attend the annual *soirée* of the Bradford Mechanics' Institute on October 12, and give away the prizes awarded.

The Moniteur des Hôpitaux. — This Journal, repressed by the arbitrary French Press Laws, has just reappeared, as a new journal, bearing for its title *Moniteur des Sciences Médicales.*

In the course of a few days, half-a-dozen cases of suicide were admitted into the New York Hospital. The number of cases of criminal poisonings and suicidal poisonings, has lately increased greatly at New York.

Dr. Fleury, whose journal, *Le Progrès*, was lately suspended by the Government, has commenced a new journalist life in a publication called *Journal des Sciences Médicales, et de l'Hydrothérapie Rationelle.*

At the Lunatic Asylum at Zurich, those patients who refused food have lately been chloroformised; and, we are told, with perfect success, as it was not necessary to repeat the operation more than two or three times, in order to gain the object in view.

Disinfecting Operations on the Thames-water were discontinued on September 3. The total quantity of disinfectant agents used during the past season has been about 4281 tons of chalk lime, 478 tons of chloride of lime, and 56 tons of carbonic acid, at a cost of £17,733.

The *Richmond Despatch* gives the following statistics of insanity among negroes in the United States. Louisiana has 1 in 2477; South Carolina 1 in 2999; Massachusetts 1 in 43; and Maine 1 in 14,—"clear and positive proof that the intelligence of the African does not accommodate itself well to liberty!"

Professor Lebert.—This distinguished author of so many estimable works on physiology and pathological anatomy, has received a "call" from Zurich, where he has been Professor of Clinical Medicine since 1852, to fill the same chair in the University of Breslau, vacated by Professor Frerichs, who succeeds Schönlein at Berlin.

Dr. Adolphe Sirey relates a case which is probably unique. It is one in which a biliary calculus is discharged from a suppuration in the right inguinal region. Dr. Sirey suggests the reasonable explanation, that the calculus had passed into the appendix vermiformis, and had there excited inflammation and suppuration in the parts around, and so found its way outwards through the abdominal walls.

M. Marc d'Espine.—M. Marc d'Espine, of Geneva, the author of the "Essai analytique et critique de Statistique Mortuaire comparée," and many other contributions to Medical statistics, has just been nominated a Chevalier of the Legion of Honour. "It were to be wished," says the *Moniteur des Sciences Médicales*, "that distinctions were always as well deserved. It is true that then, perhaps, they would become too rare."

The Royal Triplet Bounty.—On an application from Dr. Malcolmson, Her Majesty has directed £3 to be forwarded to Mrs. Smith, of Cavan, "in consequence," to use the high-bred language of Sir C. Phipps, "of her confinement of three children at one birth." Of course no reader will imagine that the Queen has been rewarding a cruel mother for shutting up three innocent babies in a dark hole.

The Case of Dr. Smethurst.—The Home Secretary has come to no decision upon the point whether there shall be a commutation of the sentence of Dr. Smethurst. The delay which has been occasioned arises from the fact that circumstances have transpired which lead to a suspicion that there are other cases of a serious character against Dr. Smethurst, which the police have received instructions to investigate.—*Globe.* This has since been contradicted.

Dr. Weisse, Director of the Children's Hospital at St. Petersburg, asserts, after an experience of twenty years, that, in the colliquative diarrhœa of children at the breast, raw meat reduced to a pulp is a specific remedy. As the use of this remedy for the purpose indicated, has become very general at St. Petersburg, it would be interesting to know whether intestinal entozoa have increased of late years among these younger objects of Medical art.

At a late meeting of the Poor-Law Guardians of Marylebone, Dr. Bachoffner called attention to the surprising fact that in the past five years there had been 1109 illegitimate births in the district, of which 821 had been received in this workhouse; and out of the 1109, it was astounding to say that 516 illegitimate deaths had been registered. In another district there had been 223 illegitimate births and 209 illegitimate deaths. He considered that something must be done without delay. The discussion was then adjourned.

Societies have short memories. Dr. Bonnafont, "from a sentiment of justice and piety towards the memory of a young Physician too soon snatched away from science," calls the attention of the Academy of Medicine to the fact, that Dr. Bayard, in 1846, received a silver medal from the Society of Encouragement for having applied a mixture of coal-tar and gypsum as a disinfectant of fæcal matters. This same Society has decreed a medal (gold, by the way) to MM. Corne and Demeaux, for applying the same mixture to putrefying wounds, without making any reference to M. Bayard.

Artificial Propagation of the Salmon.—Mr. A. D. Bartlett has given in the proceedings of the Zoological Society a note of the experiments conducted for this purpose at the Crystal Palace, the object being the introduction of salmon into the rivers of Australia. Mr. Ramsbottom obtained at least 20,000 ova from Wales. In thirty days many were hatched, and appeared to be doing well; but, unfortunately, through the thoughtlessness of some workmen, the young salmon were left for several hours without fresh water, and, consequently, all perished. The experiment will be renewed next year.

The Last of the French Doctrinaires.—"Among the Physicians, called of the French School, who now, alas! have their faith in *anatomisme* shaken; who, uncertain and hesitating between a vitalism whose metaphysics affright them, an organism, whose powerlessness drives them to despair, and an empiricism whose therapeutics disgust them —among these stands M. Piorry, the sole professor of a doctrine, imperturbably marching on in the way he has traced out for himself, and casting a look of suberb disdain on those who have left it. Amidst this universal feebleness of minds and faiths, the energetic belief of M. Piorry well deserves remark."—*L'Union Médicale.*

Dr. Murchison endeavours to show, by the collection of a number of historical facts, that two febrile diseases, such as are thought to depend upon the introduction of a morbid poison into the blood, may exist in the system at the same time. And he, therefore, concludes that upon the mere occasional co-existence of the peculiar eruptions of typhus and pythogenic fever (as he designates typhoid fever), no argument can be based as to the identity of the poisons of these two diseases. We think it is noticeable, that almost all the cases, he gives as illustrations of the fact of this compatibility of essential fevers (with a few exceptions of his own) *are not of modern date.*

The London Medical Registration Association.—A meeting of the Committee was held at the offices of the Association, No. 5, Charing-cross, on Wednesday evening last, Dr. Kirby in the chair. A large amount of correspondence was read. Among the resolutions agreed to was one that the question of the right of dentists to assume the title of "Surgeon"-Dentists should be immediately brought to an issue, and the steps to be taken were determined on. Votes having been taken, it was unanimously carried that several other prosecutions should be commenced; and, as will be seen by an advertisement in our columns, the annual general meeting of the Association was fixed to take place at the Freemasons' Tavern, on Thursday, the 3rd of November ensuing.

We find, in a Report read by M. Marinus to the Royal Academy of Medicine of Belgium, the following conclusions arrived at concerning vaccination and small-pox:—1. The preservative action of vaccine is absolute in nearly every case. 2. In a certain very small number of cases, the preservative action is not permanent, but it never departs before seven or ten years after the vaccination has been effected. 3. The cases of small-pox which occur after vaccination are very few, and generally of little importance. 4. In all cases, therefore, re-vaccination should be practised, as the Practitioner cannot

decide in any case whether the preservative action is still in force; and the re-vaccination should be performed at the ages of 10 to 15. 5. Vaccination exercises no baneful influence on the constitution.

MEDICINE AND SURGERY.—A lengthened and warm discussion took place at the Medico-Chirurgical Society not long ago, on the subject of the treatment of scrofulous joints, and chiefly in reference to excision of joints. We were at the time much struck with the fact that on the occasion in question not one single word was said (if we remember rightly) respecting the Medical treatment of these affections. It may, therefore, be fairly said that Abernethy's remark is not without its application, even at the present moment; and for the benefit of those who have decreed that no Medical knowledge is necessary for the practice of Surgery we will quote that master's words:—"An evil seems to me to have arisen from the artificial division of the healing art into the Medical and Surgical departments. This division has caused the attention of the Physician and Surgeon to be too exclusively directed to those diseases which custom has arbitrarily allotted to their care."

WOORARA IN TETANUS.—We have already noticed the fact that M. Vella, of Turin, had experimented with the above material in cases of tetanus which occurred lately in the military hospital at Turin. M. Bernard had often shown in his lecture at the College de France, that this substance, when introduced into the system, exhibits an action directly opposed to that of strychnia; it seems to paralyse the action of the motor nervous system. In animals the poisonous effects of one of these substances have thus been frequently counteracted by the properties of the other. It was from facts of this kind that M. Vella took his practice. In two of his cases the remedy was tried late in the day, but although the patients died, their symptoms were markedly ameliorated. In the third case, he commenced operations earlier; and before twenty-four hours had expired, the woorara was applied in fomentations to the wound—10 to 50 centigrammes of it to 40 grammes of liquid. "In about three-quarters of an hour after each application, and for half-an-hour at a time, there was a marked diminution of the tetanic rigidity, followed by such a complete relaxation of the muscles, that the patient was able to drink, make water, and sit up in bed." "On the other hand, when the action of the woorara had ceased, the wounded limb was again first seized with spasms. For the first three days of this extraordinary treatment, absorption by the wound was sufficient to produce muscular relaxation, and general repose of the body. After this period the Surgeon applied a blister to the thigh, and on the eighth day, repeated it, in order to produce a large absorbing surface. During four days the dressings were renewed every three hours; and afterwards every five hours. On the twelfth day, the attacks, which had gradually diminished in duration and intensity, completely disappeared. Fifteen days afterwards, the man left the Hospital." This case M. Bernard considers as a beautiful specimen of the application of scientific logic to therapeutics; but M. Velpeau does not agree with him, and thinks people often jump too rapidly to conclusions. "The author of the communication," says M. Velpeau, "has stated that there were numerous cases of tetanus among the wounded in the Army of Italy. Now, I have heard from many Surgeons, and from M. Larrey himself, the head of them, that, on the contrary, there were very few cases. Moreover, this case of tetanus that is arrested, that begins again, that is again stopped, and as it were at the pleasure of the Surgeon, inspires me, I must say, with little confidence! Now here are three cases spoken of; two die after ordinary treatment, and the third recovers under the use of woorara. Now, I have had at La Charité three cases of tetanus in the course of 1857 and 1858; and of these two died and the third recovered, just as happened at Turin. It is these cases of recovery that have given a temporary reputation to numerous means of cure which have been vaunted as efficacious in tetanus, and which have, nevertheless, left the disease almost constantly a fatal malady. A single fact—and I only see one here—is worth little in therapeutics." The physiological effects of woorara as an antidote to the symptoms produced by strychnia, fully warrant us in making further careful experiments of a similar kind to the one here spoken of. Such experiments are rational, and founded on the most legitimate scientific induction.

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 1, 1859.

BIRTHS.

Births of Boys, 812; Girls, 766; Total, 1578.
Average of 10 corresponding weeks, 1849–58, 1621·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	492	522	1014
Average of the ten years 1849–58	664·5	595·8	1260·3
Average corrected to increased population	..	..	..
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	41	22	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	5	4	2	2	2	3
North	490,396	1	2	19	5	1	8	10
Central	393,256	2	2	15	1	3	7	6
East	485,522	7	7	17	3	1	12	16
South	616,635	7	1	25	6	2	11	9
Total	2,362,236	19	17	80	17	9	40	44

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·724 in.
Mean temperature	58·7
Highest point of thermometer	70·0
Lowest point of thermometer	49·1
Mean dew-point temperature	54·1
General direction of wind	S.W.
Whole amount of rain in the week	1·69
Amount of horizontal movement of air in the week	785 miles.

BOOKS RECEIVED.

Phthisis and the Stethoscope. By R. P. Cotton, M.D. Second Edition. London: 1859.

On the Diseases and Injuries of the Joints. By T. Bryant, F.R.C.S. London: 1859.

The Natural History of the European Seas. By the late Prof. E. Forbes, F.R.S. London: 1859.

A Practical Account of General Paralysis. By T. J. Austin, M.R.C.S. London: 1859.

Guy's Hospital Reports. Third Series. Vol. V. London: 1859.

The Life of Cullen. By J. Thomson, M.D. Two volumes. Edinburgh: 1859.

Reducible Inguinal Rupture. By Redfern Davies. Birmingham: 1859.

Statistics of Small-pox and Vaccination. By W. Moore, M.B. Dublin: 1859.

Sanitary Progress in St. Giles's. By Dr. Buchanan.

Climate of Brighton. By Wm. Kebbell, M.D. London: 1859.

Second Annual Report of the Ladies' National Association for the Diffusion of Sanitary Knowledge. London: 1859.

A Sketch of the Origin and Formation of the Australian Medical Association. Sydney: 1859.

A Guide to the Treatment of Diseases of the Skin. By Thos. Hunt, F.R.C.S. Fourth Edition. London: 1859.

The Work and the Counterwork. By E. A. Stopford. Third Edition. Dublin: 1859.

Domestic Practice of Homœopathy. By G. C. Holland, M.D. Edin. Part I. Edinburgh: 1859.

Report of the South London Ophthalmic Hospital. London: 1859.

Homœopathy and Hydropathy. By Edwin Lee, M.D. Fourth Edition. London: 1859.

Observations of the Medical Evidence in the Case of the Queen *v.* Smethurst. By T. G. Geoghegan, M.D. Dublin: 1859.

A Statistical Investigation into the Mortality of the Miners in the District of Lelant. By R. Q. Couch, M.R.C.S.

British Journal of Dental Science. London: September, 1859.

The Veterinarian. October. London: 1859.

The Australian Medical Journal. Melbourne: July, 1859.

What is Psychology? By J. S. Bushnan, M.D. Exeter: 1859.

The Journal of Psychological Medicine. Edited by Forbes Winslow, M.D. October. London: 1859.

Pharmaceutical Journal. October. London: 1859.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D. Fourth Edition. London: 1859.

Journal of a Voyage to Australia. By the Rev. W. Scoreshy, D.D., F.R.S. London: 1859.

The Westminster Review. October. London: 1859.

Thorley's Almanac for 1860.

Letts's Appointment Diary for 1860.—Letts's Medical Diary for 1860. (These are extremely neat and portable diaries, so arranged as to be very useful to Medical men.)

TO CORRESPONDENTS.

A Lecture by Dr. Simpson is in type, but the proof had not been returned at the hour of going to press.

D. H.—Three persons died of hydrophobia in 1857, five in 1856, fourteen in 1855, and as many as twenty-five in some previous years.

Mr. Atkinson should make his application to the Registrar, Soho-square, by letter, giving the date of his diploma.

Dr. M'C.—There would be great inconvenience in publishing a *yearly* Pharmacopœia. By the time the druggists were accustomed to one, another would be issued.

W.D.G., Wakefield, will oblige us by sending a copy of the advertisement in which we are stated to recommend a work on "nervous debility," by a Mr. Smith, of Burton-crescent.

Mr. Seton.—In 1754, Lacordière wrote of the small-pox, "that it destroyed, mutilated, and disfigured one-fourth of the human race." A hint this to the wiseacres who disbelieve in the utility of vaccination.

F. F.—21,403 unnatural deaths take place every year in London. The average rate of mortality in London during five years 1849-53, was 57,582, whereas the deaths, according to rates of mortality prevailing in certain districts of England, should not have exceeded 36,179.

J. P.—The Annual Circular of the Medical Directory was, as usual, issued the first week in August, and we are glad to hear that it was more generally responded to than on any former occasion. Accuracy can be only ensured by the strictest regularity in making the annual returns, and a few moments are well spent in contributing to the completion of so important a work of daily reference.

W. T.—The paper alluded to by our correspondent is by "T. Smethurst, M.D." dated Beak-street, Regent-street, June 1, 1844. We do not know if this is the same Dr. Smethurst now under sentence. It was published in the *Lancet* of June 22, 1844, and entitled "On the Excision of Teeth." It occupies a little more than a column, and describes a case in which some inflammation about the mouth and face followed the cutting away of an incisor-tooth at the level of the gum, and pivoting an artificial tooth on to the stump. In the same number of this Journal is an article by Fresenius, "On the Detection of Poisons generally in Medico-legal Inquiries, and on a new and perfectly satisfactory Method for the Detection and Quantitative Determination of Arsenic." This article is commenced in the preceding number of the Journal, and the author shows that if an animal be poisoned by sulphuret of potassium, the "presence of the poison cannot be traced after the lapse of some time," and that there are many other poisons, not only animal and vegetable, but definite chemical compounds, in which the chemist cannot be expected to prove the presence of the poison. In the paper of June 22, it is shown that the *pathological signs* are "indeterminate and uncertain" in cases of poisoning by "acetate of copper, tartar emetic, butter of antimony, sulphate of zinc, etc." In a continuation of this paper in the 29th of June the fallacy of Reinsch's process "in cases where nitrates, mercury-compounds, and other metallic combinations" are present, is pointed out.

ERRATUM.—No. 483, p. 346, for "Caleb Eroms," read "Caleb Evans."

INVETERATE WARTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to a letter in your last number, headed as above, I would recommend "A Constant Subscriber" to try the following measures for the eradication of warts:—

With a hair pencil apply a drop of aromatic vinegar or the strongest acetic acid to the warts each night and every morning; while washing, rub them well with a nail brush. Their disappearance may be expected in a few days. I am, &c.

October 3, 1859. ALIQUIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In answer to "A Constant Subscriber" enquiring for a cure for inveterate warts, glacial acetic acid will not disappoint him, and if he finds the same obstinacy in venereal warts, a single application of the same acid will probably prove as successful with him as it has with me, but much depends on the purity of the acid. I am, &c.

Victoria-park road, Hackney, N.E., Oct. 3, 1859. G. F. G.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "A Constant Subscriber" asks for a remedy for a crop of warts on the hand. I should recommend him to try the constant application of water-dressing for two or three weeks, which application, to my surprise, cured a very large crop on the back of a patient's hand, to which I had ordered the water-dressing on account of a wound on the palmar surface. Should the application succeed in the case of "A Constant Subscriber," it would be interesting to the Profession were it made known. I am, &c. H.

October 1, 1859.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I think "A Constant Subscriber" will find his warts yield to the application of a saturated solution of alum in sulphuric ether. It was given me many years since by a very distinguished chemical friend, and I have very rarely found it fail; and recently I used it for a wart-like growth on the thumb of a near relation's hand, which had resisted all ordinary means of removal, and which, from its being situated on the inner aspect of the thumb, was a most serious inconvenience.

I am, &c. L.R.C.P.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The best application to warts is a solution of chromic acid of the strength of two drachms and a-half to the ounce of water. A crystal of bichromate of potass moistened with water answers very well.

London, October 4, 1859. I am, &c. W.

"AUDI ALTERAM PARTEM."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you allow me through your medium to call the attention of your correspondent Ἰατρός to the following bye-law of the Royal College of Physicians of Edinburgh, which I copy verbatim: "If any Fellow or Licentiate of the College shall by himself, co-partaer or servants, keep a public Apothecary's, Druggist's, or Chemist's shop he shall, *ipso facto*, forfeit all the rights and privileges which he does or may enjoy as a Fellow or Licentiate of the said College, and his name shall be expunged from the list." It is quite evident then that the professional tradesman he alludes to is acting in direct opposition to this bye-law as well as to the statement all candidates for the licence are called upon to sign.

I am, &c. JOHN E. SMYTH, B.A. L.R.C.P.E.

2, China-terrace, Lambeth, October 1, 1859.

COMMUNICATIONS have been received from:—

PROFESSOR SIMPSON; Mr. TEALE, Leeds; Dr. KING; REGISTRAR-GENERAL; Mr. ATKINSON, Jerusalem; Dr. COLLINGWOOD; Dr. R. D. THOMSON; Dr. STRUTHERS; Dr. GARROD; MEDICAL OFFICERS AND LECTURERS, Westminster Hospital; Mr. FIRTH; Dr. WEIR; Mr. SCOTT; Dr. McCORMAC, Belfast; PRESIDENT OF ST. THOMAS'S HOSPITAL; Dr. MOORE; THE LECTURERS, Middlesex Hospital; Dr. WOLFE; Dr. DYSTER; Mr. NORRIS; Mr. BENNETT; Dr. S. RIDING; Mr. RIVERS; Mr. COPNEY; Mr. J. MICHELL; Dr. SMYTH; Mr. TUSON; Mr. E. OLDFIELD, St. Petersburg; Mr. DEANE; PRESIDENT AND COUNCIL OF COLLEGE OF DENTISTS; Dr. BUCHANAN; Mr. REDFERN DAVIES; Mr. THORLEY; Mr. DEMPTON; Mr. LETTS.

APPOINTMENTS FOR THE WEEK.

October 8. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

10. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Henry Thompson, Esq., F.R.C.S. "On Internal Urethrotomy in Obstinate Stricture of the Urethra."

11. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

12. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

13. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

14. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Fergusson—Removal of Dead Bone from Finger; Ditto from Tibia; Ditto from Stump; Excision of Hip; For Ununited Fracture; For Nævus. Mr. Bowman—Lithotomy.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Mr. Holt—Necrosis of the Tibia; and two Cases of Stricture of the Urethra.

ORIGINAL LECTURES.

A CLINICAL LECTURE ON A FATAL CASE OF CONTRACTED BRIGHT'S KIDNEY, WITH PERICARDITIS, ETC.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital, Professor of Materia Medica and Therapeutics in King's College, London.

GENTLEMEN,—Let me direct your attention to the particulars of a case of Bright's disease, which we have lately had under our care in the Hospital, and which ended fatally a few days since. The subject of this history was a married woman, aged 59, and by occupation a cook, who was admitted into No. 7 Ward, on the 27th of June. She was very deaf, and on this account we had considerable difficulty in eliciting from her a clear history of her previous state of health; but we learnt that she had suffered repeated attacks of what she called "rheumatic gout," and also that several times during the last few years she had been ill with bronchitis. She now came to the Hospital on account of cough and shortness of breath.

She was a short fat woman, with florid cheeks, in which the minute tortuous vessels were thickly scattered over a sallow, waxy, smooth, protuberant surface. Her physiognomy pretty clearly indicated that she had partaken freely of the good fare which it had been her business to prepare for others.

I have already told you that she was suffering from cough and shortness of breath; her breathing, however, was at first neither very hurried nor very laborious, nor did her countenance indicate any great degree of distress. On auscultation we heard distinctly enough the sounds indicative of bronchitis, wheezing and loose crepitation were audible over the greater part of both lungs. But we heard something more, and that was a to-and-fro creaking friction sound over the region of the heart. We concluded, therefore, that the serous surfaces of the heart and pericardium were roughened by lymph, the result of recent pericarditis. In consequence of the thickness of the subcutaneous fat over our patient's chest, we could learn nothing from percussion of the probable amount of liquid effusion into the pericardium.

Now you are aware that the most frequent cause of pericarditis is that painful disease rheumatic fever, of which we have lately had so much in our wards. In this case, however, rheumatic fever was clearly not the disease with which we had to deal. For although our patient complained of pains in some of her joints, there was no swelling of the painful joints, there was none of the characteristic acid perspiration, nor had the urine, as we shall presently see, the physical characters which are commonly found in cases of rheumatic fever.

You will have seen that, as a rule, we examine, with more or less care, the urine of all the patients who are admitted into the physicians' wards, and, in particular, we ascertain the presence or absence of albumen. By this practice, which I recommend to you for your adoption, we sometimes discover the existence of renal disease which might otherwise escape detection. But in the particular case which we are now considering there was a special reason for the examination of the urine, in the existence of pericarditis without rheumatic fever. It is an acknowledged fact, that Bright's disease of the kidney ranks next to rheumatic fever as a frequent cause of pericarditis. It was possible, therefore, that having ascertained the presence of pericarditis we might find in the urine some evidence of the existence of renal disease.

The urine was found to have the following characters. It was of very pale colour, its density was 1011, and it contained a small amount of albumen, the coagulum when allowed to subside occupied about one-twelfth of the liquid. The secretion of urine was scanty, but we could not ascertain the actual measure, for it was sometimes passed with the stools, and sometimes involuntarily in bed.

Now the question arose as to the relationship between the disease within the chest and the renal symptoms. It not unfrequently happens that patients who are labouring under a severe attack of bronchitis, have their urine impregnated with albumen in consequence of the congestion of the kidneys which results from a greatly impeded circulation through the chest. As the bronchitis subsides, and the pulmonary circulation again becomes free the albumen often disappears, to return again, perhaps, with a fresh attack of bronchitis. Was this the explanation of the albuminuria in the present case? We answered in the negative, for we have generally observed that when albuminuria is merely a secondary result of pulmonary engorgement, the kidneys being free from organic disease, the urine is of comparatively high density and of deep colour, and that it frequently deposits a copious sediment of lithates; whereas, in this instance the urine had the opposite character, a low density and very light colour. And relying upon these obvious physical characters of the urine, I ventured, with some confidence, to express an opinion that the kidneys were in an advanced stage of degeneration and atrophy, the result of that particular form of Bright's disease, which we designate the Chronic Desquamative Disease.

When the urine had stood for a time in a conical glass it deposited a considerable sediment of a light colour, which on microscopical examination we found to consist chiefly of broad scales of pavement epithelium from the uterus or vagina, but amongst these scales we saw here and there a granular and a large waxy cast, such as are represented in the accompanying diagram, and such as are rarely found together except in the advanced stage of this particular form of wasting Bright's disease.

a a. Granular casts. *b b*] Large waxy casts × 200.

Reviewing, now, all the circumstances of this history, we arrived at the conclusion that this most insidious of all the forms of Bright's disease had for a long but uncertain period, been making gradual progress, and that it had at length reached a very advanced stage. The urine, which, in the earlier stages of this form of disease, is always copious, had now become scanty in consequence of extensive structural degeneration of the kidney, and the bronchitis and the pericarditis were results of the contamination of the blood by urine. The prognosis was most unfavourable, the end could not be far off.

In the way of treatment there was little to be done; but in the hope of eliminating through the bowels some of the poisonous materials which the kidneys were failing to excrete, we gave a pill of calomel and colocynth, and subsequently, one-sixth of a grain of elaterium, made into a pill with extract of aloes. We were unwilling to push this purgative treatment unduly, on account of the obvious and great inconvenience attending the frequent action of the bowels in the case of a patient whose strength is failing, and who has a tendency to pass her evacuations involuntarily in bed. A linseed poultice was placed over the heart, the lumbar region was dry-cupped, and we endeavoured to support the patient's strength by a diet of milk with beef-tea, and a daily allowance of four ounces of brandy. We also gave a pectoral mixture containing chloric ether. Our remedies, as we had anticipated, were unsuccessful, and the symptoms rapidly increased in severity. The excretion of urine continued to be very scanty, the breathing became more hurried and difficult, and at the same time attended by loud rattles, which completely drowned the pericardial rubbing sound. On the 2nd July, the fifth

day after her admission, she had an epileptic seizure, followed by stertorous breathing and coma, which continued for some time. On the following day, she had another convulsive seizure, followed by a comatose condition, in which she died.

In the post mortem examination of the body we were not allowed to open the head.

The pericardium contained about twelve ounces of bloody serum, and both the viseeral and parietal layers of the membrane were covered by rough lymph. The valves of the heart were healthy. The lungs were gorged, and the bronehi contained an abundance of frothy liquid. The kidneys were much reduced in size, their combined weight being only 5½ ounces. Their surface was uneven, and finely granular. In short, the kidneys had all the characteristic appearances which are commonly found in cases of chronic desquamative disease.

I have already alluded to the fact that this atrophic form of Bright's disease is most insidious in its origin and progress. In the majority of cases, as in this instance, it passes through all its stages without the occurrence of dropsy in any form or in any degree. I find from a careful analysis of cases which have come under my own observation, that excluding all cases in which there was the complication of cardiac disease which might occasion dropsy, this symptom had been present in only fourteen out of thirty-three fatal cases of contracted Bright's kidney, and in most of these cases the dropsy had been very slight and partial. It can rarely happen that any Practitioner would prescribe for a case of dropsy, without investigating the condition of the urine; but it may very frequently happen, when dropsical symptoms are not present, that the urine is not examined, and the existence of advanced renal disease is not suspected.

There is another feature of this chronic desquamative disease, this atrophic form of Bright's disease, which it is important to bear in mind in cases of doubtful diagnosis. I allude to the fact that the urine is by no means constantly albuminous in this class of cases. Albumen may be absent, not only in the early stages of the disease, but even in its most advanced stages. Fortunately, this absence of albumen is not common, but it is of sufficiently frequent occurrence to give additional importance to the study of the microscopic characters of the urine, as an aid to diagnosis and prognosis in all cases of renal disease. The value of the evidence afforded by the various kinds of tube-casts is becoming very generally recognised, both in this country and on the continent of Europe, as well as in America, and this, too, in spite of the opposition of some few writers, who appear to be too indolent to master the details of the subject, or too prejudiced to form a right estimate of its importance.

In the treatment of this chronic desquamative disease it is of the first importance to discover the affection at the earliest possible period. We cannot hope to reconstruct a thoroughly degenerated and wasted kidney, but we may, by timely treatment, do much to arrest or retard the progress of those degenerative changes, which slowly but at length completely destroy the secreting structures of the gland. There is a very close, though not a constant connexion, between this form of renal disease and gout. Our patient had suffered from "rheumatic gout," and if you carefully examine the urine of patients who have had repeated attacks of gout, you will frequently find in it the granular tube-casts, indicating the commencement of those destructive changes in the renal gland-cells, which constitute the origin and the essence of this atrophic form of Bright's disease. Now is the time, while these microscopic appearances in the urine constitute the only evidence of renal disease, when treatment may be beneficial. A strict attention to diet and regimen is of the first importance. A gouty patient, in whose urine the signs of incipient renal disease are discoverable, has more than ordinary need to avoid all errors and excesses in food and drink. He should abstain from all kinds of malt-liquors and from port-wine; and if he require any stimulants, he should take brandy or sherry or claret in very moderate quantities. The skin should be kept clean and active by daily tepid ablutions, by woollen under-clothing, and by such an amount of exercise out of doors, short of fatigue, as the patient's strength and the weather and other circumstances will permit. The bowels should be carefully regulated by mild vegetable aperients, such as the compound rhubarb or colocynth pills, with which half-a-grain or one grain of acetous extract of colchicum may be usefully combined. The vegetable bitters are often needed to give tone to the stomach, and when there is a great excess of acidity in the gastric fluids and in the urine, it may be well to give moderate doses of the bicarbonate of potash from two to three hours after the principal meals.

I have here sketched in outline a plan of treatment which, if judiciously and perseveringly carried out, may have much influence in checking the progress of this insidious disease towards that fatal disorganisation which it had unfortunately reached in the case which we have now been discussing.

ORIGINAL COMMUNICATIONS.

A CASE OF

CANCER OF THE STOMACH

ASSOCIATED WITH

TUBERCULAR DISEASE OF THE LUNGS.

By CHARLES T. COOTE, M.D. F.R.C.P.

Assistant Physician to the Middlesex Hospital.

Although it is now known for certain that cancer and tubercle may coexist in the same individual, yet the coincidence is of sufficient rarity to render it desirable to accumulate instances of the fact.

F. G. aged 60, a "painter's jobber," was admitted into the Middlesex Hospital on the 10th of August, 1858, under the care of Dr. Goodfellow, to whose kindness I am indebted for the notes taken during life, and which add so greatly to the interest of the post-mortem examination.

When admitted, the man was emaciated, pallid, with dropsical legs, and complaining of a "troublesome cough, worse at night." His then illness was of eight or nine weeks standing; but he had been ailing long before.

There was "dulness on percussion over the apex of each lung, limited in extent, but greater on the left than on the right side; slight bronchial respiration and increased vocal resonance."

On the next day, attention was drawn to the abdomen, where was detected "an irregularly circumscribed, indurated, tumour; slightly moveable by change of posture; extending from the umbilicus to about three inches upwards and to the left." He complained of some pain in this spot, which, however, was relieved by a dose of castor oil, and which never returned. This tumour was supposed to be malignant; and from its situation and from the absence of any symptom referrible to the stomach or the liver, Dr. Goodfellow came to the conclusion that it was situated in the omentum, and probably involved a portion of the transverse colon.

From this time until the man's death (which took place on the 20th October from exhaustion and general dropsy), no change of any moment occurred. He retained throughout an excellent appetite, and was placed successively on broth diet, fish diet, and ordinary diet; he then had milk diet with a chop; and was particularly fond of gruel, of which he ate largely on the day of his death. During all this time he never once vomited, nor complained (after the castor-oil) of pain in the abdomen.

I extract from my own notes such portions of the autopsy as bear upon the chief points of the case.

Right lung: pleura adherent at posterior part of the upper lobe. The adhesions, easily broken down, consisted of recent lymph, and of a number of minute whitish granulations, about as large as pins' heads. Both the upper lobes were highly congested, but floated in water. The lower lobe was of a deep violet colour, very friable, and sinking in water.

The left lung was small, pale, collapsed, free from pleural adhesions. On section, the upper lobe was found to be profusely studded with grey miliary tubercles interspersed with a large amount of pigment. Among these was a much smaller proportion of yellow tubercles; and of these some had undergone softening, leaving small cavities, none larger than a pea. The lower lobe was emphysematous.

Under the microscope these tubercles presented the usual elements; small, shrivelled, angular nuclei, mieroscopic granules, and (in the yellow tubercles) fat.

The abdomen being opened, "On the anterior surface of

the right lobe of the liver, just beneath the ensiform cartilage, appeared a solid mass of a yellow colour, as large as a walnut, and with an ulcerating surface. In other parts of the liver were numerous similar masses, varying in size from that of a pea to that of a pigeon's egg.

"The stomach (which was firmly adherent to the liver, to the spleen, and to the transverse colon) was of normal size. Its walls, with the exception of the extreme fundus, and the pylorus itself, consisted of a hard unyielding substance, about three-quarters of an inch in thickness, the internal surface of which was in a state of uniform ulceration. On section this structure was found to occupy all the coats of the stomach, except the peritoneal, which was unaffected. The extreme portion of the fundus appeared quite healthy. The œsophagus was healthy."

These structures were examined microscopically.

The yellow masses in the liver consisted essentially of large nuclei containing one or two very large, and very distinct, nucleoli. With these were many polygonal cells in various stages of degeneration.

The structure occupying the walls of the stomach presented to the naked eye a greyish translucent substance, interspersed with small opaque masses of a yellow colour. The former consisted of a loosely reticulated fibrous stroma containing nuclei exactly resembling those described above, microscopic granules, and a few rather small cells containing large nuclei. The opaque yellow substance consisted of microscopic granules (very numerous), of fat, and of structureless corpuscles not distinguishable from colloid.

"The intestines were quite normal, except where the transverse colon was adherent to the anterior wall of the stomach; at which spot it was contracted to the extent of half its diameter."

In this case there appear to be several points of interest, irrespective of the mere coincidence of tubercle and cancer:—

1. The manner in which the two diseases manifested themselves contemporaneously during life.—On admission the man's complaint was of cough. Attention was only subsequently directed to the abdomen, by the complaint of pain; and, as this symptom was relieved by castor-oil, it seems probable that it was referrible rather to the constricted transverse colon than to the diseased stomach itself.

2. As before stated, there was no symptom of any disease of the stomach during the time that the man was in the Hospital.—His appetite was good, he complained of no pain in the situation of the stomach either before or after taking food, and there was an entire absence of nausea or any inclination to vomit. His bowels acted regularly once or twice daily. The anæmie state of the patient, the dry and parchment-like appearance of his skin, the general innutrition notwithstanding the seemingly due performance of the digestive process; and the anasarca (no albuminuria or other positive sign of disease of the kidneys or heart being present); all these signs, taken in connection with the existence of the abdominal tumour, led to the conviction that the man was labouring under malignant disease, and that it was probably associated with tubercular disease of the lungs.

3. The situation of the cancerous growth in the stomach was very unusual; neither the extreme fundus nor the pyloric orifice being affected.

4. The fact that the two diseases (cancer and tubercle) must have gone on simultaneously.—Whatever may have been the date of the first deposit of tubercle in the apex of the left lung, some portions of it had certainly undergone recent softening; and other portions (in the stage of yellow tubercle) were possibly advancing towards the same event. This state of retrogressive transformation is very analogous to, if not identical with, that change of a cancerous deposit which is called its "ulceration." Moreover, simultaneously with these changes, recent tubercular exudation had occurred in the pleura investing the apex of the opposite lung.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D. F.R.S.
Obstetric Physician to St. George's Hospital.

(Continued from p. 331.)

Case 584.—Mrs. P. on July 25, 1849, at four a.m., being at the full period of her sixth or seventh pregnancy, the liquor amnii escaped. At seven a.m. I ascertained that the nates presented. The labour continued during the whole day, and at ten p.m. she was greatly exhausted, and the nates had not passed through the brim of the pelvis. There was no chance of the child ever being born by the natural efforts, and by no means, consistent with the safety of the child and mother, could I succeed in drawing the nates into the cavity of the pelvis. After a consultation with Dr. ——, a blunt hook was passed with great difficulty over the left groin, between the thigh and trunk, and great force was required to draw the head through the pelvis. The uterus was so firmly contracted upon the child, that it was not considered safe to force back the nates and attempt to bring down a lower extremity. No bad consequence followed.

Case 585.—July 26, 1849, flooding some time after the expulsion of the placenta with Mr. —— in Charlotte-street. He had left the patient, and on returning found an immense hæmorrhage with the uterus distended with blood. Passed his hand and removed all the clots. Hæmorrhage went on, and the patient was nearly dead. When I saw her there was no binder round the abdomen. I applied a pad and strong bandage, ice externally, and gave brandy-and-water liberally, and the patient recovered.

Case 586.—July 26, 1849, about mid-day a lady at the Terrace, Kensington, nearly seven months pregnant, was suddenly seized with uterine hæmorrhage. The day before she had been driving on a rough road. Mr. Haden soon saw her, made an examination, and felt the placenta. I saw her at his request about half-past four o'clock in the afternoon. The os uteri allowed two fingers to be introduced. No hæmorrhage, no faintness, no pain. Felt a portion of the placenta on the left side; on the right the membranes and the limbs of the fœtus. I recommended immediate delivery if the hæmorrhage should return, by passing two fingers through the os uteri and seizing one of the lower extremities. At three a.m. the flooding again returned suddenly, at which time the delivery was effected by Mr. Haden, by laying hold of a foot with two fingers. The whole hand was not introduced. The head passed without much difficulty, the placenta was adhering firmly, and a good deal of difficulty was experienced in getting it away. All the placenta was attached except the little portion that we felt through the os uteri. In this case I think it would have been the best practice to have delivered at half-past four p.m. No good resulted from waiting till the following morning, when much blood was lost.

Case 587.—Mrs. P. ——, Thursday, October 24, 1849, labour commeneed at two a.m., full period. Os uteri fully dilated, membranes ruptured. At four, difficulty in ascertaining the presentation. Ascertained to be preternatural at six, a hand of the fœtus, then felt. Passed up my left hand into the uterus, seized a foot, turned and delivered. The head drawn through the brim with great difficulty. Child dead. It was known, from previous observation before the labour commenced, that the pelvis was small, and the propriety of inducing premature labour had been considered.

Case 588.—At nine the same evening, called to Mrs. —— Ovington-square, Brompton. Os uteri fully dilated, feet presented, slowly extracted them, the breech and trunk, cord thrice round the neck, great difficulty in extracting the head. The child did not breathe for some time, but at last did so—a small child.

Case 589.—On the 27th October, 1849, Mr. Booth, of Great Queen-street, Westminster, requested me to see Mrs. S——, who had been in labour 48 hours with her third child, at the full period, and whose pelvis was distorted in the highest degree from mollities ossium. After perforating the head, which had not entered the brim of the pelvis, I succeeded, after more than two hours' exertion, in tearing the bones in pieces with the crotchet and extracting them. The partially dilated state of the os uteri greatly increased the difficulty and danger of the operation. The patient recovered without any unfavourable symptom. Her lameness, which had commenced four years before, gradually increased after this confinement.

Case 590.—At the beginning of December, 1852, I was informed by Mr. Booth that this patient was again pregnant and in the fifth month. Several of the usual symptoms of pregnancy were wanting, and in consequence of this it was resolved to postpone for another month any interference. On the 5th of January, 1853, I again saw this patient with Mr. Booth, when the movements of the fœtus could be distinctly felt, and the necessity of immediately attempting to induce

premature labour was obvious and urgent. The tuberosities of the ischio were almost in contact, and the sacrum, projecting forward so much as nearly to touch the front of the pelvis. The impression made upon my mind was, that I had never before in practice encountered such a case of distortion of the pelvis, or one in which so much difficulty would be experienced in reaching the os-uteri, introducing the stiletted catheter, and puncturing the membranes. After a time, the fore and middle fingers of the left hand were passed into the vagina, and I succeeded by pressing forward its anterior wall with the middle finger, in touching the anterior lip of the os uteri with the point of the forefinger, and by means of this the instrument was guided into the cavity of the uterus and the membranes punctured. The liquor amnii immediately began to escape, and continued flowing till the morning of Friday, the 7th of January, at 4 o'clock, when labour pains commenced. At 2 p.m. the os-uteri was so much dilated that the points of two fingers could be introduced and the fact ascertained that the head did not present, but whether it was the shoulders or nates could not be determined. At 7 p.m. the right hand was hanging out of the external parts and the shoulder and thorax had sunk deeper into the pelvis than it had appeared possible for them to do before the labour commenced. We found on carefully examining that the tuberosities of the ischio had been pressed to a considerable distance apart, in consequence of which the short diameter of the outlet was increased, and that the bones at the brim had also somewhat yielded to the pressure, and that the distance from the sacrum to the symphysis pubis had been likewise increased. Mr. Booth having drawn down the shoulder as low as possible, I removed the viscera of the thorax with the crotchet, and afterwards fixing its point on the spine, as near as possible to the pelvis, succeeded, after strong traction, in drawing the nates and lower extremities through the pelvis of the mother. The other superior extremities of the fœtus soon followed, and little difficulty was experienced in crushing and extracting the head. The placenta soon followed, and on the 29th of January I had the satisfaction of receiving the following report from Mr. Booth three weeks after delivery:—

"3, Great Queen-street, Westminster,
"Jan. 29, 1853.

"My dear Sir,—Mrs. S——— is progressing very satisfactorily. She is lifted out of bed and sits in an easy-chair two or three hours each day. Her appetite is pretty good, and general strength improving. She can stand up for a short time if she leans her weight on a table, but she cannot move a foot in the least. I am, my dear Sir,

"Yours obliged,
"E. Booth."

(To be continued.)

CASE OF

POISONING BY THE BINOXALATE OF POTASH.

By FRANCIS C. WEBB, M.D., F.L.S.,

Physician to the Great Northern Hospital, Lecturer on Medical Jurisprudence at the Grosvenor-place School of Medicine.

Instances of poisoning by the binoxalate of potash being of somewhat rare occurrence, the following brief notice of a case may perhaps be considered worthy of record.

On Monday, Oct. 3, 1859, J. B., a man aged 40, of tolerably robust appearance, presented himself in the out-patients' room of the Great Northern Hospital. He stated that on the previous Tuesday (September 27), being in perfect health, he swallowed by mistake a quantity, which he supposed to be about a quarter of a teaspoonful, of "essential salts of lemon" (binoxalate of potash) in the solid form. On taking it he experienced burning of the throat, and subsequently intense thirst, but no marked abdominal pain. Two hours afterwards he was attacked by vomiting, and about the same time by severe pain in the loins, and a feeling of great weakness in the lower extremities. On walking a short distance from his house, he found himself hardly able to reach home in consequence of "his legs failing him." Since that time he has been constantly vomiting at intervals of from ten minutes to an hour. At present he complains of lumbar pain, swimming in the head, sensations of coldness, succeeded by burning heat in the chest and stomach, and great muscular weakness. Micturition is accompanied by a sensation of scalding. There is, however, no marked epigastric or abdominal tenderness, and no diarrhœa. The pulse beats 100 per minute; the tongue is abnormally red and irritable-looking, so much so, that it attracted my attention before I had heard the history of the case.

October 6.—Since I last saw the patient he has suffered from spasmodic contractions of the hands, from cramps in the legs, and from heaviness and pain in the head. To-day he is considerably better. The vomiting and burning in the throat and stomach have abated. He has lost the pain in the loins. The tongue and fauces, however, appear still red and irritated.

I need scarcely observe that binoxalate of potash owes its poisonous properties to the oxalic acid in its composition, and that the physiological effects produced by the two poisons appear to be identical. It has been shown by Christison and others that oxalic acid exerts a twofold action on the animal body. Besides its power as an irritant, it is capable of exercising a peculiar toxical influence on the circulating and nervous systems. In the above case, while the vomiting, burning in the throat, and heat in the chest and stomach, are clearly attributable to its operation as an irritant, the great muscular weakness, the cramps, and the head affection, indicate the secondary action of the poison on the nervous centres. The length of time which elapsed before the occurrence of vomiting is a remarkable feature in this case. In by far the greater number of instances of poisoning by oxalic acid vomiting is a symptom which presents itself at a very early period. Exceptions doubtless have occurred, as in Mr. Hebb's case, quoted by Dr. Christison, but they are rare. The continuance of vomiting with little or no abatement for several days is also a circumstance, which, coupled with the comparatively small quantity of poison taken, is worthy of notice.

The lumbar pain and the irritation complained of in micturition, together with the absence of marked symptoms of enteric disturbance, point probably to the kidneys as the organs employed in the elimination of the poison.

M. Lanquetin tell us that the itch insect, *sarcoptes scabiei*, has neither eyes nor heart, but has a wonderful fecundity.

The Carmichael Prize.—We have received a copy of a letter from Dr. Crisp, addressed to the President and Council of the Royal College of Surgeons in Ireland, directing attention to the following advertisement:—"The Council having considered the special report made by the committee appointed to examine the Essays for the Carmichael Prizes, it is resolved that no prizes be awarded to any of the competitors." Dr. Crisp says: "The substance of Mr. Carmichael's will, dated February, 1849, is as follows:—'That the interest of £3000 shall be given every four years to the two best Essays on Medical Reform, to be adjudicated by the College Council—the first prize of £200, the second of £100. That seven hundred copies of each of the essays shall be published, and sent to the Cabinet Ministers, to the Privy Council, and to all the corporate bodies of the United Kingdom,' etc. etc. But it is to the subjoined extract that I especially direct the attention of the Council:—'Should the Council not deem any of the essays worthy of a reward, they are at liberty to postpone the grant of a premium *until the termination of the next four years; and at this period* the interest of the capital will be doubled, the reward of the two best essays may also be doubled—£400 for the best, and £200 for the second best.' The Italics are mine. It is well-known to the Council that the prizes were not awarded in 1854, and that according to the will the grant was 'postponed' until 1859; and it was under this impression, I presume, that all who competed for the prizes laboured. It is true, that the Council were not sufficiently zealous in the cause of Medical reform to carry out Mr. Carmichael's suggestion, and on this occasion to make the prizes double. The will directs that the members of the Council are to decide upon the merits of the essays, and the delegation of this matter to a committee is not only illegal, but under any circumstances highly objectionable, and especially so where politics are concerned."

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

HOSPITAL NOTES.

REMOVAL OF AN UNDESCENDED TESTIS.

On Thursday last we witnessed an operation by Mr. Curling at the London Hospital, for the removal of an undescended testis. The circumstances under which this measure had become desirable were briefly as follows. The patient was a married man, aged 31, the father of two children. He was of cachectic and somewhat downcast aspect. His left testis occupied its usual position in the scrotum, but was not at all larger than natural, and was somewhat flabby. His right testis had never passed the inguinal ring, and could be felt as a softish swelling about the size of a small pigeon's egg. For two years past the man had been liable to attacks of pain in the part, and had also suffered much from aching in the loins and back. The gland had at times swollen considerably, especially after exertion. Mr. Curling informed us that on one or two occasions during the last year, when the man had consulted him on account of pain, there had been a decided degree of hydrocele. The fluid had, however, always been absorbed spontaneously, and paracentesis had not been necessary. The repeated attacks of pain and inconvenience had at length induced the man to wish for its removal, and Mr. Curling, after a careful examination in order to ascertain that the malposition was not complicated with hernia, had decided to accede to his request. The operation was conducted with great care. The gland after removal was found to be in an atrophied condition, and it was very questionable whether it contained any efficient secreting structure. (Mr. Curling stated subsequently that he had made a microscopic examination, and found no spermatozoa in its fluid elements.)

In some clinical remarks on this case, Mr. Curling adverted to the fact that undescended testes are frequently in a state of atrophy, and functionally useless. He had therefore felt no unwillingness to remove what had become a source of serious inconvenience. In answer to a question, as to whether in cases in which one testis only is descended, and the other remains in the inguinal canal and undeveloped, he had noticed compensatory enlargement of the descended gland, he replied, that he had not done so. He believed that the general result of his experience had been that, as in the present instance, the descended gland remained of only average size.

THE MEDIAN OPERATION FOR STONE.

On Saturday last Mr. Bowman performed Allarton's operation (modification of the median operation) for stone, on a child about three years old. The calculus was of considerable size. Unusually little blood was lost during the operation. We have learnt that the subsequent progress of the child has been extremely good, and that the wound promises to heal very rapidly. This is, we believe, one of the first operations for stone at King's College at which Mr. Allarton's method has been adopted. Mr. Bowman remarked afterwards respecting it, that he had found the introduction of the fore-finger much more difficult than he had anticipated. He thought that some better form of dilator might be devised, which would much facilitate its performance. The end of the fore-finger, even of the smallest adult hand, is very large when compared with the diameter of a child's urethra, and in the attempt to introduce it by the side of the probe there is some risk of pushing the bladder upwards instead of entering the canal. This source of difficulty has we know presented itself to several other operators, and should this method come into general employment, as it seems likely to do, some better instrument than a common probe will probably be devised. A narrow probe-pointed blunt gorget might perhaps serve the purpose. Such an instrument would also render this method feasible in certain cases of deep perineum in the adult, in which it is not easy otherwise to accomplish it.

EXCISION OF THE HEAD OF THE FEMUR.

Apropos of a case on which he had just operated, Mr. Fergusson made some interesting observations the other day on the excision of the head of the femur in cases of diseased hip-joint. He stated that his experience had led him to entertain a very favourable opinion of the general results of this operation. He was sure that spontaneous cure, after the disease had advanced to a stage of active caries, was a rare event; and when it did occur, exceedingly protracted in all its stages. He adverted to the difficulty of diagnosis as to the exact position of the head of the bone. The general belief was, he said, that dislocation on to the dorsum ilii very frequently occurred. He had found it to be very rare; and the symptoms which were usually considered to indicate it were, he held, almost always due to distortion of the pelvis, and to the limb being carried over its fellow. He had no doubt that nine surgeons out of ten would have believed the head of the bone to have been out of the socket in the case in which he had just operated; and yet, when laid bare, it proved not to be so. The next point on which he remarked was, as to whether the shaft of the bone should be sawn through at the base of the great trochanter, or whether merely the articular head ought to be removed. He much preferred the former, and always adopted it. He admitted that at first sight his plan might seem to involve the removal of a considerable portion of bone which was not in any way diseased; but he had found, by experience, that not only did the great trochanter, when left, often prove a source of inconvenience by projecting into the wound, but that the limb ultimately obtained was not so serviceable. A third objection to its retention was that its presence tended to prevent the free escape of matter during the subsequent treatment. With regard to the objection often raised to the adoption of the resection treatment in the case of the hip-joint, that it was not possible to remove the opposed acetabular surface, he held that it was wholly devoid of foundation. The truth was, that by means of the gouge a carious surface in the acetabulum might be just as easily taken away as from any other joint. In conclusion, he adverted to the importance of being very careful to get away either with the gouge or otherwise all the fragments, however small, of diseased bone.

THE LONDON AND PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

REPORT ON THE RESULTS OF TRACHEOTOMY.

(Continued from page 361.)

We resume from last week's Journal the series of cases illustrative of the Results of Tracheotomy. We then cited 37 cases in which it had been required for the relief of obstruction resulting from Chronic Laryngitis, and in a Second Group 14 cases in which that operation had been performed for Scalds of the Glottis in Children. We now proceed with a Third Group comprising 14 cases of True Croup, to which will follow a Fourth, containing those in which the removal of a foreign body from the trachea was the object in view. The Croup Series will include 14 cases, with 4 recoveries and 10 deaths; that of tracheotomy for removal of foreign bodies, 13 cases, with 8 recoveries and 5 deaths. A Fifth Group in which the operation was performed on account of obstruction of the glottis caused by abscesses, tumours, malignant disease, aneurisms, etc., will conclude the series. In this last will be found nine cases, of which in one only did the patient recover.

THIRD GROUP.

TRACHEOTOMY FOR CROUP.

ST. GEORGE'S HOSPITAL.

Case 52.—F. S., aged 6, was admitted on July 26, 1857, for croup, which he had then had six days, and although he had been actively treated, the disease was not arrested. The dyspnœa was very great, the lips were livid, and the pulse

quick, weak, and fluttering. Mr. Tatum performed tracheotomy in the usual manner. During the operation there was considerable venous bleeding, and blood flowed into the trachea at each inspiration, and ultimately produced asphyxia. The tube was rapidly introduced, and artificial respiration assiduously employed. Consciousness and feeble natural respiration returned, but it was necessary to continue the artificial respiration for two hours. Pieces of false membrane and purulent matter were passed by the tube, and the patient afterwards breathed easier, and was improving until the 28th, when great dyspnœa again supervened. The tube was taken out, and a small pair of curved forceps passed some distance down the trachea. A hardened piece of false membrane and mucus an inch long, and thicker than the tracheotomy tube was removed. From this time he went on favourably, and on the 29th he began to breathe through the mouth and nostrils. He left the Hospital quite well on August 19.

Case 53.—A girl, said to be 16 years of age, but looking older, was admitted on account of croup. Death from suffocation being imminent, tracheotomy was performed by the House-Surgeon as a last resource. The thyroid body was much enlarged. Death took place almost immediately after opening the trachea, and appeared to be caused by the entrance of blood. At the autopsy, the incision was found to have passed directly through the isthmus of the thyroid. The lungs were extensively affected by a low form of pneumonia.

Case 54.—A girl, aged 6, was admitted under the care of Dr. Fuller, for croup. Suffocation having become imminent, tracheotomy was performed by Mr. Pollock. Complete relief was afforded, and the child recovered.

Cases 55 and 56.—In these, two boys, tracheotomy was performed as a last resource in croup. Both died within a few hours after the operation.

Case 57.—Under the care of Dr. Benee Jones and Mr. Prescott Hewett.—Hannah C., aged 5, was admitted with urgent symptoms of croup. The attack, which began nine days before with feverishness and hoarseness after exposure to cold, had continued to increase in severity, notwithstanding all Medical treatment. An emetic was immediately ordered, and a grain and a-half of calomel given every three hours, and an antimonial saline every four hours. Leeches were applied to the throat. In the evening, the symptoms becoming very urgent, Mr. Prescott Hewett performed tracheotomy. Mr. Hewett made a free incision immediately below the cricoid cartilage; but even here the rings of the trachea were found to be very deeply seated, owing to the neck of the child being very fat. The trachea was, however, soon laid bare, and the upper rings divided. At the moment of their division free hæmorrhage occurred, and some blood got into the trachea. This gave rise to coughing, and in one of the paroxysms a white substance was observed between the lips of the incision in the windpipe. This substance was drawn out by a pair of forceps; two masses of tough plastic lymph were thus removed. The longer of the two measured about three inches in length, but neither of them formed a complete cast of the windpipe. Some difficulty was experienced in introducing the tube, but by holding away each lip of the wound by Assalini's tenaculum it was accomplished. Hæmorrhage now ceased. She gradually recovered from the state of extreme exhaustion, and in five days the tube was removed. The wound healed, and she was discharged cured twenty-two days after the operation.

THE DREADNOUGHT HOSPITAL-SHIP.

Case 58.—Mr. F. M. Corner was called to a boy, aged 4, who had been suffering for three or four days from croup, previously a fine healthy child. The child was in the last extremity. Mr. Corner immediately performed tracheotomy. A few minutes afterwards a large solid piece of fibrine, about an inch in length, and moulded as if from one of the bronchi was forced into the opening and removed. The child then gradually came round, improving in every way; but, at the end of an hour and a-half, he suddenly, without cough or any other symptom, became suffocated and died. Nothing could be seen at the opening, and a pair of dressing forceps passed downwards failed in discovering anything. It was supposed that a large piece of false membrane had become detached, and had occluded the trachea low down. Re-action had come on freely after the operation, and the respiration, though still a little laboured, was greatly relieved. No post-mortem was obtained.

THE METROPOLITAN FREE HOSPITAL.

Case 59.—Mr. Hutchinson.—A boy, aged 8, an out-patient, suffering from croup. Difficulty of breathing had gradually increased, and for twenty-four hours before the operation, suffocation had appeared constantly imminent. When seen for the first time by Mr. Hutchinson on the eighth day of the disease, he was too ill to permit any delay, or to allow even of his removal to the Hospital. The operation was therefore performed at his own home. Just before its completion he became deadly pale, and both the respiration and pulse quite ceased. The tube having been inserted, the operator sucked up a large quantity of thick mucus which clogged the trachea, and then continued artificial respiration. In a minute or two there were signs of returning life, and a quarter of an hour afterwards the boy was breathing tranquilly. Complete relief was afforded by the operation, and he passed a comfortable night. On the following day, about sixteen hours after the operation, great dyspnœa again suddenly occurred, and in the time that was lost in seeking for Surgical assistance the child died. The tube was found blocked by a plug of mucus as tightly as if it had been corked.

HOSPITAL FOR SICK CHILDREN.

Case 60.—A girl, aged 14 months, was admitted on May 22, with croup, which commenced the day before. The state of the child did not permit of any active remedies being employed. Tracheotomy was performed by Mr. Chippendale, the House-Surgeon, but the child died convulsed thirteen hours afterwards. On examination false membrane was seen to extend down to the third division of the bronchi.

Case 61.—Tracheotomy was performed on a child, aged 2½ years, a patient of Dr. West's, by Mr. Athol Johnson, for the relief of very urgent symptoms occurring in croup. It gave much temporary relief, but the child sank thirty hours afterwards. At the autopsy no ulceration or false membrane was found about the soft palate or tonsils. The whole interior of the larynx was occupied by false membrane, not in a coherent layer, but yet completely lining it, and so filling the interstices between the chordæ vocales as to leave very little space for the passage of air. In the trachea the membrane became a more distinct tube, and formed a coherent lining, which continued down as low as the aperture made in the operation, below which it had a less regular, and a more shreddy appearance, though still quite continuous. It was of a dirty greyish colour, and extended, though with diminishing consistence, into the tertiary bronchi on the left side, though scarcely into the secondary in the right. On each side it lost much in cohesion the further it was traced, until it merely resembled thick pus. The bronchial and tracheal mucous membranes were of a vivid red colour, but the smallest bronchi were unaffected; and the lungs themselves, though congested, were for the most part emphysematous. There was no pneumonia, and no pleurisy, but a few patches of pulmonary collapse were noticed, especially in the left lung.

Case 62.—A boy, aged 3 years, was admitted on March 29 with croup. The symptoms were said to have commenced three days before. Tracheotomy was performed by Mr. Walter Chippendale, House-Surgeon, on the 31st. The case progressed favourably up to the thirteenth day, when the child became suddenly depressed, and sank in a few hours. The tube had been finally removed on the tenth day. On post-mortem examination, ulceration was found within the trachea from the second ring to within an inch of its bifurcation, measuring an inch and a-half in length. The interior of the larynx was coated with an imperfect and very thin layer of softened and easily-detached false membrane.

KING'S COLLEGE HOSPITAL.

Case 63.—A boy, aged 10, was admitted, under the care of Dr. Todd, having suffered from sore-throat for about a week. He had great difficulty of breathing at the time of admission. There was no œdema of the epiglottis, nor any abnormal appearance in the pharynx or upper part of the larynx. The cough was croupy, and the breathing stridulous. The dyspnœa, urgent from the first, became more and more so every hour, and twenty-four hours after admission became so extreme as to threaten immediate suffocation. Mr. Atkinson,

the House-Surgeon, therefore, performed tracheotomy. Great relief was obtained, but it was only temporary, and the child died five hours later. At the post-mortem examination, a continuous coating of false membrane was found lining the trachea and bronchi, extending even into the smallest ramifications of the latter.

THE MIDDLESEX HOSPITAL.

Case 64.—A child, aged 3, was admitted for croup. The symptoms had lasted twenty-four hours, when they became so urgent that tracheotomy was performed by Mr. Moore. Death, from the original disease, followed in nine hours.

ST. MARY'S HOSPITAL.

Case 65.—An infant, aged 13 months, was admitted, under the care of Mr. Ure, for acute croup. Tracheotomy was performed, but the child only survived the operation a few hours.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Case 66.—A boy, aged 4, was admitted with a view to the performance of tracheotomy, on account of urgent symptoms arising in the course of laryngitis. The dyspnœa gradually increasing, had become urgent and alarming. Chloroform was administered, but produced no mitigation of the symptoms. After the canula had been introduced, it was necessary for a short time to practise artificial respiration. As soon as the breathing was well re-established, all dyspnœa passed off, and the boy afterwards recovered without a drawback. The tube was removed on the tenth day, and the wound soundly healed soon after.

FOURTH GROUP.

TRACHEOTOMY FOR FOREIGN BODIES IN THE AIR-PASSAGES.

ST. MARY'S HOSPITAL.

Case 67.—A child, aged 4, was admitted nearly moribund, with the statement that he had choked from swallowing a crab's claw. Mr. Watkins, the House-Surgeon, at once performed tracheotomy with immediate relief. The foreign body was not expelled, nor was it deemed wise to make any search for it. On the following day Mr. Lane examined the trachea, but was not successful in finding the offending body. The child died on the fourth day. At the autopsy the end of a crab's claw was found in the trachea just above the wound. The mucous membrane of the trachea was congested and thickened, and there were evidences of extensive pleuro-pneumonia.

Case 68.—A girl, aged 2, was admitted under the following circumstances. She had been sleeping in a cart upon some bags of sawdust, when one of them became untied, and its contents fell over her, and some passed into her mouth. She was brought to the Hospital twenty minutes afterwards, almost dead from suffocation. The trachea was immediately opened, but after three or four feeble attempts at respiration she died. At the autopsy a large plug of sawdust was found in the trachea at its bifurcation, almost completely filling it up. The large bronchi were also nearly filled by it.

Case 69.—A boy, aged 8, was admitted, under the care of Mr. Lane, on the third day, after having (according to his own account) swallowed a piece of nutshell. For two days there had been no symptoms of impediment to breathing or other uneasiness. The symptoms on admission were very slight, air entered both lungs freely, and no particular part of the trachea was referred to as the seat of tenderness or pain. On the sixth day symptoms of suffocation had become so imminent that it was determined to open the trachea. Before, however, the operation could be completed, the child had expired. Artificial respiration and galvanism were had recourse to, but proved of no avail. At the autopsy, a small irregularly-shaped portion of nutshell was found lodged in the crico-thyroid membrane, just above the opening made into the trachea. It is right to add that chloroform had been given during the operation, but the patient was never fully under its influence.

ST. BARTHOLOMEW'S HOSPITAL.

Case 70.—A healthy boy, aged 5, was admitted with the statement that he had swallowed a nut. He was gasping for breath and quite livid. Mr. Morris, the House-Surgeon, at once introduced his finger into the pharynx, and in so doing felt it displace some small substance at the back of the tongue. The urgent symptoms immediately subsided, and the child regained his natural breathing. During the day and the following night, his respiration was in no way impeded; but about nine o'clock the next morning, whilst at breakfast, he was suddenly seized with violent dyspnœa. The House-Surgeon was summoned, and found him lying on his back, livid, quite insensible, and almost pulseless. Nothing could be felt in the throat. Tracheotomy was at once performed, and immediate and complete relief followed. Soon after the operation it was observed that the chest did not expand on the left side during inspiration, and on auscultation it was found that no air entered the lung. Percussion over the left side gave a resonant note. The tracheal tube was now removed, a ligature being placed in each lip of the wound to secure its patency. During the day, the child was kept in a warm atmosphere, and appeared tolerably comfortable. About fifteen hours after the operation, he was suddenly seized with a violent paroxysm of coughing, during which the foreign body was shot out through the opening in the trachea. It proved to be the stone of a damson plum. Shortly after its expulsion the breathing became much less laboured and vesicular respiration was now audible over the left lung; a slight bronchitic attack followed, which subsided under treatment by antimonials. The child made an excellent recovery.

Case 71.—C. C., aged 11 years, was admitted under the care of Mr. Paget. The history previous to admission was:—that a fortnight ago, while eating a mussel-plum, the stone had, as she said, "slipped down the throat" during a fit of crying. She was taken to Mr. Langdon, of Chobham, suffering from urgent symptoms. He performed tracheotomy in the usual manner. She coughed violently; and various other means were tried, but the stone still remained. The wound was allowed to heal, and in about a week she became easy and apparently well. Her cough and other urgent symptoms however returned, and she was sent to St. Bartholomew's Hospital. Mr. Paget operated under chloroform, making an incision in the trachea as low as possible. He could then easily feel the stone with his finger. Many attempts were made by forceps of various construction to seize it, but they failed. The wound was again enlarged upwards, in order that by inverting the patient the stone might fall out, but almost immediately it was ejected by coughing. The edges of the stone were very sharp. The patient recovered.

GUY'S HOSPITAL.

Case 72.—An infant, aged 11 months, was admitted on account of stridulous breathing, which was stated to have come on immediately before admission quite suddenly, and without known cause. The difficulty in breathing was very great, and suffocation seemed imminent. Tracheotomy was performed about four hours after the commencement of the symptoms. Much loss of blood attended the operation, and the infant was all but dead. No foreign body was found, and the tracheal tube was not introduced, in the hope that if anything were impacted it might be coughed up through the wound. No relief was obtained, and death occurred about three hours afterwards. At the autopsy a piece of bone about the size of a fourpenny bit, was found firmly impacted in the rima glottidis. It was afterwards ascertained that just before the difficulty of breathing came on, the mother had been feeding the child with mutton broth.

Case 73.—J. M., aged 5, was admitted on account of great difficulty of breathing, consequent on swallowing a plum-stone. The stone had been ground so as to make a whistle, and with this the boy was in the act of whistling; when a blow from his mother on his back caused him to make a spasmodic inspiration, during which it was swallowed. Immediately afterwards he was seized with great difficulty of breathing, and inability to cough. In the absence of Mr. Callaway, Mr. Cooper Foster was called to him. He was then lying on the right side, breathing laboriously, and making very ineffectual attempts to cough. The countenance was livid, the extremities cold, and the pulse very feeble. Over the chest was a remarkable condition of puffiness, attended by crackling on pressure, as if from emphysema. Any attempts at movement brought on great dyspnœa, but while lying quiet the breathing was not attended by any gasping effort. Mr. Cooper Foster at once performed tracheotomy. The third and fourth rings of the trachea were divided, and but little hæmorrhage occurred. Almost immediately after the opening had

been made, a coughing effort threw the stone out into the wound. All the symptoms were immediately relieved. The wound was left open, simply covered by lint. Excepting a slight attack of bronchitis, for which no special treatment was required, the boy made an uninterrupted recovery. On the fourteenth day after operation, a copious eruption of herpes about the mouth showed itself; but it disappeared spontaneously, and did not appear from the other symptoms to have depended on any pneumonic inflammation.

Case 74.—A boy, aged 6, was admitted, under the care of Mr. Cooper Foster, having, it was believed, swallowed a cherry-stone five days before. His mother stated, that while playing, with a cherry-stone in his mouth, he had suddenly appeared to be choked, and fallen down. Soon after the accident he became better, and could breathe easily, but repeated paroxysms of difficulty of breathing occurred in the evening. He said he could feel something moving up and down his throat. He always reclined on his right side, but preferred to sleep sitting up in bed. Excepting during the occasional attacks of dyspnœa, there had been no symptoms whatever, and in the intervals he had been perfectly well. Mr. Foster examined the chest carefully, and found equal respiration on both sides. The boy stated positively that he felt something move up and down, and no doubt was felt as to the stone being in the trachea. A paroxysm occurred in the evening, and just as it was passing off tracheotomy was performed. Chloroform was not given. As soon as the trachea was opened a coughing fit occurred, and the stone was ejected into the wound. The wound was afterwards allowed to close, and, except a slight attack of erysipelas, everything did well. The wound healed, and he soon afterwards left the Hospital.

Case 75.—A healthy-looking girl, aged 8, was admitted on May 3, 1854, under the care of Mr. Hilton. Three hours previously she had swallowed a large oval glass-bead, which had passed into the trachea. The operation for the removal of the foreign body was performed two days later. During the interval, the symptoms indicating its presence in the air-passages had been decided, and although at no time very severe, were gradually increasing. In the operation the trachea was freely opened by a valve-like flap. The opening was held widely patent, and during a rather violent coughing effort the bead, enveloped in mucus, was ejected. The child recovered well, and the wound was soundly healed at the end of three weeks.

KING'S COLLEGE HOSPITAL.

Case 76.—A boy, aged 3, was admitted with the account that he had swallowed a small, black, round shoe-button, having a piece of string attached. He was brought to the Hospital within ten minutes of the accident, and was then on the point of death from suffocation, being cold, pulseless, and blue in the face. The button could not be found by examination through the mouth, and Mr. Tutin, the House-Surgeon, accordingly at once performed tracheotomy. The child soon revived after the opening had been made in the trachea. The button could not be found, and up to the thirteenth day had not been discovered, although several examinations had been made with that object. Severe bronchial inflammation followed, requiring him to be constantly watched for several days and nights, but he recovered well from this. Frequent attempts were made to do without the tube, but symptoms of suffocation always began to show themselves shortly after its removal. After some weeks the thread came away through the opening in the trachea. It was supposed that the button had been coughed up and swallowed. About three months afterwards he had a second attack of bronchitis, from which he again recovered. Mr. Partridge enlarged the tracheal opening, and made a searching examination, but found nothing.

THE LONDON HOSPITAL.

Case 77.—A male child, aged 16 months, was admitted one evening with the statement, that while at breakfast in the morning, he had swallowed a piece of fish, which immediately caused symptoms of choking. The child's mother at the time passed her finger into the throat, and by beating the child on the back succeeded in obtaining some relief. A Surgeon to whom the child was taken, ordered an emetic, which procured the expulsion of a piece of fish-bone, and almost complete mitigation of the symptoms. During the middle of the day the child played about, and at noon ate a hearty dinner. Towards evening, however, cough came on, and symptoms of obstruction in the larynx rapidly developed themselves. When admitted, at seven p.m., he was exhausted and much oppressed, and the respiration was crowing. An emetic was employed, and afterwards a warm bath. No relief being afforded, Mr. Corner, the House-Surgeon, performed tracheotomy. No blood was lost, and as soon as the tube was introduced, relief to the more urgent symptoms was obtained. An examination by means of a probe was made, both of the larynx above and the trachea below, but no foreign body could be detected. The child rallied, and about midnight seemed in a favourable condition. A sinapism was ordered to the chest on account of the presence of bronchitic rales. At half-past three in the morning Mr. Corner was summoned, and on reaching the child found it dead. No post-mortem was permitted, but by examination through the wound two pieces of fish-bone were found firmly fixed between the vocal cords.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Case 78.—A boy, aged 3, was admitted, under the care of Dr. Humphry. He was suffering from much difficulty of breathing, supposed to arise from his having got "a haw into his windpipe." Four hours after admission alarming dyspnœa came on, and, on applying the stethoscope over the trachea, a clicking sound was heard. Tracheotomy was now resorted to, but before the trachea could be opened the child was to all appearance dead, both the pulse and respiration having ceased. The trachea was quickly opened, and the tube introduced, through which artificial respiration was kept up for some minutes. The child having rallied, the canula was removed, and the wound in the trachea being held open by blunt hooks, the haw was expelled with force during a powerful expiration. As he could not breathe comfortably without it, the tube was reintroduced afterwards, and allowed to remain three days. Thirteen days afterwards the wound had healed, and the child being quite well, was allowed to leave the Hospital.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

Case 79.—A boy, aged 2½, was admitted in a state of asphyxia. He was said to have swallowed a plum-stone a quarter of an hour previously. Tracheotomy was performed immediately, and a bougie was passed through the wound upwards into the pharynx. No stone was found, but the child's breathing was relieved by the operation. Liability to spasmodic cough continued for a fortnight afterwards, and then gradually ceased. The wound healed, and the child regained its health, careful stethoscopic examination failing to detect anything wrong in the chest excepting, perhaps, a very slight impairment of respiration in the lower part of the right lung. The motions had been carefully watched, but the stone was not found.

FIFTH GROUP.

TRACHEOTOMY FOR CAUSES NOT INCLUDED IN THE FOREGOING REPORTS.

Case 80.—St. Bartholomew's Hospital.—A man, aged 27, was admitted for acute inflammation of the tissues of the neck. Dyspnœa having become very urgent, the trachea was opened, under desperate circumstances by Mr. Stretton, House-Surgeon. No relief was afforded, and the man died almost immediately afterwards.

Case 81.—St. Bartholomew's Hospital.—Mr. Humphry, House-Surgeon, performed tracheotomy on a young woman in whom suffocation appeared imminent from the pressure of a tumour of obscure nature in the front of the neck. Much temporary relief followed the operation, but the patient lived only eighteen hours afterwards. At the autopsy, a mass of medullary cancer was found extending downwards, and almost encircling the trachea.

Case 82.—St. Thomas's Hospital.—A man, under the care of Mr. Mackmurdo. Laryngotomy was performed to relieve dyspnœa, occasioned by the pressure of a large bronchocele. The patient died twelve hours after the operation, and at the post mortem the trachea was found compressed laterally to a mere chink.

Case 83.—St. Mary's Hospital.—A woman, aged 33, was admitted, suffering under stricture of the œsophagus and much dysphagia. Difficulty of breathing from pressure

on the larynx at length set in, and having become very distressing, tracheotomy was performed. The operation afforded temporary relief, but death subsequently took place.

Case 84.—The London Hospital.—A boy, aged 14, was admitted, under the care of Mr. Luke, in consequence of great dyspnœa following his having been suspended on a crane-hook by his neckerchief. The neck had been severely crushed. Tracheotomy was performed, and with immediate relief, but death took place suddenly twenty-eight hours afterwards with all the symptoms of asphyxia. The autopsy showed that the cartilages of the larynx had been completely broken in.

Case 85.—Addenbrooke's Hospital.—A woman, aged 57, under care on account of idiopathic tetanus. The trachea was opened in order to relieve the alarming symptoms caused by spasm of the glottis. For a week previously the spasm had especially affected the muscles of the glottis. Much relief was afforded by the operation, but the disease continued, and death took place two days afterwards.

Case 86.—The Liverpool Royal Infirmary.—A labourer, aged 20, under the care of Mr. Long, having had his neck crushed between the buffers of two railway carriages. The trachea had been ruptured, and emphysema of the neck and numbness of the arms, etc., followed. In the course of a few days dyspnœa had become so urgent as to threaten life. An incision having been made over the trachea, it was found to be ruptured, and its rings at one part separated to the distance of an inch. A tube was inserted, and owing to respiration having entirely failed, it was requisite to suck up by the mouth a quantity of mucus and blood, and to re-inflate the lungs. This done, the man began to breathe again, and subsequently rallied perfectly. He left the Infirmary, with the wound well healed.

Case 87.—A boy, aged 3, was admitted under the care of Mr. Callaway. The operation of tracheotomy was performed, but the circumstances were hopeless, and death followed immediately afterwards. The disease proved to be a post-pharyngeal abscess connected with the spine, which was believed to have pressed forwards upon the trachea.

Case 88.—A man, aged 50, was admitted under the care of Mr. Callaway, for malignant disease of the larynx and trachea of two months' duration. Repeated attacks of spasmodic dyspnœa had threatened suffocation, and during one of these tracheotomy was performed. The relief afforded by the operation was complete, but death from lobular pneumonia followed forty-eight hours afterwards. The tube had been retained the whole time. The autopsy showed evidence of lobular pneumonia and pleurisy. About four inches below where the operation had been performed was an opening communicating with the œsophagus.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 364.—Patients and their Physic.

An amusing anecdote is related in the *Horæ Subsecivæ* of a Chawbacon who literally obeyed his doctor's orders, to "take that" (his prescription). At the end of fourteen days he returned perfectly well, in great admiration at the efficacy of the remedy. It has reminded me of a somewhat similar occurrence, which happened while I was attending the Edinburgh Hospital Practice, some twenty years ago. The apothecary by accident sent up to a patient a pill-box containing some half-dozen grain weights, everyone of which the patient took according to order. When questioned as to how he got them down, he answered, that "they were unco hard, but that he had rolled them up and so got them down pleasantly enough!"

I am, &c. Ich.

No. 365.—Civilised Poisons.

Dr. Christison will not admit that savage skill beats civilised ingenuity in the manufacture of poisons. "The urari of the Essequibo, the upo or upas of Java and Borneo, the Uritsan of China, are potent poisons, no doubt. But in potency they will never stand comparison with several of the pure principles which the chemistry of civilised nations has detached from poisonous vegetables. Any tribe of men, compelled by circumstances to obtain their food by shooting game with poisoned arrows, would profit greatly could they substitute digitaline, aconitina, conia, strychnia, and other pure principles of plants, for their own cruder extractiform poisons. These principles, indeed, might be so used as to deal destruction to the very largest animals on the face of the globe."—*Edinburgh Monthly.*

No. 366.—Cure for Erysipelas.

"In parts of County Carlow the blood drawn from a black cat's ear, and rubbed upon the part affected, is esteemed a certain cure for St. Anthony's fire."—*Notes and Queries.*

No. 367.—The Bill for the Embalmment of the Body of Her Majesty Queen Mary, by Dr. Hare, Her Majesty's Apothecary.

"For perfumed sparadrape, to make cerecloth to wrap the body in, and to line the coffin; for rich gummes and spices to stuff the body; for compound dryinge powders perfumed to lay in the coffin under the body, and to fill up the urne (where the heart or viscera were enclosed); for Indian balsam, rectifyed spirrits of wine tinctured with gummes and spices, and a stronge aromatized lixivium to wash the body with; for rich damask powder to fill the coffin, and for all other materials for embalminge the body of the High and Mighty Princess, Mary, Queen of England, Scotland, France, and Ireland, etc. As also for the spices and damask powders to be putt between the twoo coffines with the perfumes for the cambers (chambers) altogether 200lbs. 00s. 00d. Jo. Hutton."—*Strickland's Queens.*

No. 368.—Doctors Differ.

"Her disorder was, however, supposed to be only the measles, some two or three days afterwards, and great hopes were entertained of her recovery; but on the identity of her malady her Physicians could not agree, Dr. Radcliffe declaring that she would have the measles, and Dr. Millington the small-pox. Burnet affirms that the fatal turn of her malady was, owing to Dr. Radcliffe, in remarkable words, which are not to be found in his printed history, as follows:—'I will not enter into another province, nor go out of my own profession,' says Burnet's MS., 'and so will say no more of the Physician's part, but that it was universally condemned, so that the Queen's death was imputed to the unskilfulness and wilfulness of Dr. Radcliffe, an impious and vicious man, who hated the Queen much, but virtue and religion more. He was a professed Jacobite, and was by many thought a very bad Physician, but others cried him up to the highest degree imaginable.'"—*Strickland's Queens.*

No. 369.—Superstitious Premonitors of Death.

A wild bee, that is a humble bee, entering a room, gives warning of death. So does the crowing of a hen, so does the squeaking of a mouse behind the bed of a sick person. If the door of a hearse be closed before the mourners are all in the coaches, there will be another death in the family. If a cow breaks into your garden there will be death in your house within six months. The gentleman who sends note of this superstition adds the singular fact that it was made known to him by the breaking of three cows into his own garden, when an old house-servant grieved that there would be three deaths in the family within six months—and there were. The third was that of a son-in-law, into whose garden, also, a cow broke some weeks before he died. Nobody can die on a bed in which there are any pigeon and game feathers. This is a wide-spread belief, easily confirmed to the ignorant by proofs like the following, which were adduced by a Sussex labourer against a sceptic—"Look at poor Muster S——, how hard he were a dying; poor soul, he could not die ony way, till neighbour Puttick found out how it wer. 'Muster S——,' says he, 'ye be lying on geame feathers, mon, surely;' and so he wer. So we took'n out o' bed and laid'n on the floore, and he pretty soon died then." The last thing a man longs to eat seems to be pigeon. A very respectable farmer's wife being applied to for some pigeons, which a sick man fancied he could eat, said, "Ah! poor fellow, is he so far gone? A pigeon is generally almost the last thing they want. I have supplied many a one for the like purpose." If a pigeon is seen sitting on a tree, or enters a house, or from being wild grows tame, that is a sign of death. If any bird flies into a room and out again by an open window, that is a sign of death among the inmates of the house.

No. 370.—Harvey's Autograph.

"The great discoverer of the circulation of the blood must have written surely a great deal; yet the only specimen of his handwriting said to exist—his name in an album—was sold lately for twenty pounds."—*London News.*

No. 371.—A Naturalist.

"Swammerdam was born at Amsterdam in 1637, and died in 1680 from the effects of an hypochondriachal affection aggravated by excessive devotion to study. In one of his fits of melancholy he threw a great part of his manuscript into the fire, imagining that it was an offence against God to attempt to unravel the anatomical structure of insects! On another occasion he sold for a paltry sum a mass of his manuscripts, which were recovered at a great cost by Boerrhave, and published under the title of *Biblia Naturæ*. Swammerdam appears to have been one of the first who practised the art of anatomical injections; but his chief celebrity rests upon his anatomical researches on insects."—*Quatrefages.*

No. 372.—Dr. Radcliffe on Venesection.

"The boy (the Duke of Gloucester) reviewed his little regiment, exulting in the discharge of cannon and crackers, and presided over a grand banquet. He was very much heated and fatigued, and probably had been induced to entrench on his natural abstemiousness. The next day he complained of sickness, headache, and a sore-throat; towards night he became delirious. The family Physician of the Princess sought to relieve him by bleeding, but this operation did not do him any good. There was a general outcry and lamentation in the young duke's household that he would be lost, because Dr. Radcliffe was not in attendance on him, owing to the affront the Princess Anne had taken. Dr. Radcliffe was, however, sent for by express, and though unwilling, he was prevailed on to come. When he arrived at Windsor Castle and saw his poor little patient, he declared the malady to be the scarlet fever. He demanded who had bled him. The Physician in attendance owned the duke had been bled by his order. 'Then,' said Radcliffe, 'you have destroyed him, and you may finish him, for I will not prescribe.' The event justified the prediction of the most skilful Physician of the age; but he was as much abused by the people, who clung to the last scion of their native princes, as if he had wilfully refused to save the child."—*Strickland's Queens.*

No. 373.—A Plain-spoken Doctor and an Eye Doctor.

King William had, from his childhood, suffered from bad health. In the course of three or four years after the death of Queen Mary, his frame was sinking under a complication of diseases. During one of the attendances by Dr. Radcliffe, His Majesty's Physician, the King asked him what he thought of a complaint which had attacked his legs. "That I would not have your Majesty's two legs for your three kingdoms," was the startling rejoinder. King William thenceforth banished Radcliffe from court; but as the great Physician was a Jacobite, this was no punishment. The Princess Anne, finding that her child about this time suffered with inflammation in the eyes, became alarmed lest he should be as much subject to this distressing complaint as she was, and her sister, Queen Mary. The idea grieved her so much, that she went in person to Bloomsbury, where lived old Dr. Richley, who was, in the language of our narrator, "famous for bad eyes." It is to be feared that he was a quack doctor. He gave the princess a little bottle, and directed the liquid therein to be applied to the eyelids with a camel's hair-brush. At that time the Duke of Gloucester's eyes were almost closed, so that he could not bear the light. He had been prescribed diet-drink which he refused to take, until his father, Prince George of Denmark, had enforced obedience by another castigation, but, when swallowed, the "diet-drink" did no good. The Princess Anne, who had been harassed and vexed by these contentions, applied the nostrum of the oculist she had been to seek, which effected an immediate cure, upon which her Royal Highness sent the doctor a purse with fifty guineas in token of gratitude.

Two hundred and fifty papers have been received by the Council of the Social Science Association, for the purpose of being read at Bradford.

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Medical Times & Gazette.

SATURDAY, OCTOBER 15.

THE BRITISH MEDICAL JOURNAL ASSOCIATION.

We are by no means anxious to interfere with the internal economy of the British Medical Association; but when it is urged so perseveringly that the members of this Association are supplied for a guinea a year with as good a Journal as our subscribers can obtain for thirty shillings, we must be excused if we not only stand on the defensive, and show that this boast is unfounded even so far as the mere quantity of paper and print is concerned, but if we go a little further, and point out that the Association is indebted to us for some considerable share of the material paid for by the proprietors of this Journal; and we may fairly go on to comment on what may be called the *Political* aspect of a question which, interesting, as it does, some two thousand members of our Profession, has a most important influence on the future position of Medicine in this country.

A few months ago (March 26, 1859) it became our duty to compare the British and the American Medical Associations, when reviewing the eleventh volume of the Transactions of the latter body. In that volume, after a report of the eleventh annual meeting of the Association, of the Committee of Publication, of the Treasurer, and of the address of the President, we have the following series of reports by members of the Association, or by Committees :—

1. On the Medical Topography and Epidemic Diseases of Kentucky.
2. On the Topography and Epidemic Diseases of New Jersey.
3. Committee Report on the Epidemics of Ohio.
4. ,, ,, Medical Literature.
5. ,, ,, Medical Education.
6. On Spontaneous Umbilical Hæmorrhage in the Newly-born.
7. On Marriages of Consanguinity.
8. On the Functions of the Cerebellum.
9. On the Treatment of each Variety of Cataract.
10. On the Medical Jurisprudence of Insanity.
11. On the Law of Registration of Births, Marriages, and Deaths.
12. On the Nervous System in Febrile Diseases.
13. On Moral Insanity in its relation to Medical Jurisprudence.
14. On Stomatitis Materna.
15. On the true Position and value of Operative Surgery.

Then follow the two prize essays of the year—one on the Clinical Study of the Heart Sounds in Health and Disease; and the second on the Ophthalmoscope. The volume is concluded by the Plan of Organisation and the Code of Ethics of the Association, with a list of the officers and members. We should add, that it contains several coloured engravings, besides maps and woodcuts, and that some of the above reports are masterpieces.

Now, the American Association, like the British, has about two thousand members. Each member of the American

Association pays twelve shillings a-year as his subscription. The subscription to the "British" is a guinea. The one Association offers prizes, makes grants for the expenses of original inquiries, appoints working committees to investigate important questions, and supplies its members with the result of all this work in an annual volume of Transactions, which is a real acquisition to any Medical library. The Association has published carefully-prepared reports of the various epidemics and diseases which have prevailed during the past ten years, and of the vital statistics of the principal cities, illustrating them by charts, maps, diagrams, tables, and plates. "Every state and territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers, have specially claimed attention." The Association has been thanked by the Senate for its prevention of the importation of worthless or adulterated drugs; it has introduced a uniform system of registration of births, marriages, and deaths to the different States; it has framed regulations for the sanitary government of emigrant vessels; it has investigated the indigenous Medical flora of the Union; it has elevated the standard of Medical education in the States, having reformed the schools solely by its moral power; lastly, it has blended the Medical body into a "common harmonious fraternity," and has thus acquired for the Profession a power of extended usefulness, and has elevated the position of our order. What a contrast is offered by the British Medical Association! As a scientific body, encouraging research and rewarding merit, it is absolutely unheard of; as a medico-political power it is destitute of influence, because destitute of funds. The clauses it attempted to introduce into the Medical Act were as complete failures as the Act it unsuccessfully attempted to induce the Government to accept. It has done nothing for vaccination, nothing to check the sale of poisons. The various Public Health Acts have been passed without reference to it. It has done nothing of importance in Poor-Law Medical Reform. It has done nothing to check irregular practice, or promulgate a code of Medical ethics. It is a mere joint-stock company, vainly attempting to compete with this and the other weekly Medical journal of the metropolis. Its sole vitality is in its annual social gatherings. Let them be kept up; but in all other respects, if the Association is to become a useful, influential, and respected body, let it return to its original constitution, encourage experimental investigation, promote Medical science, assume some authority in the sanitary affairs of the nation, put away discreditable trading competition, and outshine, instead of being shamed by, its younger and more vigorous brother in the West.

Feelings such as those to which we have above given expression have long been brooding in the minds of many true friends of the British Association. Stormy discussions have taken place at the annual meetings, introducing an element of discord into what should be harmonious friendly gatherings. At length the question has been seriously brought forward at a Branch meeting:—

"At the general meeting of the East York and North Lincoln Branch, the following resolution was agreed to:—

"'That in the opinion of this Branch the funds of the Association are injudiciously expended upon a weekly Journal, which is the sole cause of the present financial difficulty, and we believe that the existing debt would be most easily liquidated by a discontinuance of the weekly publication, by which also the number and usefulness of our Society might be largely extended, and its general interests greatly furthered."

The Editor of the Journal very properly says,—

"No question could be brought before the different Branches of the Association more legitimately than the one referred to in the foregoing resolution."

And it is one which will doubtless be discussed at all the Branches in succession. The resolution just quoted was brought forward in a most able manner by Mr. Dix, of Hull, who showed that, "with the exception of the meagre salary of the General Secretary, the whole amount of the subscriptions of our Associates is expended on the Journal," and asked,—

"What is this Journal, that we should expend so much thereon; which swallows up all our subscriptions, the whole of which are inadequate to its maintenance; and for the sake of which we have been for years past, and still remain, considerably in debt?"

Continuing his argument, and urging that the Journal "so far from being of advantage to us, is an incubus and a stumbling-block in our path," he insisted that the cost of the Journal led to the necessity for the annual subscription of a guinea and to the debt; and that the amount of the subscription prevented very many eligible members from joining the Association. He then went on to ask, "What is the actual value, pecuniary or otherwise, of this our much-lauded periodical?" Arguing that those gentlemen who see this Journal or the Lancet, do not want the Journal of the Association; and that those who trust to their own Journal alone, "are leaning on a bruised reed, that they are gradually retrograding and falling into the wake of science," he entered into a detailed description of the contents of corresponding numbers of the three journals; but he did not add, as he might have done, that the reports of the discussions at the Medico-Chirurgical Society, and those of the meetings of the Pathological Society, are supplied by paid reporters to the two proprietary Journals, and are copied the following week, or perhaps *weeks* after, without acknowledgment, by the organ of a large body of honourable men.

After arguing that the Journal is inferior to the other two weeklies, he asks whether this Association Journal is—

"needed at all? Are not the other periodicals sufficient for all useful purposes? I don't deny that the Journal often furnishes us with good papers, but these we should get all the same if our Journal were blotted from existence. Indeed, I fear a useful paper often falls still-born, because it is published in the Journal, and my advice to men about to publish would be this: if you want to be read, don't send your paper to the Association Journal, for it is a well-known fact that its readers, beyond the circle of members, are very few. It is to be feared that some even of our members don't duly study their Journal. How few care to preserve it? How few bind it and give it a place on their shelves? To a reading man the superabundance of periodical literature is a nuisance, because it is absolutely necessary that he should see all that is written. Thus, so long as there are three weekly Medical papers, three we must read more or less. Viewed in this light, is not our Journal a supernumerary and a nuisance?"

. . . . . .

"Supposing, from an increase of subscribers, our Journal were so improved as to become the very best of all weekly Medical periodicals, what good or useful purpose would it serve? We might increase the number of those to whom I have already alluded, who take the Journal and no other periodical, many of whom, in default of our Journal, would probably contribute to the support of the other established publications, and so we might inflict considerable damage on these publications (some we already do them, no doubt). We might become formidable competitors for public favour; we might even defeat the laudable and hitherto successful results of private enterprise. Is this, I ask, the mission of our Association? Is this the best use we could make of our funds?"

The practical summary of Mr. Dix was as follows:—

"I am but arguing against the Journal in its present expensive shape. A periodical of some sort we no doubt need, but it should be the organ of the Association alone, a cheap and simple record of our own transactions and proceedings. These are matters of detail, and subjects for future consideration; but I must confess that I have a strong feeling in favour of lowering the subscription, for I have already shewn that all the present advantages of the Associa-

tion, except the Journal, are costless, and I have given reasons for believing that if the cost of admission were lessened, the result would be that scarcely any eligible member of the Profession would stand aloof from our Society; we might then become what I most earnestly long for, and hope to live to see, a Universal Medical Association, including within our ranks every respectable Medical man."

The report of this able speech in the *British Medical Journal* of last week is accompanied by a leading article, and by several notes of comment by the Editor. Upon one of these we feel it necessary to say a few words. The Editor says:—

"By all means let a man read a dozen periodicals if he pleases. But suppose he requires one only—and there are many with that moderate wish—does Mr. Dix mean to say that he is to pay £1 10s. a-year for that which he can procure for a guinea?"

Now, *do* the members of the Association get for their guinea thirty shillings' worth of paper and print, as measured by the standard of this Journal? We say nothing as to the scientific and practical value or novelty of the contents. That we may safely leave to Mr. Dix; but the pecuniary question is one of simple arithmetic. Now, last year the *British Medical Journal* contained 1082 pages, and 12 woodcuts; the *Medical Times and Gazette* contained 1351 pages, 99 woodcuts, and 11 lithographic illustrations. Had we compared the Journals this year, the illustrations to Dr. Simpson's admirable Lectures would have shown a balance still larger in our favour. As it is, we show 11 lithographs, 87 woodcuts, and 296 pages of letter-press over and above the guinea Journal. Can it be said, then, that if the British Medical Association has degenerated into a trading Society for the printing of a weekly Journal by the aid of advertisers, and has been brought to the verge of bankruptcy by so exhausting a drain on its income, it has attained the single merit of success? Or must it be confessed that this applicaion of the principles of association is false, and that the attempt to compete with legitimate enterprise is a failure?

These are questions which will be raised and discussed by the Branches of the Association. We can only suggest that if the Association is to exist for the Journal, not the Journal for the Association, that the future title of the body should be "The British Medical Journal Association."

THE WEEK.

The following remarks, taken from a late monthly report on the Health of Marylebone, by Dr. Thomson, are worthy of all attention. It is only too often that the most successful efforts of the Surgeon are neutralised by some defective Hospital arrangement.

"Some facts, which have been communicated to me by Dr. Corfe, the Resident Medical Officer of the Middlesex Hospital, exhibit in a strong point of view the importance of tracing to their origin all odours of a disagreeable character. Three cases of erysipelas occurred in succession on the first floor of the west wing of the Hospital: they assumed a virulent form, but did not prove fatal. The attention of Dr. Corfe was first roused to a suspicion that the disease originated from a local cause by one of the sisters complaining of a very offensive smell occasionally in the ward. Observing that the unpleasant odour came from the west side of the ward, and that the post mortem examination room was contiguous to this portion of the building, it was ascertained that as the skylight was open any effluvium could readily pass by this opening into the ward; the waste pipe of the room was found to be untrapped, and on examining the drain with which it communicated, a small cesspool was discovered full of putrid matter, and the drain was found to be blocked up. The cesspool was filled up, the drain cleansed and trapped, and for twelve months not a single case of erysipelas has occurred in the ward. Such hints as these are most valuable in connexion with our public institutions, and prove to us that odours of a noxious character, although considered by many as unworthy of notice, have their proper use in a well-regulated establishment."

The amusing letter from America, offering Medical degrees for sale in this country, which we published in our number of last week, has called forth a communication from a respected correspondent, who has favoured us with the sight of a letter from a gentleman ambitious of possessing a Medical degree, without undergoing the examination which is a necessary preliminary to that honour. The writer applies to a British University to be informed if he can obtain the degree of Doctor of Medicine, in absence, and without any examination, and he states that he has never been engaged in the Practice of Pharmacy, but has confined himself to chamber-studies, having works in preparation for publication. He goes on to observe that he thinks the possession of the degree *would facilitate the circulation of the books*, and he modestly suggests that *if the Diploma could be ante-dated a few years*, it would confer an additional advantage! This gentleman's ambition is not confined to Medical honours, and he accordingly inquires, in conclusion, what other honorary degrees are granted by the University in question without examination, as he is ready to purchase them. We have given the contents of this gentleman's epistle almost in his own words, as a specimen of the manner in which Medical honours and other titles of distinction are often sought for by ignorant and unscrupulous persons for the sake of deluding the public, but we are happy in the reflection that no British University, for many years, has conferred any such titles without examination, except in some very rare and meritorious cases. Under the New Medical Act, we hope that all the British Universities will be still more strict than before in the distribution of their Medical honours, and that the title of Doctor of Medicine will confer upon its possessor not only the reputation of an ordinary acquaintance with the Science of Medicine, but the character of a gentleman and a scholar, in addition to superior attainments in the healing art.

We have received a note from a "Subscriber," a Medical man residing at Armagh, calling our attention to a pamphlet, by the Rev. J. M'Cosh, on the subject of "The Ulster Revival, and its Physiological Accidents." We regret to say, that in this pamphlet we find no description whatever of the physiological accidents in question—indeed, the Author rather puts them aside as being mere "accidents," and as having nothing to do with the essence of the revival. We say we regret this, because we consider that a clear and satisfactory description of the symptoms here spoken of could not fail of being of interest to us as Medical men and physiological observers. And we must express surprise, when we witness the interest which so many members of our Profession manifestly take in these spiritual movements, that no one of them has yet drawn up, in a Medical point of view, a description of the physical phenomena, such as would be comprehensible to the Profession at large. We all desire to know what these phenomena are, and the nature of the subjects in whom they are manifested. Why does not our correspondent endeavour to enlighten us, for he clearly has the materials near at hand?

"I may observe," he writes, "that it is seven weeks since the first occurrence of physical phenomena appeared here in connection with the present revival. During that time, many persons have been awakened, and profess to have found joy and peace in believing. Some of these cases were attended with physical phenomena, the others were not."

We, naturally enough, view these revivals here chiefly in reference to the physical facts attending them; but at the

same time we are glad to see that so many of our Profession, and so many sensible men out of the Profession, consider the movement a solid fact, and not a mere temporary ebullition of Celtic sentiment. Every one must rejoice that such real religious developments, as those here spoken of by our correspondent, should be undeniable facts. Time, which tries and purifies all things, will also test the permanent or temporary character of these we are writing of.

Dr. Steinroth, author of a work on *Récoltes Vivantes* has lately published a pamphlet which has obtained a decided success. It is entitled: *De la chair coulante et de son exploitation rationelle.* We need hardly say that this *chair coulante* is the blood; and the author proposes to turn it to advantage as an article of human food. We have plenty of cows and milk, he says; but meat is scarce and dear, although there are in Europe three times as many oxen as cows. Let us then establish Dairies of Flesh, taking from animals their blood just as we take their milk. It contains all the elements of nutritious meat. Of course we cannot bleed oxen as often as we milk cows, but still we may bleed the same animal once a week for many years without injuring his health, and without hurting his flesh, which we shall have at last. In this way we may obtain from the ox, the sheep, and pigs three or four times as much alimentary matter as we obtain now through the shambles. The blood may be eaten raw or cooked, pure or mixed, with milk, or vegetables, bread and pastry! There is nothing new in this proceeding, adds the Doctor. In Sweden the blood is used in the manufacture of biscuits; and in Ireland the poor often bleed their oxen and cows to procure a substantial meal, which they could not otherwise have! The last fact will, we fancy, be a novelty to our Irish brethren. Dr. Steinroth adds that in Africa also this blood-eating practice is fashionable. If we remember our African history aright, the negro is not contented with opening a vein, he opens the flanks, &c., of his animals, and cuts off a good rump steak or two, then sows up the wound, until his appetite return again. He prefers the living flesh to the *chair coulante*, if Bruce tell a true tale. The Doctor's blood-dairies seem open to two forcible objections, viz., 1st. The proceeding is repugnant to civilised sense; and, 2nd, The Society for Preventing Cruelty to Animals would interfere with it.

A number of gentlemen who constitute the Edinburgh Anti-Opium Committee, have issued an appeal to the British public against the present traffic in opium in China and the cultivation of that drug in India. It is well known that opium is grown in great and increasing quantities in our Indian possessions, that it is prepared for the purposes of smoking and eating in China, and that this trade has been the pretext for involving us in war with the Chinese. The appeal of the Edinburgh Anti-Opium Committee is accompanied by a statement of facts relating to the British opium trade and Revenues, and in this statement we find the evidence of numerous witnesses to the destructive effects of this agent upon the human body. The facts and arguments adduced in these documents are by no means new, and there can be no doubt that the consumption of opium in China is a source of very general demoralisation. It is a startling fact that opium forms the great bulk of the British returns for Chinese tea and silk, amounting to £8,000,000, while the export of all British produce and manufactures to China averages little more than £2,000,000. While admiring the zeal of the Edinburgh Anti-Opium Committee, and while expressing our strongest disapprobation of the extensive use of such an agent as opium, employed for the purpose of intoxication, we cannot but perceive that this Committee have given only a one-sided view of the question, and in many of their conclusions we find it impossible to concur. In the first place, we believe that the deleterious effect of opium upon the health and morals of the Chinese has been very much exaggerated, mere general assertions being too often received as equivalent to strict scientific investigation; and it has also been shown that however large the importation of opium into China may appear, yet, when it is compared with the enormous population of that Empire, it is really quite insignificant. Nor can we adopt the conclusions drawn by the Anti-Opium Committee that the intercourse between Great Britian and China has been interrupted by the nefarious trade in opium carried on by our merchants. It is true that the British opium trade was made a *pretext* for war by the Chinese, but if that pretext had not been found, some other would have presented itself to the minds of that extraordinary people. The assumption, too, that the spread of Christianity in China has been retarded by the same circumstance, we believe to be equally groundless; and if the opium trade were abolished immediately, we doubt whether the success of our missions would thereby be in any measure increased. It is well understood that while the Government of the Celestial Empire pretends to condemn the traffic in opium, it actually connives at it; and it is quite certain that if the Chinese were in earnest in discouraging the use of the drug, they could prohibit its introduction into their country. We wish every success to the philanthropic endeavours of our Northern brethren, but the want of a good understanding between the Chinese Empire and the rest of the world is founded upon far deeper bases than the cultivation of the poppy in the plains of India and the exportation of opium to China.

Fines for practising without registration are being inflicted very summarily by magistrates. Last week the Liverpool magistrates fined Mr. T. Howard a sovereign for practising without being duly registered. Mr. Howard had only held the practice he had purchased since the 14th ult. The information was founded on a vaccination certificate given by Mr. Howard. A far more delicate question has also been tried at Liverpool, and the county magistrates have decided that an APOTHECARY, though long designated on his door-plate, etc., as SURGEON before the passing of the Act, cannot continue to hold himself out to the public as a SURGEON unless he is duly registered as a Member of the College of Surgeons. Mr. J. S. Hallows, L.S.A., was fined twenty shillings "for practising as a *Surgeon* without being duly registered according to the requirements of the Act." There was a great deal of nonsense talked by the lawyers on the case, but for the present we must be content with directing attention to the following observations of the Chairman. He said:—

"The question in the present case is not one of law, but of fact. You see that, according to an Act of Parliament, the defendant is to be registered if he practises as a Surgeon. Now, his name does not appear on the Register, and, therefore, we are unanimously of opinion that a clear breach of the law has been committed. Looking at the case as practical men, and taking the common-sense view of it according to the English language, we do not feel any doubt. The gentleman is practising as a Surgeon; he has his name over the door as a Surgeon; he has it on the bottle that he is a Surgeon as well; and it is clear that if he is a Surgeon he must be registered as such. He could have applied to be registered if he thought fit. Under any circumstances, we must levy a small penalty; and if the gentleman is legally qualified to practise as a Surgeon, he must follow the usual course, and become registered.

"Mr. SNOWBALL: We cannot do that.

"The CHAIRMAN: Then you must take the consequences. We cannot help you."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

PRESERVATIVE TREATMENT AGAINST THE CONSECUTIVE EFFECTS OF MEASLES AND SCARLATINA.

By M. SCOUTETTEN.

The occurrence of a bad epidemic of measles at Metz, in which several children were lost by negligence during convalescence, has induced M. Scoutetten to republish an account of his preventive management, which he thinks is too little known, although from more than twenty-seven years' experience in its use he can speak confidently as to its efficacy.

It is well known that the early period of measles and scarlatina is not the one in which serious accidents are usually to be feared. It suffices, in order that the eruption should run a regular and easy course to administer some tepid, demulcent drink; not to cover the child with an excess of clothing; to avoid exposure to sudden chills; and to watch over the condition of the functions of the internal organs. It is at the commencement of convalescence that danger is really to be feared, and to avoid this various precautions are recommended, such as a prolonged continuance indoors, etc., etc. Minute regulations of this kind, which can never be fulfilled, are rendered unnecessary by the adoption of the following method:—

When convalescence has commenced, that is to say, when redness of the skin no longer exists, the entire body should be rubbed with oil. Some olive or almond oil having been gently warmed by means of a bath, a piece of flannel is to be dipped in it, and with this the whole surface, without excepting either the face or the feet, is to be rubbed. When the friction is finished the patient is to be put into bed, where he remains for about two hours. Next morning he takes a tepid bath, in which he remains for an hour, when he goes to bed again. When the skin has become quite dry, that is in two or three hours, a new friction with the oil is to be made. These two frictions and one bath frequently suffice to prevent all danger. Still when the eruption, especially in scarlatina, has been very considerable, when the dead epidermis is not completely detached, and when the skin is dry and floury, we must renew the means until the natural suppleness is restored. The author has seldom had to go beyond four frictions and two baths; and, after these precautions, hundreds of cases have convinced him that no danger or inconvenience results from allowing the convalescents to go into the open air. But the entreaties or tears of the child to have the face excepted from the frictions must be disregarded—negligence in this respect often leading to swelling and infiltration of the cheeks and eyelids.

In explanation of the efficacy of this method it must be remembered, that during the convalescence the functions of the skin are suspended or impeded, and the kidneys and mucous membranes of the respiratory and digestive canals tend to supply its deficiencies. Hence we have a thick, sedimentary, and sometimes an albuminous urine, obstinate diarrhœas which may promptly lead to emaciation or death, obstinate coughs, sore throats, pneumonia or pleurisy, with effusion; together with infiltrations into the serous tissue or accumulations in the serous cavities. These accidents are especially produced by chilling the skin, inflammation having rendered it more sensible, while its functions are impeded by an inert epidermis obstructing its pores.—*Moniteur des Hôp.* 1859. No. 13.

ON AN UTERINE DILATOR.

By Dr. STORER.

This uterine dilator is a modification of the instrument suggested by Mr. Spencer Wells (*Medical Times and Gazette*, July, 1858, p. 84) for dilatation of the female urethra. It consists essentially of three portions: a distensible one—the dilating medium—a hollow staff, for support, and as a channel of communication, and an external source of supply. Introduced undistended within the cervix any amount of dilatation may be effected. In place of the india-rubber tubing employed by Mr. Wells for the construction of the sac, which is too bulky, and is liable to be acted upon by the vaginal fluids, Dr. Storer employs gold-beater's skin; "and in practice I have found the membranous sheaths sold for the prevention of pregnancy, to be admirably adapted for the purpose; an end certainly much better than that to which they are usually applied. The staff should be of silver, hollow, about ten inches long, of a diameter varying with the case, and perforated at its farther extremity. A male catheter, having a very slight curve, corresponding with the pelvic axes might suffice. In pregnancy, however, where the dilatation is for the purpose of inducing premature labour, the tube should be of larger size than would be otherwise necessary, or it should be flattened, to guard against laceration, or too sharply-defined a pressure. Near the close of gestation, when the cervix is nearly effaced, the tube, if circular, should be at least one-sixth of an inch in diameter. The employment here of the ordinary flexible gum-elastic catheter will generally be found preferable, as this, by means of its wire stylet can be made to assume any desired curve during introduction. After the wire has been withdrawn, this flexible staff occupies so little space, and is so yielding, that it can occasion no injury to either mother or child." For the common syringe employed by Mr. Wells, Dr. Storer substitutes Higginson's elastic pump, which, when attached, forms with the rest of the instrument a continuous tube. The sac is thus attached to the staff. "A moveable ring, bevilled on the edges, is applied to the circumference of the staff. It should consist of gutta-percha, which perfectly retains its position, without being too unyielding, and yet is easily removed when required after softening with hot water. The sac having been slipped over the staff, it is fastened to it, and confined within any desired limits by a pair of ligatures, the one above, the other below the ring—a third ligature being applied more externally to confine the otherwise loose outer extremity of the membranous sheath. To the upper end of the staff a flexible tube is attached (of sufficient length to extend beyond the bed-clothes, and prevent any exposure), fitted with a stopcock, by which the amount of pressure can be regulated at will. To the outer portion of this stop-cock the pump is joined by a small india-rubber coupling, which readily permits its removal." The fluid used as the dilating agent should be slightly warmed, and the presence of air carefully guarded against.

A case is given in which this dilator acted very satisfactorily in the induction of premature labour, and Dr. Storer is of opinion that this mode of procedure approaches nearer than any other to the normal process at the full period. It is equally well adapted for cases of rigidity of the os uteri, of premature rupture of the membranes, and for all complications where it is desirable to produce immediate dilatation, and the completion of the first stage of labour. In all cases in which dilatation of the ungravid uterus is indicated, this form of dilator can be used, if the cervix is at all pervious—its employment requiring to be preceded by the perforating trocar in cases of occlusion.—*American Journal of Medical Science*, July, pp. 107-113.

ON THE USE OF ELECTRICITY IN PARALYSIS AND CATARRH OF THE BLADDER.

By M. PETREQUIN.

M. Petrequin observes that there are various species of paralysis of the bladder which require to be distinguished from each other in respect to prognosis and treatment. Sometimes it is essential and primary, and then it may supervene upon disturbance of the nervous system (as concussion of the spinal marrow, great fatigue, rheumatic neurosis of the bladder, asphyxia from charcoal vapour, etc.). One of the commonest causes is an error of diet. In such a case a vicious circle becomes established; for while, on the one hand, the bladder cannot accomplish miction, and retention is the consequence, on the other hand, the fluid, in accumulating, distends the bladder and causes it to lose more and more of its elasticity by the very fact of the distension, which is rapid and considerable. In such cases, electricity completely succeeds. At other times, the paralysis is symptomatic or consecutive. An obstacle occurs to excretion. The bladder reacts against this with success at first, but in proportion as the obstacle increases this success diminishes. This increase of energy produces in the long run hypertrophy of the walls of the organ, but in the end it comes to pass that the bladder is unable to empty itself entirely. The prolonged tension destroys

the elasticity of its walls, and in spite of the increasing hypertrophy, the persistence of the obstacle leads to their paralysis—hypertrophy and paralysis of the bladder being the final condition. Electricity may here prove of notable service under two different circumstances. 1. The obstacle disappears or diminishes, but the affection has been produced and it survives the cause which gave rise to it—the vesical paralysis remaining as a disease, which is usually most tenacious in enfeebled persons, and especially in the aged. 2. The obstacle is moderate or incomplete, and an increase in the energy of the bladder may overcome it, or, at all events, render its influence less sensible. [The author laid before the Academy cases in which electricity had completely succeeded under these circumstances.]

In applying this remedy to vesical catarrh, we must first eliminate the acute and subacute stages which contraindicate its employment. Among the varieties of chronic catarrh one may be especially indicated. It is met with in debilitated and aged subjects, and is always complicated with a certain amount of vesical inertia—the catarrh and the inertia reacting on each other most mischievously. On the one hand, the bladder, enfeebled by age or by disease, is not able to completely empty itself, and it allows the urine to stagnate, and become altered in composition. On the other hand, the muco-pus of catarrh, mingling with the urine, aids its decomposition, so that it becomes acrid, fetid, and ammoniacal. This acts upon the walls, irritating them, and exhausting their contractility. In proportion to the duration of this state of things, the catarrh and paralysis both become worse, and the consequences of the complication are increased. But, if by some heroic means we are enabled to at once remove the paralysis of the organ, and restore such resilience to its walls as to enable it to entirely expel the urine, the face of things becomes rapidly changed.

The mode of electrisation is not a matter of indifference. The induction-apparatus which furnish the volta-faradic currents are those which are most suitable for paralysis of the bladder. It is to be remembered that the electric current directed along the nerves should only possess a moderate energy, so as to replace or reinforce the physiological action of the nerves. If too prolonged, even though moderate, the excitability of the nerves may become enfeebled or exhausted. The applications should be short and moderate, and localised to the nerves which it is desired to excite. For paralysis of the bladder this is best accomplished by placing one exciter in the bladder, and the other in the rectum. The urine should also be left in the bladder, where it serves as a conductor to the entire internal surface of the organ.—*Bulletin de l'Academie*, tome xxiv. pp. 923-9.

ASSOCIATION of the Fellows and Licentiates of the King and Queen's College of Physicians, Ireland. Instituted 1816. Session 1859-60. Officers for the year :—*President.*—The President of the College of Physicians. *Vice-Presidents.*—Robert Law, M.D., M.R.I.A.; Charles O'Reilly, M.D. *Council.*—Alfred H. M'Clintock, M.D., M.R.I.A.; Henry Kennedy, M.B., M.R.I.A.; Lombe Atthill, M.B.; Fleetwood Churchill, M.D., M.R.I.A.; Thomas Fitzpatrick, M.D., etc. *Treasurer.*—George A. Kennedy, M.D., M.R.I.A. *Honorary Secretary.*—William Moore, M.B., M.R.I.A. The meetings of the Association are held in the College Hall (Sir Patrick Dun's Hospital) on the evenings of the first Wednesday in each month during the session, at 8 o'clock p.m.

THE BRITISH ARCHÆOLOGICAL SOCIETY this year exercises its functions at Newbury; and the meeting there was last week opened in form by the Earl of Carnarvon. Mr. Pettigrew, we observe, on the first evening of the Congress read a paper concerning the cause of death of a lady—one Lady Amy Robsart—at Cumnor, in 1560. He reviews the whole circumstances attending her death, and believes that she was not poisoned. He therefore rejoices in rescuing the character of Lord Dudley from the stigma attached to him in connexion with the supposed crime. Mr. Blundell, however, did not sympathise with Mr. Pettigrew's views, nor did the majority of visitors, who were decidedly in favour of my Lord's guilt. [Is this or is it not ingenious trifling to be solemnly discussing such a question of a date of 300 years ago, when at this very moment under our eyes and noses, with all the wide-awake science of the day to help them, the learned cannot conclude yes or no as to the guilt of a reputed poisoner?]

GENERAL CORRESPONDENCE.

RESULTS OF CANCER TREATMENT BY CAUSTICS.

LETTER FROM DR. DRUITT.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last number, you ask for information respecting the fate of persons subjected to the *cure* of cancer by caustics. I will give the following as a contribution. A short statement of the case is published in the new edition of the "Surgeons' Vade-Mecum," but I will give here a few details for which there was no room in that work :—

On May 15, 1857, I visited a lady who was undergoing the treatment. I did so at her particular request, in the hope, as she said, that I should be liberal enough to waive my prejudices against a concealed method of cure, in consideration of the inestimable benefits which it conferred on patients otherwise incurable.

The lady, aged 46, was the wife of a clergyman, and childless. Fifteen years ago she struck the left breast; a lump followed, which slowly increased, and during the last few years had become very painful. There was an enlarged gland in the axilla; which, together with the breast, and some glands above the clavicle, were the seat of frequent pain, both wearing and rheumatic, and at times neuralgic and violent. Yet, though an invalid, she was able to go to church, to enjoy society, and to help her husband in a very poor parish.

She had been seen by several Surgeons, each of whom declared that the case was not fit for operation.

In this hopeless state, condemned to a life of slow misery, she described her feelings as most enthusiastically grateful, when she heard of the new cure. She believed, that in "special answer to prayer," relief had been sent her when all human hope was lost.

Accordingly, in March, 1857, she put herself under the care of a gentleman who made the cure of cancer by causties his occupation. She took lodgings in the suburbs to be near him, and soon found herself in the middle of a select cancerous coterie, to which the time of the Doctor was devoted.

On the 25th March, as she told me, operations were begun by the destruction of the skin of the whole breast, including the nipple, and including likewise the skin over the enlarged axillary gland, by nitric acid. Her description of the agony caused by this process was most vivid. Night after night she used to sit upright in bed, moaning and rocking herself to and fro in agony. No fire could produce such a burning as she endured; and, as one consequence of the irritation of the breast, a most profuse flooding came on. Shortly, a portion of the slough was gently cut into ("as you would cut into the rind of roast pork," were her words) and various substances introduced into the cuts. The pain of this process was most intense and continuous; the discharge also enormous; but it appeared a part of the system, and a judicious one, that she was carried out every day into the fresh air of the garden, and was plied with wine and nourishment in the greatest abundance. Such was her state on the 15th May; she had escaped, as she said, imminent danger of death by exhaustion; and was feeble and haggard looking, but hopeful and confident in the extreme, begging me, if I had any cancer patients, to send them at once to be cured. One substantial benefit,—little enough, by way of compensation,—was, that she had lost the old cancerous pains above the clavicle. Be it observed, the slough had not separated at the time of my visit.

On the 18th of December, I saw her again: but now her story was a far different one. She said that the original slough was six weeks in coming away, and even then had to be cut away; and that the wound was but just healed, if healed it could be said to be; for in place of the breast, there was a large thin, red, shining cicatrix, glued to the ribs, which cracked and bled every time she coughed, and gave more pain than the cancer it took the place of. Her breathing was difficult, her cough incessant; there was a bunch of enlarged glands above the clavicle, and the lung was evidently infiltrated and solid. She was emaciated, and without strength or appetite, or hope. And now the change in the mental

condition was remarkable. Whilst admitting the personal kindness she had received from the cancer curer, she condemned the whole treatment as a delusion, and hoped I should dissuade anyone from making the same rash experiment. She gave me the names of three ladies who had been under treatment at the same time with herself, and who were already dead: and she followed in little more than a month. She died February, 1858.

The moral of the story is evident. A poor woman, with chronic cancer, whose life would probably (judging from the rate of progress of the disease) have lasted three or four years at the least, if left to herself, during which she might have enjoyed many of the comforts of life, submits herself to one of the most barbarous proceedings imaginable (an old, obsolete, and proved-to-be-worthless process; so cruel, too, that no one would venture to do it openly in an Hospital), suffers months of torture, cuts her life short, and makes it intolerable while it lasts. She ends with a scar twice as painful as the cancer, and with a disease which instead of gnawing her shoulder, penetrates her ribs, and adds suffocation to her other tortures. And why all this? What is the keystone of her error and of that of thousands of others, especially among the clergy, who as is well known and regretted, are the chief patrons of every kind of quackery? It is a want of practical faith in the Divine government of the world. "Labour is the price which the gods have set on all that is valuable," as Sir Joshua Reynolds has it. Providence seems to have ordained slow, painful research, generation after generation, as the means of getting a knowledge of the nature of disease, and the power to heal it. As the world is constituted, there is a large number of men who devote their lives to the acquisition of this knowledge, and who unitedly must be able to say what means of relief in the present state of science are within our reach, what means are safe, and what, whether safe or not, have failed. These men are no special caste, with exclusive secrets; on the contrary, they are our own brothers: they publish everything they know, and they have, instead of repugnance, a very greediness for new discoveries in their art. Is the Almighty likely to deny to their honest industry and open benevolence a knowledge which He would give unasked to dreaming adventurers? But these unfortunate patrons of quackery think to get to the end by a short and private road; they want wonders and miracles, and fancy that the Almighty reveals special modes of cure to those who conceal them, or sell them for their own exclusive benefit. I am, &c.

37, Hertford-street, London, W. R. Druitt.
October 10, 1859.

PUBLIC VACCINATION.

Letter from Dr. E. W. Sullivan.

[To the Editor of the Medical Times and Gazette.]

Sir,—I, being one of the public vaccinators who have made no return to the Registrar of Cases, have a few words to say on Mr. Griffin's letter to the Privy Council.

First. Why have I not made the returns? At the first passing of the Vaccination Act I supposed that such returns would entail the prosecution of the parties who had not complied with the law; experience taught me, that notwithstanding the cumbrous and troublesome machinery called into action, the Act was a dead letter. No person was prosecuted, for the simple reason that there was no one to prosecute. I have since invariably given a certificate of vaccination to the mother or nurse of the child vaccinated (I think it right to do so, in order to protect them), but I did not feel it necessary to provide the Registrar-General with statistics, if such statistics were to lead to no good result. I am sorry to see that Mr. Griffin's exertions, laudable as they are, have led him into a "leetle" red-tapeism. Why should he suggest penalties for improbable acts? Why suggest that the affair is with Medical men a mere £ s. d. question? Above all, why does he sanction that most odious and unpleasant duty,—I mean calling upon parents and guardians of children to stimulate or threaten, as the case may be?

Mr. Griffin will, I am sure, see that such proceedings are altogether outside a Medical man's province; he is a party interested pecuniarily in all vaccinations, and as such should not degrade himself by touting for cases. Unfortunately there are only too many men in the Profession who would be glad of such an opportunity of distinguishing themselves, especially if the parents and guardians were other men's patients; but I know my friend (I am a Poor-law Medical Officer) Mr. Griffin is as averse as I am to countenancing their wretched trade tricks.

The remedy for the present vaccine difficulty is so palpable, that I wonder so clear-sighted a man as Mr. Griffin has not seen it long since. The machinery is at hand, and it will not be necessary to change at all essentially from the present system.

At present every child is registered at its birth, and the Registrar gives a paper detailing the pains and penalties of the Vaccination Act. It is only necessary that he should be empowered to prosecute the parents, or whoever has the charge of the child, if a Medical certificate of vaccination be not produced in a certain specified time (say three months and a fortnight) from the day of birth. Thus the onus is removed from the shoulders of the Medical man, and the whole affair is reduced to a question of State Medicine.

I may add, that I would have *all* the penalties paid to the Registrar, and if the child's health did not permit of its being vaccinated, a certificate to that effect should be produced. I am, &c.

Great Ilford, Essex. E. W. Sullivan, M.D.

AMPUTATION OF THE PENIS.

Letter from Mr. E. G. Lyster.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Medical Times and Gazette* of last Saturday, I observed a note from Mr. Teale, of the Leeds General Infirmary, in which he describes a plan he has adopted for preventing closure of the orifice of the urethra after amputation of the penis; the same method, he observes, is applicable to cases of stricture at the glans.

I would beg to direct his attention to the following passage from the late Mr. Colles' work on the Venereal Disease (p. 95):—

"I am happy to say that I have lately discovered a mode of treating this stricture, which has proved eminently successful in the few cases in which I adopted it. This plan of treatment consists in this simple operation:—Having detached the skin from the end of the urethra, to which it is generally intimately adherent, I divide the urethra below, to the length of more than half-an-inch. I raise the mucous membrane from each lip of the incision, then cut away a portion of the bared corpus spongiosum, to such an extent as will allow the raised mucous membrane to cover the cut edge. I stitch down this membrane upon the corpus spongiosum; and thus having covered each lip of the wound by mucous membrane, I have effectually guarded against the possibility of reunion of the lips of the wound, or subsequent contraction of the opening." I am, &c.

E. G. Lyster, House-Surgeon,
South Dispensary, Liverpool.

October 10, 1859.

THE WEYMOUTH INFIRMARY.

Letter from Dr. Moorhead.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention has been drawn to some remarks which appear at page 365 in the current number of your Journal, affecting the Professional honour of the Medical officers of the Weymouth Infirmary, and I trust that you will give insertion to this letter in your next number.

The Weymouth Infirmary, which is a mere appendage to the original Dispensary, contains only nine beds; and, as already stated in my letter to the *Times*, being entirely supported by voluntary contributions, is intended only for the reception of patients from the town and its immediate neighbourhood. The sufferers from the *Great Eastern* explosion being, therefore, ineligible for admission, according to the rules of the Institution, it was solely through considerations of humanity that the authorities were induced to admit them,

the Great Ship being totally unprovided with Hospital accommodation. Further, the poor men were admitted with the understanding that all expenses incidental to their treatment while in the Infirmary, should be paid by the Ship Company, and that their own Medical officers should attend to them. From some misunderstanding on their part, the latter condition was not complied with by the Surgeons of the ship until they received the subjoined letter from the Medical staff of the Infirmary:—

"To the Medical Officers of the *Great Eastern*.

"Gentlemen,—When we consented to take into our Infirmary the men injured by the accident on board the *Great Eastern*, we did not suppose you would have thrown the onus of attending to those sufferers on the Medical officers, all of whose services are rendered gratuitously to the Institution. We had expected that one of the Surgeons at least belonging to your staff would have been daily in attendance upon those men, and we request that such attendance may be rendered in future.

(Signed) "Wm. Smith, M.D., Consulting Physician.
"James Lithgow, M.D., Consulting Surgeon.
"John Moorhead, M.D., Surgeon.

"Weymouth Infirmary, Sept. 18th."

It will thus be perceived that the refusal of the Medical officers of the Hospital to attend further upon the unfortunate men, instead of being a "strike," was simply a reiteration of their conviction that the Surgeons of the ship were in duty bound from the first to take Medical charge of their own men, while receiving the accommodation of the Institution.

Our attendance upon them for the week should be considered as a favour to the Medical officers of the ship, rather than a duty imposed by the responsibilities of our office. The fact of our services being gratuitous or non-gratuitous, does not affect our position. The poor men were taken in with the understanding that they were to be attended to by their own Surgeons, and the course pursued by the Hospital staff was simply in accordance with that understanding. Whether or not our proceedings were consistent with the highest Professional honour, we willingly leave to the Profession to decide.

I am, &c. J. Moorhead, M.D.
Surgeon to the Weymouth Infirmary.

October 10th, 1859.

[We have omitted some portions of this letter, clearly written under a misunderstanding of our meaning. We spoke of the case as one requiring explanation. That explanation Dr. Moorhead has now afforded. Had he been as explicit in his letter to the *Times*, our notice of the case would not have been called for. We must, however, quote the following passage from Dr. Moorhead's letter to the *Times*, and leave the matter to the judgment of the Profession.—Ed.]

"At the request of the Medical officers of the ship, the unfortunate men were admitted into this Hospital, and received from its Medical staff alone all the care and attention requisite in their respective cases for a period of eight days after their admission. The Medical officers of the Hospital, *whose services are rendered gratuitously*, then formally requested the Surgeons of the ship to take the poor men into their own charge, *finding that attendance upon them exacted an amount of time wholly incompatible with the performance of their other Professional duties.*"

FEIGNING DISEASE.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following case will, perhaps, furnish a hint to some of your readers on the above head. A man came to me a short time ago, requesting a certificate as to the condition of his heart and lungs. He had no symptoms of any kind which indicated disease of either one or other of those organs, and in fact was a strong, hearty-looking fellow. I ran my ear rapidly over his chest, and told him that as far as I could judge he had as sound a set of organs as any man need desire. I then asked him what he wanted the certificate for; and he told me that some time ago a Medical man had certified he was suffering from organic disease of the heart, and his club, to which he had been many years attached, had threatened in consequence to eject him for concealing his maladies. His employment was engineering, and his work had been for years of a very heavy kind. He declared also that at the time he saw the Medical man, he was just in as good health as he was at the present time; and then, on my expressing surprise that the Doctor should have condemned him, he said, "Why, sir, the fact is this, he saw all these cupping-marks over the heart, and these settled his opinion." These marks I had not myself seen, having examined the man without removing his shirt. Of course I enquired about the meaning of them, and again examined his heart without detecting the slightest inaccuracy in any of its sounds or movements: and he now told me his history. He had been, ten years ago, in a Cavalry Regiment, and getting sick of the service, determined to get his discharge by making himself sick. This trick he accomplished by swallowing tobacco-juice. He first got into Hospital, and when there, regularly took a dose of his juice about twenty minutes before the time of the Doctor's visit. This dose always set him a vomiting, and made his heart jump about very queerly. In the end, as he asserted, he thus obtained his discharge. And this was also the history of the origin of the cupping-marks. "Besides," he added, "they always give us an extra cupping when we are discharged from the army." I am, &c.

London. W. O. M.

P.S.—It is to be much wished that this very unjustifiable proceeding of cupping a disabled soldier, when discharged from the service, should be abandoned. It is manifestly quite contrary to the feeling and spirit of the age, and is fit only to be associated with branding and flogging—both of which proceedings, we may be very sure, will at an early period become obsolete. Nothing can justify the proceeding of marking a man, by cupping him, so as to prevent his again entering the army. His disease is no fault of his; and how would it turn out if the cupping cuts were to take on an erysipelatous inflammation and destroy the man?

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, October 5th, 1859.

Dr. Rigby, President, in the Chair.

A Paper by J. H. Trouncer, M.D., was read, on

THE INDUCTION OF PREMATURE LABOUR IN A CASE OF DISTORTED PELVIS.

In the case related the patient had had eight children: the first three labours normal, children alive; in the fourth, turning and death of the child; in the fifth, the forceps was used, and the child born dead. The author attended her in her sixth labour; the result as in the former case. In the seventh pregnancy premature labour was brought on, at the eighth month, by means of an alternate injection of hot and cold water into the vagina by the use of a powerful syringe: the result was successful. In the next pregnancy (the eighth) similar means were adopted, but this time a long flexible tube was passed into the cervix uteri, and water thus injected. In four days, labour set in; the shoulder presented; the child was turned, but the cord was twisted round the neck, and the child's life was in consequence sacrificed.

Dr. Mackenzie preferred the catheter to the douche, as a means of inducing premature labour.

Some discussion took place as to the general propriety of injections into the uterine cavity, in which Dr. Tanner, Dr. Druitt, Mr. Edmunds, and Dr. Barnes joined.

Dr. Graily Hewitt exhibited

A FŒTUS IN WHICH THE ANTERIOR ABDOMINAL WALL WAS DEFICIENT.

The specimen was forwarded to him by Mr. Sedgwick, and from the account given of the case it appeared that the elbow presented, and during the progress of the labour the protrusion of the intestines through the aperture in the parietes of the abdomen, covered only by peritoneum, was felt by the

fingers, and produced an impression that the placenta was in contact with them.

Dr. Hall Davis showed a specimen of

OVARIAN GESTATION,

The particulars respecting which are as follows:—The patient, aged 25, never previously pregnant, began to suffer in March from severe abdominal pain, and above the right pubis was found a well-defined enlargement, very tender to the touch. On May 14 Dr. Davis first saw her, and found a large tumour extending to the umbilicus, and occupying chiefly the left iliac region, fluctuating, and resembling an ovarian tumour. Mammary symptoms of pregnancy, somewhat undecided and of doubtful import, were present; cervix uteri high up, inclined forwards; os not having the cushion fulness of early pregnancy; body of uterus a little enlarged; length of cavity, three inches and a-half. Behind the cervix was a soft tumour, evidently continuous with that felt above. The diagnosis on this examination was, that the tumour was of extra-uterine character, and that within the cyst were fœtal contents. A canula and trocar were introduced into the tumour behind the cervix, and a quantity of fluid evacuated; but the patient refused to allow of further projected operative measures, and died on July 9. The left ovary was found developed into a cyst, situated between the uterus and rectum; interior of cyst sloughy and putrescent; it contained a deeayed fœtus and remains of placenta, all of a dark colour.

Dr. Hall Davis also exhibited a

POLYPUS OF THE UTERUS,

About the size of an orange, which he had removed by means of the ligature and bistoury. The diseased mass protruded from the vagina, and gave rise to very considerable losses of blood and discharges.

A paper, by Graily Hewitt, M.D., M.R.C.P., was read

ON THE HYDATIDIFORM OR VESICULAR MOLE: ITS NATURE AND MODE OF ORIGIN.

Cruveilhier was the first to demonstrate conclusively the non-hydatid character of those bodies discharged from the uterus in cases of so-called hydatid pregnancy, which view of the case has been established by many observations subsequently made. Many essential points in referenee to the nature and mode of origin of the hydatidiform or vesicular mole remain, however still, *sub judice*. In the present paper it was attempted to reduce the series of facts already on record into something like a system, and to offer a solution of certain questions not yet satisfactorily or clearly answered. The author then described the particulars of a case in which a speeimen of the hydatidiform mole was expelled from the uterus seven months after the birth of a first child, and during the process of lactation. The patient did not suspect her pregnant eondition, but for about six weeks the milk had increased in quantity, and fulness of the lower part of the abdomen and constipation had been noticed. The ovum, expelled entire, was apparently about two months old, and, on examination, offered a most perfect and interesting specimen of commencing hydatidiform degeneration of the ovum; the circumstance that the whole come away together afforded an opportunity of examining the parts as they had lain in the uterine cavity: the decidua uterina only was very slightly torn. On cutting vertically through the whole mass, the following appearanees were met with. The amnionie cavity was empty; no embryo discoverable; the chorion and amnion membranes were adherent; about half of the chorion villi (the whole of those corresponding with the decidua serotina) presented the hydatidiform change; the remainder were covered by the decidua reflexa, shrivelled and small. The chorion villi proceeded from the chorion membrane, in their passage towards the decidua serotina becoming enlarged at intervals into rounded bladder-like bodies, one-sixteenth to one-sixth of an inch in diameter. Microscopic examination showed these vesicular bodies to possess the same structure as that of normal chorion villi, but the cells on the surface were wider apart, and the villi distended by a serous fluid, giving rise to the enlargements. The appearances observed did not differ materially from those described by Cruveilhier, Mettenheimer, Gierse, Wedl, and others. The point respecting which opinions have been divided is—What is the nature and cause of the change in the chorion villi, which results in the production of these hydatidiform bodies? Mettenheimer, followed by Paget, declares them to be cysts, while Gierse considers that the change consists in hypertrophy of the natural structures of the chorion villi with secondary œdema. The "cyst" view the author dissented from altogether, and considered it positively disproved by observation of the specimen and the drawings of the same produced, and by comparison of the altered villi with normal villi at about the same period of development. From this it would be seen that in the normal villi and in the altered ones we have precisely the same structures; it is not, then, necessary to have recourse to a cyst theory to account for the appearances. The cells on the surface of the villi are seen alike in the two cases; the vesicular enlargements evidently do not originate in them, and Gierse's opinion as to the essential anatomical character of the change is far nearer the truth. In fact, in the hydatidiform mole, we have not a new formation, but simply an alteration and degeneration of previously existing structures. The next point is—What are the circumstances which determine this pathological alteration? On this subject the author differed materially from previous observers. Universally the transformation has been supposed to be the starting-point of the affection; that the disease of the chorion was the cause; the death of the embryo the effect. On the contrary, he contended that the death of the embryo occurs first, the chorionic transformation subsequently. The hydatidiform mole results from a degeneration of structures arrested in their development. Death of the embryo involves arrest of chorionic development, but not necessarily cessation of vitality in the chorion villi; these may continue to grow, and this peculiar growth, for a persistence of which it is necessary only that the decidua be not separated from the uterus, will then result in the formation of the hydatidiform mole. After obtaining a certain degree of development, the chorion villi do not appear to be capable of undergoing the change in question; the conditions necessary for that change are not present, and if the fœtus dies, no hydatidiform mole can be produced. The middle or end of the third month is probably the limit within which the change can originate. With respect to the embryo; in most cases of hydatidiform change no trace of it is detected; when found it is always very small. The evidence on this point, then, shows that the embryo perishes at a period so early as to leave no traces behind it, or that it does not survive a period roughly to be fixed at the end of the second month. We find, then, that all known facts are quite in harmony with the theory now offered as to the cause and nature of the hydatidiform transformation. Some remarks were then made as to the cause of the death of the embryo in such cases. The author considered that, in the case of the patient above described, and in cases like it, it was very probable that the death was due to long-sustained but slow contraction of the uterus, produced by the irritation of lactation. Such contraction would diminish the nutrition of the villi, and in the end cause the death of the embryo. As confirmatory of this opinion as to the influence of lactation in producing abortion, some observations published by Dr. Barnes were mentioned. Dr. Barnes found that, in a number of cases of abortion of non-special character, into the particular of which he had inquired, abortion occurred in 17 per cent. of cases of conception during lactation, and in only 10 per cent. of other cases. On this subsidiary branch of the inquiry, however, only speculative opinions were put forward.

As to the interesting question of the possibility of a portion of retained placenta taking on the hydatidiform change, the following opinion was offered:—The placenta of a mature fœtus cannot be so changed, but appearances giving rise to an erroneous conclusion on this point might arise—1st, in cases of double conception, one of the ova perishing at an early period, and the degenerated chorion villi remaining in the uterus after the normal birth; and, 2ndly, in the perhaps possible case of a portion of the chorion villi having changed, from accidental separation from the embryo, the remainder growing normally.

Lastly, the question, Can true hydatids be expelled from the uterus? was considered. The author was inclined to admit the possibility of this occurrence. When so expelled the hydatids arise, doubtless, in the uterine wall, and subsequently burst into the cavity of the uterus. A very simple examination would be sufficient to distinguish between such bodies and the hydatidiform cysts resulting from chorionic change. The fact, that in true hydatids we find cysts enclosed one within the other, and in the other case round or oval

bodies attached one to another, like beads, would be alone sufficient to prevent the possibility of a mistake on this point.

The several points referred to in the paper were illustrated by drawings and preparations.

Dr. Barnes observed that the subject treated in this important paper was one that could scarcely be discussed in a fitting manner without a more accurate perception of the author's views than could be gathered from hearing the paper read. He would, therefore, not pretend to follow even the principal points mooted, but would merely advert to one or two topics which had struck him. He had seen a case of hydatiginous chorion, of about six weeks' pregnancy, passed by a lady apparently in perfect health, who had borne a healthy child before, and another subsequently, who was not suckling at the time, and in whom he did not think the expulsion was caused primarily by uterine contractions. In this case only a part of the chorion was in a state of hydatiginous degeneration; the rest presenting either the normal appearance, or various gradations of degeneration. He had observed a general tendency, in these cases, to complication with fatty degeneration. And the absence of the embryo, which was so commonly the case, was accounted for by its undergoing a process of oily transformation and dissolution, which usually proceeded to the entire disappearance of the fœtus. In one case he had witnessed this processin progress; the lower half of the embryo had melted away, while the upper half remained. He had taken a sketch of this embryo. Dr. Barnes was of opinion that it required further observations to establish the proposition that death of the fœtus must necessarily precede the hydatiginous change. Fatty degeneration certainly did in some cases precede the death of the fœtus; it might be that hydatiginous degeneration might also commence during the life of the embryo.

Dr. Druitt stated that the author had given a very lucid and ingenious explanation of the aberration of placental structure treated of, and he was most ready to concur with him in the position that the (so-called) cystic disease of the chorion was an exaggeration and deformity of natural structure, and was not due to the intrusion of a new element, as in the case of tumours or of hydatids. At the same time he doubted if the proof were complete that death of the fœtus was the only and essential cause. Referring to the extremely complicated nature of some of the changes in the ovum in abortion, and to the difficulty of unravelling the primary from the secondary, he expressed his belief that a kind of apoplectic engorgement of the decidual vessels was the condition which usually preceded abortion, and that the various changes of structure observed in the membranes of the ovum, such as fatty degeneration and fibrinous deposits, in portions of the placenta, were generally secondary; but yet in some cases such changes, he believed, were primary. He observed that it was an anatomical error to speak of the disappearance of any of the villi of the chorion, whether of the placental or non-placental portion of that membrane. On the contrary, the villi of the whole chorion, as he had shown some years ago, continue to grow up to the end of pregnancy, and are readily found in every mature ovum. They are particularly large around the placental portion, and in this part in the membranes at full term he had occasionally found them excessively ampullated, as if in an incipient state of cystic degeneration. Hence his belief in the possibility that the cystic disease might be a primary affection, beginning before the death of the fœtus.

In reply, Dr. Graily Hewitt observed that he merely insisted on the fact that the death of the embryo preceded the chorionic change; he had only attempted to account for that death in one particular class of cases. He could not conceive that further observations would materially alter his conclusions, based as they were on attentive consideration of the data afforded on the subject at the present time. He believed that his explanation of the mode of origin of the chorionic transformation was the only one reconcilable with facts; he would request anyone sceptical on the subject to examine the drawings placed before the Society, from which it would be at once apparent that the hydatidiform bodies are merely chorion villi arrested in their growth, but which have undergone a subsequent degenerative change. There was an utter absence of proof that the alteration was anything beyond a passive one, and on his view of the case it was a necessary result of the adhesion of the ovum in the uterus, the embryo having perished.

BRITISH ASSOCIATION.

A Paper by A. B. Garrod, M.D., F.R.S., was read on—

THE SPECIFIC CHEMICAL AND MICROSCOPICAL PHENOMENA OF GOUTY INFLAMMATION.

Dr. Garrod remarked that many and discordant views were held concerning the nature of gouty inflammation, and such diversity of opinion arose from the fact, that up to the present time no characteristic structural change had ever been demonstrated to accompany it; the object of his communication was to supply that deficiency, and prove that special chemical and microscopical phenomena invariably attend true gouty inflammation. After alluding very briefly to the views held by the ancients, and within the last century by Murray Forbes and Wollaston, and by Cullen and his followers, and of the difficulties which each had to contend with in applying their hypotheses to the explanation of the various symptoms of the diseases, he proceeded to speak of his discovery of the constant presence of uric acid in the blood in gout, and his subsequent researches in the nature of that disease. From these he first drew the three following conclusions. 1. In *health*, the blood contains minute traces of urate of soda and urea, and probably of all the principles destined for excretion; but the quantities are so small, that the most careful and refined analysis is required to demonstrate their presence. 2. In *gout*, the blood is invariably rich in urate of soda, and uric acid can be readily crystallised from it. 3. In by far the greater number of diseases the blood is free from an abnormal quantity of uric acid, but in certain cases of albuminuria, lead-poisoning, and other affections, its presence can be demonstrated, and still no gouty inflammation ensue. Lastly, in many gouty subjects the same condition exists in the intervals of the paroxysms. From these conclusions Dr. Garrod considered it evident that something more than the mere presence of urate of soda in the blood was required to produce gouty inflammation, and his next object was to ascertain its nature. For this purpose a careful examination of the joints which had suffered was required, and within the last few years many opportunities had fallen to his lot; the subjects of these examinations are divided into four classes. 1. Subjects of chronic gout with extensive chalk stones. 2. Subjects of gout with no appreciable deformity, and no visible deposits of chalk stones, except one or more specks on the external ear. 3. Subjects of gout in whom no trace of chalky matter was externally visible, and in one case only eight attacks of the disease had occurred. 4. Subjects in whom only a single joint (the ball of a great toe) had been affected with gouty inflammation, or in whom some joint had only been once slightly inflamed. These examinations proved beyond the possibility of doubt that in the very slightest forms of the disease, as well as the most severe, a structural change invariably occurs, and that this change when once produced remained, if not permanently, at least for a very lengthened time. After detailing the microscopical and chemical characters of the deposit producing this change, Dr. Garrod finished his communication by stating that he considered the facts which had been brought forward warranted him to conclude that—"Specific, chemical, and microscopical phenomena invariably accompany gouty inflammation, and these consist in the deposition of urate of soda in a crystalline form within the cartilages and ligamentous structures of the joints, and that such deposition is altogether pathognomonic, never being found in any disease other than true gout;" and, again, that "Such deposition is probably the cause rather than the effect of the inflammatory action." Lastly, the author pointed out the great importance of ascertaining the true nature of the disease as a means of conducing to its rational and successful treatment.

The following is a list of other papers of Medical interest:—

Professor Bennett, "On the Structure of the Nerve Tubes."

Dr. Redfern, "On the Admixture of Nervous and Muscular Fibres in the Nerves of the Leech."

Mr. B. E. Brodhurst, F.R.C.S., "On the Repair of Tendons after their Subcutaneous Division."

Mr. Foster, M.B., "On the Beat of the Snail's Heart."

Mr. G. H. Lewes, "On the Necessity of a Reform in Nerve Physiology."

Dr. J. Adamson, M.D., "Lactation in an Unimpregnated Female of Canis Familiaris."

Professor Allman, "Report on the Reproductive Organs of the Hydroid Zoophytes."

Dr. G. Ogilvie, "The Genetic Cycle in Organic Nature."

Professor Laycock, "Handwriting and Drawing of the Insane, as Illustrative of some Modes of Cerebral Functions."

Professor Bennett, "On the Origin of Morbid Growths, with Reference to the Connective Tissue Theory."

Robert Garner, F.L.S., "Reproduction in Gasteropoda, and on some Curious Effects in Endosmosis."

William Marcet, M.D., F.R.S., "An Experimental Inquiry into the Action of Alcohol on the Nervous System."

Professor Bennett, "On the Molecular Theory of Organisation."

W. E. C. Nourse, F.R.C.S., "On the Organs of the Senses, and on the Mental Perceptive Faculties."

A. B. Garrod, M.D., F.R.S., "On the Specific Chemical and Microscopical Phenomena of Gouty Inflammation."

G. H. Lewes, "On the Supposed Distinction between Sensory and Motor Nerves."

G. H. Lewes, "A Demonstration of the Muscular Sense."

G. Rainey, M.R.C.S., "On the Structure and Mode of Formation of Starch Granules, according to the Principle of Molecular Coalescence."

John D. Macdonald, R.N., F.R.S., "On the Homologies of the Coats of Tunicata, with Remarks on the Physiology of the Pallial Sinus System of Brachiopoda."

Richard Fowler, M.D., F.R.S. "A second Physiological Attempt to Unravel the Perplexities of the Hypothesis of Berkeley."

Edward Smith, M.D., "On the Sequence observed in the Phenomena observed in Man under the Influence of Alcohol."

Alphonse Gages, M.R.S.A., "On the Comparative Action of Hydrocyanic Acid on Albumen and Caseine."

W. Camps, M.D., "On Certain Subjective Sensations, with especial reference to the Phenomena of Second Sight, Visions, and Apparitions."

W. Camps, M.D., "On Certain Imperfectly-recognised Functions of the Optic Thalami."

In the Chemical and Statistical Sections, other papers were read of more or less interest to the Medical Profession; and, amongst these, was a paper on "Colour Blindness," with some statistics thereof, by Professor G. Wilson, of Edinburgh; and a paper on "The Statistics of Small-pox and Vaccination in the United Kingdom: Registration of Births, Deaths, etc. indispensible for a better system of Vaccination in Ireland," by Dr. W. Moore, Physician to the Hospital for Diseases of Children, Dublin.

At no former meeting of the Association, possibly, was the Physiological Section so well and ably supported, insomuch that, at the concluding general meeting of the Association, the President of the Section, Professor Sharpey, gave notice of a motion, to be brought forward at the next general meeting, to the effect, that a separate section of the Association, devoted to Anatomy and Physiology, should be formed, so as to detach Physiology from Zoology and Botany, to which sciences it has been commonly subordinated in the Association, under the form of a sub-section.

On Tuesday morning, September 20, the Medico-Chirurgical Society of Aberdeen entertained at a very handsome breakfast, in the Society's rooms, the Medical gentlemen known to be present at the meeting of the British Association. The President of the Society, Dr. Redfern, occupied the chair on the occasion, supported by Professor Owen, Professor Bennett, Professor Allen Thomson, Dr. T. K. Chambers, Dr. Lankester, and other gentlemen well known in our Profession from various parts of the United Kingdom.

Jewish Benevolence.—The Governors of the Jews' Hospital, Mile-end, deeming it expedient to remove the institution from London, ten acres of land, situated at Caterham Junction, were offered free for the purpose by Mr. Henry Moses, of Cannon-street, City; but the distance being considered too great, it was reluctantly declined, and led to another offer from Mr. Barnett Meyers, Mill-lane, Tooley-street, of six acres at Lower Norwood, of the value of 3000*l.*, a free gift, which the governors have gratefully accepted.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 6th October:—

Brighouse, John, Lindley, Huddersfield
Busigny, Charles Edward, Ombersley, near Worcester
Coathupe, Edwin Weise, Rodney-place, Clifton
George, Ambrose Brooke, Liverpool Royal Infirmary
Myers, Arthur Bowers Richard, Tenby, Pembrokeshire
Taylor, Henry Moorhouse, Manchester

The following gentlemen also on the same day passed their First Examination:—

Bloor, John Tabberer, Newhall-street, Birmingham
Callon, William Joseph, Islington, Liverpool
Corin, William John, Redruth, Cornwall
Jennings, Robert, 6, Mount-street
Negri, Athenodone de, 9, Camden-street
Strickland, Edmund, Kirbymoorside, Yorkshire

Successful Candidates at the Competitive Examination for Assistant-Surgeoncies in the Army, October 6, 1859.

Alston, William Evelyn, M.D.
Collier, James S. C., M.D.
Cowan, Alexander Oswald, M.D.
Gaye, Arthur Charles
Guinness, Henry Cramer, M.D.
Henderson, Colin, M.D.
Jardine, James Bell
Joyner, Joseph Sumpner, M.D.
Royle, Arnold
Scott, John Alexander, M.D.
Smythe, Wm. Dumville
Stewart, John Edmonstone, M.D.
Tulloch, J. T., M.D.
Wood, Thomas, M.D.

DEATHS.

Barker.—October 8, at Wellington-road, Dublin, Francis Barker, M.D., aged 86. Dr. Barker graduated as M.D. in Edinburgh in 1795, and in 1808 was elected Professor of Chemistry in the University of Dublin, an office to which he was frequently re-elected, and which he honourably filled during the lengthened space of forty-two years, or six septennial periods. In 1809 he obtained the degree of M.D. also from the University of Dublin. He was an Honorary Fellow of the King and Queen's College of Physicians in Ireland, and was for many years Secretary to the General Board of Health in the same part of the United Kingdom. In 1821 he published, in conjunction with the late Dr. John Cheyne, whose biography forms a chapter in our memoirs of "The Great Ones of the Past," an "Account of the Rise, Progress, and Decline of the Fever" epidemic in Ireland in the years 1817, 1818, and 1819, to which is prefixed a brief historical sketch of the fevers epidemic in Ireland during the 18th, and the early part of the 19th century. Dr. Barker was also joint author, with Dr. Montgomery, of "Observations on the Dublin Pharmacopœa of 1826," and on different occasions published essays on Fever, Asiatic Cholera, &c.

Beall.—September 26, at Bulmer, Castle Howard, Yorkshire, Thomas George Beall, late of Beeford-in-Holderness, M.R.C.S. Eng. 1842, M.D. Genoa; aged 41.

Cann.—October 2, at Seaton, near Axminster, Devon, Thomas Cann, M.R.C.S. Eng. 1827, L.S.A. 1826.

Cockburn.—October 3, at Blyth, Thomas Cockburn, aged 34.

Ellis.—September 10, in the township of Oxford, Canada, Dr. Ellis, aged 82.

Gilchrist.—September 15, at Port Hope, Canada, John Gilchrist, M.D., aged 67. He was the first Licentiate of the Medical Board of Upper Canada, and well known and highly esteemed.

Hammack.—August 6, at Cerillos, near Coquimbo, Chili, aged 38, Dr. Frederick G. Hammack, of Coquimbo, third son of John George Hammack, of Boxlands, Dorking.

MacDermott.—October 8, at his residence, 9, Great Denmark-street Dublin Robert MacDermott, A.B., M.B., aged 27. The subject of this notice, cut off by typhus fever in the commencement of his career, was a distinguished classical scholar and a physician of great promise. Educated in Trinity College, Dublin, he gained in that Institution the Berkeley Gold Medal in Greek, a Classical Moderatorship, and other Collegiate honours. Dr. MacDermott was Professor of Materia Medica in the Catholic University in Ireland.

Mainwaring.—October 7, at Broomhill, William Mainwaring, of Sheffield, L.S.A., Lond. 1821.

Patterson.—September 27, at Clonmel, Edward Patterson, aged 25.

Reynolds.—Sept. 14, in Brockville, Canada, Dr. Thomas Reynolds, aged 38.

Simmons.—Oct. 9, at 71, Judd-street, Brunswick-square, George Simmons, aged 50.

Tayler.—October 1, at his residence, Weston-super-Mare, Milton John Tayler, M.R.C.S. and L.S.A., formerly Surgeon to the Eastern Dispensary, Bath, aged 39.

Thorp.—September 9, at Saugeen, Canada West, Walter Thorp, M.D.

Webber.—September 26, at Bromley, Middlesex, aged 53, Richard Treroy Webber, suddenly, of disease of the heart. Aged 53.

On October, the 4th inst., the temperature reached 77·5 deg., in the shade, and 93·2 deg. in the sun. Nothing like this heat has been known in October for seventeen years past.

M. Teilleux has been investigating the effects of electricity on mad women, and avers that the remedy is often of service. He also occasionally uses it as a means of coercion, instead of the straight waistcoat and douche; but doesn't say how it is applied in this sense.

It appears from a statistical account, published at Brescia, that the 37 Hospitals, of that town received after the battle of Solferino, 32,916 wounded, viz. 17,345 French, 13,959 Italians, and 1612 Austrians; 26,038 have recovered, and 1273 have died, *i.e.* about one in eleven.

American Lumbrici.—Dr. Cox, of Salem, relates a case of death from impaction of the intestines with lumbrici. After death 365 common round worms (*ascaris lumbricordes*) were found in the small intestines:—"Before opening the intestine we pushed the mass of worms upwards together, and they formed a solid roll or sausage *more than three feet in length.*"

In his interesting letters from Italy M. Bertherand gives as a cause of diseases among the French army, the abuse of adulterated liquors. He gives the following receipt for the manufacture of campaign wine:—Take water from the nearest ditch, alum, beet-root juice, potato, brandy or any other cheap product of spirit distillation, of each as much as is requisite. Then mix the whole in an *old* wine cask. This liquor is cheap, paying no tax.

Cholera at Bruges.—Towards the beginning of last month warnings were given of the presence of cholera, which has since progressed with alarming strides. The ordinary mortality of the town is two or three daily, but for some time past it has averaged from twenty to thirty, and on the 5th inst. we learn on official authority that it reached the unprecedented number of 40, or at the rate of 280 a-week. The population of Bruges consists of 50,000 souls, so that, having regard to the difference of numbers, this is equal to a mortality in London of 15,000 to 16,000 weekly.

A French Penny-a-Liner.—"When the shade of Alibert was exiled from the Hospital St. Louis, it found a refuge, or rather a temple in the well-known amphitheatre of the Rue du Paon now called Rue Larrey. There, perpetual incense religiously burns on the altar of the illustrious dermatographer, there, full of life and vigour, like a cedar of Lebanon, flourishes the Dermatose Tree, which has expired on the ungrateful soil where it was planted. The high priest who guards the altar with a zeal so pious, and who waters the tree with such solicitude, is M. Duchesne-Duparc, the purest, most ardent, and above all the most faithful disciple of Alibert."

Royal College of Surgeons.—From a recent return of the receipts and expenditure of the College from Midsummer-day, 1857, to Midsummer-day, 1858, it appears that the receipts amounted to £13,678 5s. arising principally from the fees paid by candidates for the diploma, viz. £11,371 19s. The midwifery licences produced £333 18s., and the fellowship £871 10s. The expenditure amounted to £10,828 7s. 11d. From a summary it appears that the incidental income is £12,642 2s., the expenditure £7637 14s. 1d. The permanent income is only £1036 3s., whereas the permanent expenditure amounts to £3190 13s. 10d.

Sir David Brewster has accepted the Principal's Chair of Edinburgh University in the following terms:—"My dear Lord Provost,—Having had an opportunity of consulting friends on whose judgment I rely, and especially one of the most distinguished living ornaments of the University of Edinburgh, I feel it my duty to accept of the Principal's Chair which the Town Council has so unanimously offered. May I again request that your Lordship will accept for yourself, and offer to the other members of the Council my warmest acknowledgments for the honour they have done and for the confidence which they have placed in me.—I have the honour to be, my dear Lord Provost, ever most faithfully yours, David Brewster."

The *Medical Gazette* of Moscow, speaks thus of M. Léroy d'Etiolles:—"We have at this moment at Moscow, the French Surgeon, celebrated in the annals of lithotrity. The time which he has passed amongst us will not be without use to our Surgeons; each day they have had occasion to admire the remarkable skill with which he performs this operation, either in the Hospitals or in private. We have been able to familiarise ourselves with the use of some new instruments for the breaking up of foreign bodies in the bladder, or for their extraction. In this particular, the invention of M. Léroy is boundless; and it is impossible not to admire the perfection of his instruments, as well as the kindness and eagerness with which the honoured Professor explains their uses to those around him."

Friendly Societies.—The Registrar says: It appears that to establish a Friendly Society on a firm basis, so as to secure to the members the benefits they require, the objects should be—1. Medical attendance. 2. Allowance in sickness until 60. 3. Endowments. 4. Annuities, or old age pay, to commence at 60. 5. A sum payable at death. 6. A provision for expenses of management. Every industrious and provident person should, immediately he begins to seek a livelihood, insure against sickness. Savings banks afford no provision against sickness; for suppose a man to have saved 1s. per week for one year, and then to be assailed by accidents or ill health, he will, at the rate of 10s. per week, consume his savings in little more than a month. On the other hand, a member entering a Friendly Society on the basis now recommended, between the ages of 16 and 23 may, by a payment of 1s. per month only secure to himself an allowance in sickness of 10s. per week, according to the rules and tables.

St. Vitus' Dance.—"The pilgrims," says M. Trousseau, "who came from all parts of Germany to be cured at the Chapel of St. Veit, were the subjects of very different nervous affections. There were amongst them hypochondriacs and hysteric individuals, and even rascals. There were also true veritable choreic patients. All these people danced like mad ones. The true choreics—those which I call such—would have found it difficult to dance at all. And at an epoch much nearer our own times, whole populations have sought a cure of very different affections—all confounded under the name of King's Evil. Before the Revolution of 1688, James II. laid his hands on 22,000 persons; but it is evident that all of them could not have suffered from scrofula. Sydenham has clearly distinguished St. Vitus' Dance from all other kinds of chorea; and I think we ought to accord to the word Chorea a generic sense, and reserve to the term St. Vitus' Dance a specific sense."

Altered Positions of the Heart in Health.—A girl, aged 18, entered the clinical wards of Professor Bruns, suffering from an enormous sub-umbilical intestinal fistula. Through the opening the finger was readily passed, and the abdominal aorta, the kidneys, the pancreas, and the liver might be felt. In passing the finger between the liver and diaphragm, the point of the heart could be readily felt, and hereon the following observations were made:—The patient being erect, and the finger applied against the inferior walls of the ventricles, there was felt at each systole a short, dry knock, slipping a little on the diaphragm, the apex of the heart at the same time becoming hard, and moving a little to the left. The blow was perfectly visible externally on the walls of the chest. The result was the same when the girl leaned forward, only the blow was stronger; on the contrary, when she leant backwards, the finger being kept on the same spot, there was an instant observed when the heart's movement was neither seen nor felt. Other experiments showed that the heart does not retain an invariable position, as Helmerich imagines.—*Deutsche Klinik.*

Committal of a Midwife for Manslaughter.—Mr. Chandler, coroner for Hants, held an inquest on Thursday last, at the Royal Hotel, Aldershot, on the body of Bridget Turner, aged 26, wife of a sawyer, whose death appeared to have resulted from the unskilfulness and neglect of a midwife named Ann Young, whom the deceased had engaged to assist her. It appeared that the case from the commencement of the labour exhibited a very serious aspect; but, notwithstanding some neighbours present urged that a doctor should be sent for, Mrs. Young represented that it was quite an ordinary case, which she was perfectly competent to conduct. Ultimately, deceased was delivered of a dead child, and, falling into a state of syncope, Mr. Rentzsch, Surgeon, was sent for. He saw immediately that the case was hopeless, and the patient died in about twenty minutes after the

birth. Great hæmorrhage, described by Mr. Rentzsch as a highly dangerous symptom, requiring most cautious treatment, had preceded the birth several hours, but of which it appeared the midwife had taken no notice. The jury, after some deliberation, returned a verdict of manslaughter against Ann Young, and she was thereupon committed by the coroner for trial at the next assizes.

Vocalization.—In the pronuneiation of vowels the palate was raised, and retained its position as long as the sound was kept up; this movement was least marked for the letter *a;* the palate not even reaching the horizontal. In the pronunciation of the other vowels it passed the horizontal, most for the *i*, less for *u*, and still less for *o* and *e*. During the pronunciation of *i*, *u*, *o*, *eu*, and *e*, the occlusion of the pharynx is complete, for when water was then injected into nose it did not pass downwards into larynx or lower part of pharynx; but with the letter *a* water was not so retained. The results obtained in the pronunciation of consonants were unsatisfactory; this much, however, was certain, that with the exception of *m* and *n*, all the sounds of the German language are accompanied with an elevation of the palate. The tension of the palate increases with its elevation. These facts show how it is, that after staphyloraphy, the pronunciation does not always beeome clear; the tension of the palate is too great to permit it to be properly elevated. The extent of the movements observed during suction and deglutition renders diffieult the explanation of the mechanism by which infants with divided lips and palate perform the act of deglutition. Only a complicated movement of the tongue can supply the defect; one of its borders is introduced into the fissure of the palate, and thus separates the nasal fossæ from the mouth and pharynx.—*Wien. Med. Woch.*

Glasgow Eye Infirmary.—Testimonial to Dr. Mackenzie.—It having been resolved to mark the estimation in which the eminent oculist, Dr. Mackenzie, is held for his faithful and gratuitous services in connexion with the Glasgow Eye Infirmary during the period of its existence, an interesting meeting of the directors, subscribers, and other friends was held in the institution recently, on the occasion of a striking and beautifully-finished portrait of Dr. Mackenzie, painted by Mr. Daniel Maenee, being placed in the directors' room. In replying to the address of the Chairman, Dr. Mackenzie said:—"That 31,490 patients have been admitted on our journals since 1824, by which I do not mean that their names merely have been taken down, but their cases minutely gone into and recorded, as well as the treatment prescribed, and the results of that treatment. Upwards of 1740 operations have been performed on the eye, some of them, no doubt, trivial, but the major part serious and important, as involving the preservation or the restoration of sight. The number of students admitted as pupils amounts to 447, who have been the means of carrying the doctrines and practiee here followed, not only into different parts of the United Kingdom, but to some of the remotest regions of the globe. Aceording to the allegory of the ancient moralist, the world is a theatre and each man's part in the varied play of life is determined by the poet. We have all of us, sir,—directors, surgeons, students, patients—been engaged, according to the several parts assigned to us, in acting no fictitious or trifling drama. It remains to be seen at a future day, whether we have acted our parts well; for the judgment of our fellows, while sometimes critically severe, is in other instances much too flattering. Meantime, it is surely not too much to hope and believe, that the best of the past will merge into and sustain the prospects of the future. We may be inclined to flatter ourselves that there can be nothing more suited to do good than some institutions which at present exist, and which are already assuming the venerable air and receiving the reverential regard due to the lapse of many years; but who shall pretend to limit the flood of coming changes, or have so little faith in the efforts of enlightened and earnest men, guided and controlled by Providence, as to suppose that in our charitable establishments for the relief of disease, as in all other human institutions, many and great improvements are not yet to take place? I beg to return my sincerest thanks to the directors for their kindness in placing my portrait on the walls of the Eye Infirmary. I also owe a debt of gratitude to Mr. Macnee, for the great pains he has taken in painting the portrait. Such productions of the pencil superficial observers are apt to regard as the result of a very artificial or even luxurious, state of society, forgetting the maxim that 'Art is Nature'—forgetting that it is Nature which first called forth such memorials of respect or affection and which bids us regard them with pleasure. It has been well said, that to tell a man that he shall be forgot is one of the heaviest stones that can be thrown at him. How flattering, then, to think that after those eyes which had long and often wearied themselves in examining the pained and lustreless eyes of others, shall themselves have become dim, their semblance shall still, and for a long period to come, beam forth no lifeless expression from the canvas of one so skilled in his beautiful art as our accomplished friend Mr. Macnee."

National Association for the Promotion of Social Science.—The third annual meeting of this Association was commenced at Bradford on the 10th inst. On Monday, October 10, at half-past three o'clock p.m., there was a special service in the Bradford parish church. At half-past six p.m., the Council of the Association met in their room at St. George's-hall. At half-past seven p.m., a general meeting was held at St. George's-hall The opening address was delivered by the President of the Association, the Earl of Shaftesbury. Lord Brougham and others took part in the proceedings. Tuesday, October 11, half-past ten a.m. to four p.m.—The President of the Council, Lord Brougham, delivered his annual address. Vice-Chancellor Sir W. Page Wood delivered his address on Jurisprudence. Both these addresses were given in St. George's-hall. The departments then met in their rooms for papers and discussions. The International Association of Coinage, Weights, and Measures, met in the theatre of the Bradford Mechanics' Institute. At half-past seven p.m., a *soirée* for members and associates at St. George's-hall; rooms were appropriated for conversational meetings on special subjects. Wednesday, October 12.—At half-past ten a.m., the Right Hon. C. B. Adderley, M.P., delivered, in St. George's-hall, his address on Edueation. Half-past eleven a.m. to four p.m., the departments met in their rooms for papers and discussions. At half-past seven p.m., a meeting of the Bradford Mechanics' Institute was held in St. George's-hall, Lord Brougham presiding. Thursday, October 13.—At half-past ten a.m., Mr. R. Monckton Milnes, M.P., delivered, in St. George's-hall, his address on the Punishment and Prevention of Crime, and the Reformation of Criminals. Half-past seven p.m., a meeting of the working classes in St. George's-hall; the Mayor of Bradford presided. Friday, October 14.—At half-past ten a.m., the Right Hon. W. Cowper, M.P., delivered, in St. George's-hall, his address on Public Health. Half-past eleven a.m. to four p.m., the departments met in their rooms for papers and discussions. At half-past seven p.m., a *soirée* for members and associates in St. George's-hall. This day, Saturday, October 15.—At half-past ten a.m., Sir James Kay Shuttleworth will deliver, in St. George's-hall, his address on Social Economy; after which the concluding meeting of the members and associates will take place, and reports will be received and resolutions passed. Arrangements have been made for excursions to the Low Moor Iron Works and to Saltaire, the great spinning and manufacturing establishments of Mr. Titus Salt, M.P. Other manufacturing and mercantile establishments have been open to members and associates during their stay. The Bradford Exchange News-room, the Bradford Library, the Mechanics' Institute news and reading-rooms, and the Young Men's Christian Association news-room have also been free to members and associates. A large dining-hall has been erected, adjoining St. George's-hall, for the convenienee of visitors. In the Public Health Department we find the following programme offered:—W. H. Hudson: On the State of the General Health of the Borough of Bradford, and on some of the Causes which have influenced its Condition. T. Beaumont: Bradford; its Social and Sanitary Progress. W. Macturk, M.D.: On Changes in the Type of Diseases in Bradford. J. Beddoe, M.D.: On the Healthiness of the Anglo-Saxon Race in Australia. W. Maeturk, M.D.: On the Increase of Epilepsy in Bradford. W. H. M'Gowan: The Air we breathe; ought every one to do as he likes with it? J. S. Hammack, F.R.S.: On the Relation between Density of Population and the Mortality from Consumption.

State of the Thames.—Dr. Miller says:—"It was remarkable that the organic matter in solution in the river, particularly at high water, was less during August, when

the river was offensive, than in September, when there were no complaints. The chemical methods of discriminating between the injurious and the harmless organic substances when once diffused through water were very imperfect. There was, however, a mode of investigation which hitherto had been comparatively little regarded, but which promised more useful practical results. He found there was a close connection between the quantity of oxygen dissolved in water and its wholesome or offensive qualities as regards organic impurities. In proportion as the oxygen diminished the water became more and more offensive. The injurious matters were the substances in a state of rapid decomposition, in which they are prone to absorb oxygen freely. The grand agent in purifying the water from the organic contaminations of the sewers is the oxygen of the atmosphere. All running water contained a small quantity of atmospheric air in solution. The amount of air thus dissolved varied with the temperature, but it usually ranged between six and seven cubic inches per gallon. In pure well aërated water one-third of this consisted of oxygen and two-thirds of nitrogen. The proportion of oxygen to nitrogen was therefore as 1 was to 2. In addition to atmospheric air, nearly all waters contained carbonic acid; but the proportion of this gas was liable to great variations. In some streams the quantity of carbonic acid was scarcely perceptible, while in others it amounted to twelve or fourteen cubic inches, or even more, per gallon. In many cases a large proportion of this carbonic acid was produced by the slow oxidation of the organic matter in the water at the expense of the oxygen which that water had dissolved. He had made a large number of experiments upon this, and submitted a table of analyses, showing in a striking manner the extent to which this occurred in the Thames. From these experiments it would be seen that the water from Kingston above Teddington was thoroughly aërated, and contained oxygen in the proper proportion to the nitrogen. At Hammersmith the effect of organic impurities in abstracting the oxygen began to be evident. It was much more marked at Somerset-house, while at Greenwich, where the condition of the river at low water is about at the worst, the oxygen nearly disappears. At Woolwich it was nearly as bad, but by the time Erith was reached a great improvement was perceptible. Lower down the proportion of oxygen, owing to the admixture of aërated sea-water, increased, and the absorption of the oxygen, due to the successive exposure of the water to the air on its onward flow. The quantity of carbonic acid increased, while that of the oxygen diminished, the additional amount of carbonic acid being formed from the organic impurities, which were thus converted into new and harmless forms of matter at the expense of the dissolved oxygen. No fish could possibly live in that portion of the Thames at low water between Greenwich and Waterloo Bridge, while it continued in the condition disclosed by the experiments, and this result was due to the absence of oxygen, quite irrespective of other effects that might arise from the action of the sewage products. The proportion of oxygen contained in the water of the river was slowly increasing, evidently because at this reduced temperature the putrescent condition of the organic matter was less rapidly assumed, and its tendency to oxidation had become proportionally diminished. The practical conclusion to be drawn from the experiment was that by determining at intervals the composition of the gases contained in the water of the Thames, indications of the state of the river may be procured which will give timely warning of the period at which the application of deodorising agents would become advisable, though the ordinary methods of analysis furnish no such warning. The experience of the past summer showed that the condition of the river might be controlled by the free use of the deodorising agents applied to the contents of the sewers; and it also indicated the importance of resorting to them at an earlier period than was practised in the present year."

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 8, 1859.

BIRTHS.

Births of Boys, 917; Girls, 840; Total, 1757.
Average of 10 corresponding weeks, 1849–58, 1407·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	535	461	996
Average of the ten years 1849-58	535·3	536·9	1072·2
Average corrected to increased population..	..	..	..
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	8	15	3	2	3	6
North ..	490,396	8	7	19	..	4	4	16
Central ..	393,256	5	3	12	1	3	7	6
East	485,522	8	7	20	5	6	11	13
South ..	616,635	4	1	29	2	3	9	7
Total . ..	2,362,236	28	26	95	11	18	34	48

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·836 in.
Mean temperature	62·1
Highest point of thermometer	71·8
Lowest point of thermometer	55·8
Mean dew-point temperature	57·5
General direction of wind	S.E.
Whole amount of rain in the week	0·30
Amount of horizontal movement of air in the week.. ..	305 miles.

TO CORRESPONDENTS.

We regret to be obliged to postpone a Clinical Lecture on Ovarian Disease by Dr. Simpson, but the proof had not been returned at the hour of going to press.

Mr. Day, Acton.—We shall be obliged by the particulars of the case.

Mr. W. Smith.—The "commencement of professional study" is understood at the College of Surgeons to date from apprenticeship.

Mr. Hogg.—We shall be happy to render any assistance in our power. The testimonial from the Board of Guardians is very gratifying.

J. C. H.—We know nothing of the Rev. Doctor; but our advice is to have nothing to do with any such advertisers. "Humbug" is a mild term for their system.

H. F. A. should apply to Sir John Liddell, Somerset House. Cost of outfit, about £70, which may be easily borrowed from an outfitter or agent, if necessary. There is another examination, by Dr. Bryson.

W. T.—We are assured that the "T. Smethurst, M.D." who wrote the paper alluded to last week, is the Dr. Smethurst now under sentence of death. He and a brother, now a Druggist, were residing together in Beak-street in 1844. We have also good reason to believe that enquiries of a very serious nature are still proceeding.

Homœopathic Vaccination.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a late number you inserted a note from me in reference to Homœopathic Vaccination in New Zealand. Allow me to add, in justice to the parties concerned, that the Homœopathic Practitioner only proposed the method of swallowing the virus as an experiment, and did not assert that it would be effectual; on the contrary, he very fairly advised the parents to cause the child to be submitted to the test of re-vaccination.

Whatever then may be thought of the wisdom of this experiment, I must retract anything which seems harsh in my note respecting the author of it.

I am, &c.

London, October 10, 1859. R. Druitt.

The Edinburgh College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I saw from a letter in last week's paper, that the Edinburgh College of Physicians forbids its M.D.'s to act as Apothecaries, oblige me by letting many of us know if the same law is laid down by Aberdeen and St. Andrew's, as at present many of our neighbours take the higher glories attached to the title of M.D., but do not disdain to dispense and be paid for their own medicines. If this is forbidden by their Bye-laws, I for one, will assist in putting a stop to such a system of humbug and deception.

I am, &c. M.R.C.S.L., An Old Subscriber.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Royal College of Physicians, Edinburgh, Oct. 10, 1859.

Sir,—The attention of the Council of this College has been directed to a letter, signed by "Ἰατρός," and dated from Durham, which appeared in the *Medical Times and Gazette* of the 1st October, and in which your correspondent stated from personal knowledge, that one of the Licentiates of

this College keeps an open apothecary's shop in a large town in the North of England. The Council trust that "Ἰατρός" will communicate to me the name of the individual referred to, with full particulars, in order that such steps as may seem expedient, may be taken in this matter.

I am, &c. D. R. Haldane, Hon. Sec.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to a query in the last number of your Journal, I am enabled to inform you on the most reliable authority that a full list of the Licentiates of the Royal College of Physicians of Edinburgh will be published in the public journals about the middle of next December, at the same time that the List of its Fellows is, according to usage, annually published.

I am, &c. John E. Smyth.

2, China-terrace, Lambeth.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Foreign Degrees (M.D.) obtained without examination (and since the passing of the Medical Act, even though obtained after examination) will not entitle the holder to register as a Medical Practitioner; nor is the degree admitted as a Medical qualification. But cannot a registered Practitioner (say a F.R.C.P. and F.R.C.S.) who, of course, does not require the degree of M.D. to register upon, use an unregistered degree as merely an academical title? Many Fellows of the London College of Physicians hold foreign degrees only. These they continue to use as academical titles, although not registered as Medical qualifications. In doing so are they infringing the Medical Act, or, have registered Medical Practitioners the right to use unregistered Medical titles? I am, &c.

Bristol, October 8, 1859. L.R.C.P. Edin.

[We should prefer referring this question to the lawyers and the Medical Council.—Ed.]

The College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Pray can you inform me what is being done by the Council of the College of Physicians of London, in reference to the annual Election of Fellows? You will remember that the Fellows rejected the list proposed by the Council some months ago, and sent it back to the Council for emendation; directing the Council to report to them again some time in October. I need hardly tell you that many persons are very anxious to know what views the Council will now take in reference to the list of Fellows to be proposed by them to the Council. It is clear, that if the principle, or rather the apparent want of all principle, which presided over the selection of the last list is permitted again to rule in the Council, the Fellows at large will be equally as dissatisfied with the forthcoming as they were with the last list. Surely the Council have had time enough to deliberate upon and bring this important subject of selection of Fellows to a conclusion.

I am, &c.

An Anxious Licentiate.

[In answer to our correspondent we say:—That as far as we can remember, the direction of the Fellows was, that the new list should be presented to them on the 22nd of October. The expression of opinion on the part of the Fellows at large, as to the defects of the former list, was so general, that we cannot doubt for a moment but that the Council will materially alter its character, and alter it in the direction suggested by the Fellows. We believe, however, that the Council have no power to withdraw any of the names which stood on the list presented by them to the College; and therefore that those names must now be balloted for by he Fellows at large. What there is left for the Council to do, is to enlarge considerably the list—to add to it the names of the many highly-distinguished and estimable men who were passed over on the last occasion. We cannot doubt that this will be the course pursued by the Council; for it is evident that in this matter they can have no other desire, than that of meeting the wishes of the Fellows at large, and of raising the honour of the College, and extending its influence and power, by admitting all Physicians to the Fellowship who have distinct claims to the honour.—Ed.]

The Edinburgh Licentiateship.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZELTE.

Sir,—From the reports and observations in your Journal it is fair to conclude that the College could not at all defend their sale of this article now deemed contraband like its antecedents of Erlangen and Giessen, although the latter did confer the Doctorship on the same facile principle as the celebrated Rabelais was said to purchase it for his favourite horse. I was sorry to see so many of my respectable confrères snatch at this gilded toy at any price, hugging themselves in the idea of being made Doctors and elevated by new address cards, new door-plates, and the sagacious intimations of kind friends to the parallel of Doctors *par excellence*. I can imagine how many of these gentlemen may be somewhat put to chagrin at finding they cannot register as Doctors, and that so many by continuing to dispense their own medicines have violated the conditions under which they have obtained the aforesaid Licentiateship. I respect the three ordinary classes of the Profession as established by usage, and perhaps necessity—the M.D. by education, the Surgeon after the same principle, and the Licentiate of the Apothecaries; and now, sir, I beg leave to ask you and the Profession at large, are we to recognise these irregular claimants of Medical title in the way they wish and are recognised by a portion of the public ignorant of particulars? I meet, for instance, some of these men who are my neighbours at a social gathering, and I may have to address a letter to such an individual, but however unpleasant it may be to myself or to my neighbour that I do not recognise him in his new and self-appropriated appellation I conceive the duty I owe to the legitimate grades of my Profession calls upon me not to concede his claim. I am anxious, therefore, to know how far you and the Profession are willing to bear me out in such a matter, for if men of my opinion numerously join in such a repudiation, we shall not only have numbers on our side, but the Medical Council and the Colleges. I would just make a further remark: what can any Licentiateship give besides a licence to practise Medicine or Surgery as it may be, and in this sense the Licentiateship of a College of Physicians does not confer a Doctorship any more than that of a College of Surgeons, or the Licentiateship of the Apothecaries. I am, &c.

Nailsworth, October 8, 1859. Thomas Stokes.

The Naval Medical Service.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It is very desirable that all those Members of the Medical Profession, who, having just completed their studies, entertain any idea of joining the Royal Navy, should not be misled by the Royal Warrant of the 13th of May last, which is circulated with the curriculum issued from Somerset-house. Any stranger on reading that Warrant would say, that the pay, position, and future prospects held out to a Surgeon entering on his career, were such as to render an appointment in the Navy desirable. He would take it for granted that the terms of the Warrant were carried out, and would not learn his mistake till too late. Scarcely any of its provisions are acted on.

The present Board of Admiralty have taken every opportunity to show their determination not to comply with its terms; and in a circular issued during the last week, regulating the rates of travelling expenses to be paid to officers, the Medical officers occupy their old position—the Surgeons (ranking by the Warrant with Majors or Lieutenant-Colonels) being paid on the same scale as Engineers and Naval Instructors, both their juniors in rank two grades; while the Assistant-Surgeon is paid at the same rate as a Naval Cadet, fourteen years of age, and one shilling and sixpence more than the boatswain or carpenter of the ship.

They have shown it by refusing to make any alteration in the uniform, so that Medical officers are now obliged to wear the same as they have always worn, which is that of officers much their juniors in rank.

They have refused to pay to the widow of a Surgeon recently deceased, the pension according to the terms of the Warrant; and they also have refused to act up to the article referring to forage, allowances, etc.

Any one entering the service now as an Assistant-Surgeon, takes a position much inferior to that of his fellow-student who goes into the Army. The only benefit the Naval Medical officers have as yet derived from the Warrant, has been an increase of pay. This, it is to be hoped, the Admiralty cannot deprive them of—most surely if they can they will.

Apologizing for the length of this communication, which I hope you will be able to insert, I am, &c, R. N.

[We trust these difficulties will be got over, and that, however unwilling, the Admiralty will be *compelled* to carry out the Warrant.—Ed.]

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. George Johnson; Dr. Bryce: Dr. Coote; Mr. Day; Dr. Adams, Aberdeen; Dr. Barker, Bedford; Mr. Harriss: Mr. Hook; Mr. Gardner.

APPOINTMENTS FOR THE WEEK.

October 15. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

17. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Dr. Thudichum "On the Pathology and Treatment of Gall Stones."

18. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. (Council Meeting, 7 p.m.) First Meeting.

19. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Hunterian Society, 8 p.m.

20. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Harveian Society of London, 8 p.m. Introductory Address, by Dr. Hart Vinen, F.L.S.

21. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Fergusson—Amputation at Knee-Joint; Necrosis of Tibia; Ditto of Scapula; Division of Hamstring Tendons; For Dislocation of Elbow; Removal of Growth from Lip.

ORIGINAL COMMUNICATIONS.

ON THE RECENTLY PREVALENT MALARIOUS AFFECTIONS.

By THOMAS B. PEACOCK, M.D., F.R.C.P.

Assistant-Physician to St. Thomas's Hospital, and Physician to the Hospital for Diseases of the Chest, Victoria-park.

[Read at the Hunterian Society, October 5, 1859.]

I.—In 1857, in a communication to this Society, I alluded to the unusual frequency of malarious diseases at that time in the metropolis. This prevalence has continued up to the present time, and I propose in this paper to make some remarks on the extent and probable cause of the greater frequency of such affections, and on the different forms which they have assumed.

Since the commencement of the present decennial period the number of cases of ague which has been treated at St. Thomas's Hospital has undergone a great, though not regular increase. In the years 1850 and 1851 the returns which I have obtained refer only to the out-patients, and of these 26·5 and 15·7 per 1000 were cases of ague. From this period to the present time I am enabled to give the proportion of ague cases both in the in and out-patients, and I find that in 1852 and 1853 they amounted to 18·4 and 23·7 per 1000 of the cases of all forms of disease. In 1854, from the general prevalence of cholera, an exceptional year, the proportion was only 16·6, and in 1855 it fell to 12·3. In 1856, 1857, and 1858, the number of cases increased and attained the proportions of 20·7, 40·2, and 46·5; and during the nine months which have just expired, the proportion reached 56·7 per 1000—a higher rate than we learn from Sir Gilbert Blane existed when he was Physician to St. Thomas's Hospital from 1783 to 1794 (50·01 per 1000).

The increased prevalence of aguish affections during the last three or four years, is confirmed by the Registrar-General's weekly reports of the deaths from different causes in the metropolitan districts. Thus in 1850, the number of ague cases registered was in the proportion of ·37 per 1000 of the whole of the deaths recorded. In 1851, they were in the proportion of ·34; in 1852, of ·33; in 1853, of ·39; and in 1854, of ·32; or exclusive of the deaths from cholera, of ·38. In 1855, they were ·35; in 1856, ·51; in 1857, ·35; and in 1858, ·67. In the thirty-nine weeks of the present year, terminating October 2, the proportion of deaths from ague has been again considerably above the average, or ·47.

From the tables of the causes of death in the metropolitan sub-districts not being completed up to 1858, I am not able to ascertain whether the recent increase in the cases of ague registered, was equally distributed over the different districts in which the disease prevails. There can, however, be no doubt that some portion of the increase must be ascribed to a larger number of persons being exposed to the influence of the paludal poison, rather than to the greater intensity of the morbific cause itself. There is certainly a greatly increased population in the marshy parts of Woolwich and Greenwich, since the extension of the Government and other works, and in the West Ham and Plaistow marshes since the formation of the Victoria Docks.

In a disease which, like ague, has a very low death-rate, the amount of mortality affords a very inadequate indication of the relative frequency of the affection at different periods; but as I am not in possession of other statistical data (a), I have inspected the Registrar-General's manuscript tables of the causes of death in different districts with the view to ascertain how far the increased prevalence of ague has been confined to the metropolis, or has occurred in the malarious districts generally. The districts which I have selected for comparison are those of North Aylesford in Kent, Huntingdon, and Wisbeach, in Cambridgeshire; they are among the most aguish localities in the country, represent two distinct foci of the disease, and are at a considerable distance from London. Their populations are generally stationary, and they therefore present results not subject to much error from the amount of imported disease.

In North Aylesford, I find that the deaths from ague registered in 1850 amounted to 19·1 per 1000 deaths from all causes; in 1851 they were 31·2; in 1852, 19·5; in 1853, 37·3; and in the exceptional year, 1854, 9·07. In 1855 no death from ague was registered; in 1856 they were in the proportion of 15·2; in 1857, of 25·2; and in 1858, of 23·3.

In Huntingdon, the deaths in the year 1851 were in the proportion of 7·2 per 1000 to those from all causes; and in the seven subsequent years, of 11·6, 34·09, 7·5, 7·7, 5·4, 12·1, and 2·3.

In Wisbeach, the proportion of the deaths from ague to those from all causes was, in 1850, 4·5 per 1000; in 1851 no death from ague was registered; in 1852, they were in the proportion of 5·7; in 1853, of 3·4; and in 1854, of 1·05. In 1855, again, the disease did not cause death in any case; and in 1856, 1857, and 1858, the mortality which it occasioned was in the proportion of 2·94, 9·1, and 6·4.

The prevalence of ague may thus be inferred to have been, in all the districts, high at the commencement of the period; very high in 1852 and 1853; low in 1855; and again high in 1856 and 1857; and the higher rate was continued in North Aylesford and Wisbeach throughout 1858.

These results very closely correspond with those obtained in the metropolis from the number of cases admitted into St. Thomas's Hospital, and of deaths recorded in the Registrar-General's returns. They are also supported by the general experience of Medical men practising in aguish districts. Mr. Henry Ewen, whose long residence and extensive practice at Long Sutton, in the fens of Lincolnshire, enables him to speak with confidence, informs me that ague and neuralgia have been more prevalent in 1857, 1858, and 1859 than at any previous time (1848 only excepted) for a period of thirty years. During a recent visit to Holland, I was informed that intermittent and remittent fevers were also unusually common in that country at the present time.

The period over which the calculations extend is too short to justify any decided inferences as to the influence of meteorological conditions on the production of ague. It will, however, be seen that the years 1852 and 1853 in which ague was very prevalent, were characterized by a high temperature (50·6°) in the first year, and a low one (47·8°) in the second, while the fall of rain was in the first year very large (34·4 ins.), and in the second much above the average (29·6). The year 1855, when ague was of less frequent occurrence, had a very low average temperature (46·9°—1·5°), and a small fall of rain (21·1 — 4·8°). In the year 1856, when ague became more prevalent, the temperature was about the average (49·1°), and the fall of rain continued small (21·9 in.). In 1857, also an aguish year, the temperature was very high (51·1° or + 2·6), and the fall of rain still small (21·4 in. or — 5·5), and 1858, with a still greater frequency of ague, was a warm (49·3° or + 0.9) and very dry season (17· in. or — 6·6). During the present year, in which the prevalence of ague has increased, the weather has been warm and, till recently, dry. These facts are in accordance with the generally received opinion that the greater warmth of the weather conduces more than unusual moisture to the development of the paludal miasms. Indeed, excepting the very rainy and aguish years, 1852 and 1853, it appears that ague has been most prevalent in seasons in which the fall of rain was deficient. The years named are scarcely opposed to this conclusion, as in 1852 the fall of rain was deficient in the first quarter, slightly above the average in the second, and only very large in the autumn and winter quarters, while ague was prevalent from the commencement of the year. So also in 1853 the excess in the fall of rain was only in the summer quarter, while ague was very common in the spring as well as in the summer. It does not, however, necessarily follow that with a small fall of rain, the marshy districts of the country are unusually dry,

(a) I regret that the elaborate Tables of the Cases of Epidemic Disease treated in the Peterborough Infirmary and Dispensary, published by Dr. Paley in the triennial reports of the Institution, do not embrace the last three years, or they would have afforded valuable data for comparison. Dr. Paley writes me word that the report is in course of preparation.

for from the more efficient land drainage, the rain-fall now more rapidly reaches the rivers than formerly, and it is agreed that floods have become more common. There are, however, reasons to believe that the less amount of moisture conduces to the spread of malarious affections. We know that in hot climates it is not during the summer rains that the remittent and intermittent fevers chiefly prevail, but after the excessive wet has drained off and the land is becoming dry. The Medical Officers of the Army in the Netherlands during the last century, noticed that the soldiers suffered most when the moisture which had fallen in autumn and winter, was drying up in spring and summer. Dr. Hamilton tells us that after the country around Lynn had been submerged by the breaking of the embankments, malarious affections were very prevalent while the land was becoming dry. Similar observations have been made as to the effect of laying bare ground long covered by water, or exposing the soil in the making of roads, railroads, or canals in marshy districts. One of the most severe cases of remittent fever which I have seen in this country was apparently caused by the spreading of diluvial matter, removed in deepening an old reservoir over the adjacent land; and some short time ago I was consulted by a gentleman who had returned home from Ceylon suffering under jungle fever which he said he had taken from a portion of the lake of Colombo, in front of his house, having been drained, —the locality having previously been entirely free from the disease. This inference is further supported by the circumstance that the largest proportion of cases of ague occur in spring and summer. Thus of 838 cases treated among the out-patients at St. Thomas's in the years 1855, 1856, 1857, and 1858, 96 or 11·4 per cent. occurred in winter—January, February, and March; 381 or 45·4 in spring—April, May, and June; 224 or 26·7 in summer—July, August, and September; and 137 or 16·3 in autumn—October, November, and December.

Absence of the usual cold weather during winter also appears as would, *à priori* be anticipated, to conduce to the prevalence of ague. The year 1855 which it has already been said was remarkably exempt from ague, was not only a cold year throughout, but the winter was extremely cold (34·1° or — 4·3°), and the spring also was below the average (50·5° or — 1·6°); on the contrary, 1852 which was an aguish year, had a high winter temperature (44° or + 3·1°), and an average degree of warmth in spring. In 1856, also a year in which ague was prevalent, both the winter (40·7° or + 1·7°) and spring were warm (52·3° or + 0·6°). The same occurred in 1857 (39·2° or + 0·8°, and 53·8° or + 1·8°), and in 1858, though the winter temperature was slightly below the average (37·8° 0 or — 0·5°), the spring was unusually warm (54·3° or + 2·2°). In the present year, in which ague has been more prevalent than at any recent period, the temperature of the winter was very much above the average (43·3° or + 4·9°) and the spring was also warm (54·1°). The year 1853, in which ague prevailed considerably, was, however, an exception to this rule, as not only was the general temperature below the average, but the deficiency existed in all the quarters.

II.—The forms of malarious affection which have been recently prevalent may be classed under four heads:—

1. Cases of ordinary intermittent fever.

2. Cases of remittent fever.

3. Cases of spontaneous anæmia probably dependent on malarious poisoning. And

4. Various painful and spasmodic affections, assuming a regular or irregular periodic character.

1st. In reference to the first class of cases, but little comment is necessary. I may, however, remark that ague has not only been recently more prevalent, but also less amenable to treatment than formerly. As seen in London, it is very generally an imported disease, the patients coming to town while suffering under the paroxysms. When also it appears in persons living in town districts, it is generally found on inquiry, that they have resided a short time previously in some well-known malarious locality, though they may not have had any aguish symptoms while in the infectious atmosphere. I have, however, within the last year or two met with some instances in which the symptoms of the disease were well marked, but in which the patients did not reside in an aguish locality, and had not, so far as could be ascertained, been exposed to the causes of the disease elsewhere. In such instances, however, it is quite possible that some local source of malaria might have been detected on examination of the house or situation occupied by the sufferers. On looking over the notes of the cases of ague treated among the out-patients at St. Thomas's Hospital, during the last twelve months, I find that in thirty the patients resided at the time they came under treatment in different town districts. Of this number, twenty-one, or 70 per cent., either came into London suffering from the disease, or had been in malarious localities within a short time of the commencement of the attacks; while in some of the remaining nine cases, it is not clear that full inquiries were made as to the sources of the infection. Not unfrequently Irish labourers, residing in the Borough, work during the harvest in Kent or Essex, or, during the hop-picking, in Kent or Sussex, or in those or other districts during the potato digging, without having any symptoms of ague; but on their return to town in the late autumn or early spring, they suffer from the disease. In such instances, when questioned as to the place where they contracted the disease, they generally at once name some well-known aguish locality, and often confirm their assertion by the information that others of their company had ague while residing there. In many cases, the patients state that they have had ague at intervals for months or even years.

The period of exposure which is sufficient to cause the disease, is sometimes remarkably short. A lady, residing in a dry house in a healthy and well-drained locality in the suburbs of London, where, certainly, there is no aguish influence, went, during the last autumn, to Lynn. She arrived there in the afternoon, and at 10 o'clock the next morning was taken with a severe attack of ague. She remained a week, during which she had attacks every day, and, on returning to town, she had three paroxysms at intervals of a day. The disease ultimately yielded to quinine. She had had ague very severely, for some months, twenty-eight years before.

(To be continued.)

REPORT OF THE MEDICAL DIRECTOR GENERAL OF THE RUSSIAN NAVY,

FOR THE PERIOD BETWEEN NOV. 1, 1857, AND OCT. 31, 1858.

Translated from the "Morskoi Slornik," a Russian Official Journal,

By JOHN MICHELL, Esq.

THE sanitary condition of the Russian navy has been highly satisfactory for the year ending October 31, 1858, and though a temporary increase in the number of sick, attributable to the unfavourableness of various external influences, has been recorded in some localities, yet it was not due to any extensive development of epidemical disorders; the individual cases of disease being, at the same time, very rarely distinguished by particular virulence.

The following table shows the result of a comparison between the sanitary state of the navy during the ten months of the year 1857, included in the last report, and its condition between November 1, 1857, and October 31, 1858:—

Period.	Ratio of			
	Sick to healthy.	Recoveries to sick.	Deaths to Recoveries.	Deaths to healthy.
Between Jan. 1 and Oct. 31, 1857 ..	1·1$\frac{24}{41}$	1·1$\frac{1}{6}$	1·18$\frac{13}{19}$	1.34$\frac{1}{19}$
,, Nov. 1, 1857, and Oct. 31, 1858	1·1$\frac{2}{3}$	1·1$\frac{6}{59}$	1·21$\frac{7}{11}$	1·39$\frac{1}{2}$

This diminution of sickness and relative mortality in 1858, is mainly to be attributed to the improved and more extensive accommodation provided for the naval branch of the service, consequent on the reduction of the strength of the navy; partly also to the absence of epidemics, to the general favourable conditions for health, and to the progressive

introduction of hygienic and surgical improvements, both ashore and afloat. Amongst the latter I can particularly mention the ameliorated state of the Hospitals at St. Petersburg, and the construction of some new divisional lazarettos at Cronstadt, for affording local relief in slight cases.

TABLE, SHOWING THE SICKNESS IN THE RUSSIAN NAVY BETWEEN NOVEMBER 1, 1857, AND OCTOBER 31, 1858.

Where treated.	In Hospital on Nov. 1, 1857.	Average daily strength of the Naval Establishment.	Number of sick during the year.	Recoveries.	Deaths.	Under treatment on Nov. 1, 1858.	Ratio of: Sick to healthy.	Ratio of: Recoveries to Sick.	Ratio of: Death to recoveries.	Ratio of: Deaths to healthy.
Naval Hospitals, Lazarettos, and in Harbours	2031	45268	20852	20266	873	1135	1·2$\frac{5}{26}$	1·1$\frac{1}{5}$	1·23$\frac{7}{32}$	1·51$\frac{3}{5}$
Military Hospitals ..	640	—	5351	5244	306	435	—	1·1$\frac{1}{7}$	1·17$\frac{1}{7}$	—
Total	2671	46552	26203	25510	1179	1570	1·1$\frac{10}{17}$	1·1$\frac{2}{19}$	1·21$\frac{5}{8}$	1·38$\frac{18}{38}$

TABLE OF SICKNESS AT THE VARIOUS NAVAL STATIONS.

Port.	Average daily number of healthy men on the Naval Establishment.	Ratio of: Sick to healthy.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.	Ratio of: Deaths to healthy.
St. Petersburg ..	12048	1·2$\frac{1}{3}$	1·1$\frac{1}{25}$	1·18	1·42
Cronstadt ..	13776	1·1$\frac{6}{7}$	1·1$\frac{1}{8}$	1·17$\frac{1}{4}$	1·30$\frac{1}{4}$
Revel	1065	1·1$\frac{1}{2}$	1·1$\frac{3}{5}$	1·18	1·28$\frac{1}{38}$
Sveaborg	594	1·1$\frac{3}{5}$	1·1$\frac{1}{10}$	1·19$\frac{8}{10}$	1·24$\frac{3}{4}$
Archangel ..	2545	1.1$\frac{7}{31}$	1·1$\frac{1}{25}$	1·21$\frac{3}{9}$	1·26$\frac{1}{25}$
Astrakhan ..	2970	1·2$\frac{3}{4}$	1·1$\frac{1}{6}$	1·16	1·43$\frac{3}{4}$
Riga	122	1·1$\frac{1}{60}$	1·1$\frac{1}{21}$	1·31	1·30$\frac{1}{2}$
Nikolaef	9829	1·1$\frac{3}{4}$	1·1$\frac{1}{15}$	1·41$\frac{2}{5}$	1·71$\frac{5}{6}$
Sevastopol ..	1364	1·1$\frac{17}{63}$	1·1$\frac{3}{34}$	1·37$\frac{1}{3}$	1·45$\frac{7}{15}$
Taganrog	116	1·2	1·1$\frac{1}{10}$	—	—

TABLE SHOWING THE SICKNESS IN THE FAMILIES OF THE SEAMEN OF THE RUSSIAN NAVY.

Period.	Number of cases under treatment on Nov. 1, 1857.	Number of cases under treatment during the year.	Recoveries.	Deaths.	Remaining under treatment on Nov. 1, 1858.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.
Between Nov. 1, 1857, and Oct. 31, 1858 ..	183	6875	6348	457	253	1·1$\frac{7}{59}$	1·13$\frac{8}{9}$

TABLE SHOWING THE SICKNESS ON BOARD THE SHIPS OF THE RUSSIAN NAVY.

Number of cases.	Recoveries.	Deaths.	Removed to Hospitals on shore.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.
7353	6491	9	853	1·1$\frac{2}{15}$	1·721$\frac{2}{9}$

TABLE SHOWING THE NUMBER OF MILITARY SICK TREATED IN NAVAL HOSPITALS.

Cases under treatment on Nov. 1, 1857.	Number of cases during the year.	Recoveries.	Deaths.	Transferred to other Hospitals.	Under treatment on Nov. 1, 1858.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.
232	3203	3004	140	29	262	1·1$\frac{1}{7}$	1·21$\frac{5}{7}$

TABLE SHOWING THE NUMBER OF SICK BELONGING TO THE CIVIL BRANCHES OF THE SERVICE TREATED IN NAVAL HOSPITALS.

Cases under treatment on Nov. 1, 1857.	Cases treated during the year.	Recoveries.	Deaths.	Under treatment on Nov. 1, 1858.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.
115	2190	1810	335	160	1·1$\frac{11}{40}$	1.5$\frac{4}{11}$

TABLE SHOWING THE GENERAL NUMBER OF SICK OF ALL BRANCHES OF THE SERVICE TREATED IN HOSPITALS, LAZARETTOS, AND ON BOARD SHIP.

Under treatment on Nov. 1, 1857.	Cases during the year.	Recoveries.	Deaths.	Transferred to other Hospitals.	Under treatment on Nov. 1, 1858.	Ratio of: Recoveries to sick.	Ratio of: Deaths to recoveries.
3201	45824	43163	2120	1497	2245	1·1$\frac{7}{50}$	1·20$\frac{21}{23}$

SURGICAL OPERATIONS PERFORMED.

The Surgical operations performed in the several Hospitals were as follows:—In the Kalinkin (St. Petersburg), 11; Cronstadt, 71; Nikolaef, 2; Sevastopol, 1; Archangel, 2; Total, 87. They consisted of cases:—Amputation of fingers, 30 (recovered, 21; died, 1; remaining under treatment, 8).

Amputation of arm above elbow, 12 (recoveries, 4; died, 7; under treatment, 1). Amputation of arm below elbow, 1 (recovered. Amputation of leg above knee-joint, 7 (recovered) 5; died, 2). Amputation of leg below knee-joint, 6 (recovered, 4; died, 2). Operations on foot, 3 (recovered, 2; died, 1). Amputation of penis, 1 (recovered). Excision of various tumours, 2 (recovered). Excision of cancer in testicle (under treatment). Incisions, 2 (died). Operation on hernia (died). Inguinal hernia, 2 (under treatment). Operation for stricture, 1 (died). Phymosis, 14 (recovered 9; under treatment, 5). Operation for cancer in upper eyelid 1 (recovered). Operation on hydrocele 2 (recovered, 1; under treatment, 1).

Of the above operations 52 were successful, 17 proved fatal, and the remaining 18 continued under treatment.

SUDDEN DEATH.

There were 6 cases of sudden death at St. Petersburg; 95 at Cronstadt; 9 at Archangel; 5 at Revel; 6 at Sveaborg; 1 at Riga; 28 at Nikolaef, and 10 at Sevastopol; making a total of 160.

Of this number 39 were cases of apoplexy; 26 of apoplexy of the lungs; 2 of disease of lungs; 2 of rapid inflammation of the intestines; 2 of rupture of liver; 1 of fall during an epileptic fit; 1 of intussusception; 1 of rupture of enlarged main artery; 1 of uterine hæmorrhage; 1 of aneurism of the heart, of a scorbutic character; 15 of various injuries; 23 of drowning; 1 frozen; 4 suicides by shooting, strangulation and other means; 1 of suffocation by a fall of earth; 18 from various internal chronic complaints; 22 of various acute internal diseases, and 1 case of which the cause of death could not be ascertained, in consequence of the advanced state of decomposition of the body.

(To be continued.)

FATAL CASE OF AORTIC ANEURISM IN A PREGNANT WOMAN.

AUTOPSY—REMARKS ON FŒTAL AUSCULTATION.

By FRANCIS ADAMS, M.D.

On August 28 my attention was directed by a young Medical friend to the case of an unfortunate female, about 40 years old, who in a fit of coughing had been seized with a discharge of arterial blood to the amount of about a pint. She stated, that for some time past she had suffered palpitation of the heart, along with orthopnœa, especially in ascending an aclivity; otherwise, except that she appeared to be rather sanguine, she might be said to be in good health.

Examination with the stethoscope revealed little that could be called abnormal. Respiratory murmur at the upper part of the chest on both sides was nearly natural, or at most but slightly exaggerated. The heart felt as if agitated, but no bruit nor any other well-defined sounds of a preternatural character could be detected. In the back we fancied the sounds rather feeble, and the respiratory murmur indistinct on the left side. Pulse at both wrists about 70, without intermissions. No complaint of pain except in the back, opposite the heart.

She represented herself to be seven months gone with child; but careful auscultation, repeated separately once and again by myself and my assistant, revealed no sound which could by any fancy be construed into either a *placental soufflet*, or the beats of a fœtal heart. Yet the usual tumour of the abdomen in advanced pregnancy was present, and the breasts were turgid, along with a dark areola around the nipples. Notwithstanding the unsatisfactory results of auscultation, we therefore confidently decided that the woman was with child, and labouring under aortic aneurism. Accordingly, she had twice or thrice slight attacks of hæmoptysis at intervals of a few days, and during one of these she died suddenly, on the morning of September 7.

Autopsy next day.—In cutting through the ribs in front a great quantity of serum escaped, and when the thorax was laid open a very large coagulum of blood was found behind on the left side, which, it soon appeared, had escaped from the bursting of an aneurismal tumour about the size of an egg-cup in the descending aorta two or three inches below its arch. Part of the blood had also made its way into the substance of the lungs. Opposite the tumour the edges of two of the vertebræ, probably the fifth and sixth, were rather deeply eroded, but the intervertebral substance was not affected.

It will at once be remarked, that, although the preliminary symptoms be somewhat different, the present case bears a close resemblance to that of the lamented Mr. Liston. In hi case, however, owing to the tumour (if we recollect right) pressing upon the trachea, the difficulty of breathing was more urgent.

The results of a careful examination of the abdominal region need not be further gone into at present than to state that the body of a child about the seventh month of pregnancy, and quite fresh, was found in the uterus.

However, we cannot omit the present opportunity of saying a few words on what is usually denominated auscultation of the fœtal heart in pregnancy, and this we are the more induced to do in consequence of the attention of the Profession having been prominently directed a few weeks ago to the subject by a passage in one of Dr. Simpson's Lectures on the Diseases of Women, recently published in this Journal—papers, I hesitate not to say, more replete with the Medical learning of all ages and the extensive results of original observation than have appeared in this country for many years past.

Treating of the diagnosis in pseudocyesis, or spurious pregnancy, he expresses himself thus:—"Auscultation affords in pseudocyesis only negative results, or ought only to afford such. But I have seen more than one case of the disease in which the Practitioner—perhaps led astray by the strong assurances, and fervid belief of the patient herself—has imagined that he heard something like the sounds of a fœtal heart, where there was no fœtus present to produce any such sounds. Several years ago I had a lady placed under my care from a neighbouring part of the United Kingdom, in whom a Physician,—who had written a work, and a very excellent work too, on Auscultation in Pregnancy,—fancied he had heard, three or four months previously, the sounds of a fœtal heart; and, though all due preparations were made, no child was born."

The following narrative I had from a most trustworthy Physician in the North. He stated that when he was a Student of Medicine in Edinburgh, about eight years ago, he was attending a case of protracted labour in the Maternity Hospital there, and being anxious to determine whether or not the child was alive, he practised auscultation with negative results. But having called in the assistance of an older student, the Superintendent of the Institution, he at once detected (as he said) the sounds of the fœtal heart. Yet, when a few hours afterwards the delivery was completed, it turned out that the child was putrid, and must have been dead several days!

If time permitted I could mention, even within my own limited sphere of acquaintance, I know not how many instances in which auscultators pretended to detect the sound of the fœtal heart when there was no living heart to be detected, and, on the other hand, when (as in our present case) the most careful examination failed to detect the sound of a living fœtal heart in the uterine regions.

I am confident, therefore, that, at least in many cases, the fancied sound of the fœtal heart ought to be ranked among mental phenomena; and I have long been persuaded that these have not been properly studied and attended to in the practice of Medicine, or in other matters connected with science and the business of the world. Certain it is that, if on any occasion a person has an intense persuasion that he is about to see any peculiar sight, or to hear any peculiar sound, he will see and hear accordingly.

In my younger days it was the common belief, founded, it turns out, on the fanciful information of certain Arctic travellers, that the Aurora Borealis is always accompanied by a peculiar crackling, or as some described it, a hissing sound; and, at that period, namely, forty or fifty years ago, I have again and again, along with many other spectators, stood gazing at these Northern Lights, while one and all of us professed to have heard something like the sound in question—none, at least, had the courage to deny the fact. I need scarcely say that all the best authorities are now nearly or altogether unanimous in deciding that the supposed sound of the Aurora

is altogether an illusion or figment of the mind. (See Humboldt s "Cosmos," Vol. I. p. 194, and Vol. V. p. 157.) Accordingly, scarcely any person now-a-days pretends to hear the sound in question; or, if a few still stand out for the old belief, you will not find two people who will give exactly the same account of what the nature of the sound was which they pretend to have heard. This is also remarkably the case with regard to the sounds said to be distinguishable by the stethoscope in fœtal auscultation. At first it was confidently affirmed that one hears 160 double beats (namely, a louder and a feebler set); that is to say, 320 pulsations in a minute! which is at the rate of about 5½ beats in a second! Now, it is usually told, that one only hears 80 loud and 80 feeble sounds. At first, it was also confidently asserted, that one could always hear a loud bellows sound, which got the name of *placental soufflet*. Among auscultators, at present, some tell us they can detect the *soufflet*, but not the sounds of the heart; others, that they can detect the latter but not the former. Few pretend they can recognise both, at least in the same case.

I have often had occasion to remark, that in the examination of a case where scarcely any doubt can exist that there is a fœtus in utero, success in detecting the sounds of its heart depends in a great measure upon the circumstance whether or not the auscultator believes that he ought to detect them. Not long ago, I examined an unquestionable case of pregnancy, along with a most intelligent Physician, who was greatly committed on the question; and the result was he felt confident that he could hear the sounds, but he entirely failed to make me hear them. Truly, faith, not only in religion, but in all the transactions of life, is a most wonderful phenomena of the human mind! A good many years ago, a very intelligent native of the Highlands, who, I am sure, would have scorned to tell a falsehood, gave me a very circumstantial narration of the vision of a funeral which he saw, when quite awake, on a moonlight night, and which was verified in all its particulars by the funeral procession which he actually saw, in broad daylight, a week afterwards. Having lately told this story to a most intelligent friend, a native of the same district of the country, he further stated that in his younger days, his father, a venerable man, of unquestioned veracity, had repeatedly assured him that he had frequently seen similar "unearthly sights." Indeed, except for their utter incredibility, and the absurdity of supposing that such spiritual phenomena should be confined to particular districts and individuals, no one would be warranted in refusing his assent to ghost stories, even as they are now attested.

I may here mention, that what first led me to entertain sceptical doubts on the question of fœtal auscultation, was an examination into its merits, made with the aid of Hunter's Plates of the Gravid Uterus before me. I could not help being struck how utterly incredible it is, that, in almost every instance, the stethoscope could have been planted on the child's body, so that the sounds of the heart would be heard. For, surely, it will not be pretended, that the cardiac sounds can be distinguished if the instrument be placed on the right side, or on the shoulder and arm of either side, or on any part of the inferior extremities. But in addition to these obstructions, we must recollect that in almost every case the placenta—the uterus with its immense sinuses and blood-vessels—and also the abdominal parietes, with their blood-vessels, intervene between the feeble object in question and the ear of the auscultator. Now, that in pelvic auscultation, one occasionally detects pulsatory sounds and *soufflets*, may be admitted; but it remains to be proved that the former are the sounds of the fœtal heart, or the latter of the placenta. However, when the observer has an intense impression that he ought to hear these sounds, he easily persuades himself into the belief that he has actually heard them. In conclusion, the following words of Baron Humboldt, on the Aurora Borealis, may be applied, *mutatis mutandis*, to fœtal auscultation:—"The belief in a crackling sound has arisen, not among the people generally, but rather among learned travellers; because in earlier times the Northern Light was declared to be an effect of atmospheric electricity, and the observers found it easy to hear what they wished to hear."—"Cosmos," Vol. I. p. 195.

It is, in fact, a confirmation of the ancient aphorism: "Credunt quia credere volunt."

Banchory, North Britain.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ROYAL
LONDON OPHTHALMIC HOSPITAL.

IVORY EXOSTOSIS GROWING FROM THE ORBITAL PLATE OF THE ETHMOID.—OPERATION.—RECOVERY, WITH PERFECT MOTION OF THE EYE.

(Under the care of Mr. BOWMAN.)

J. L., 30, a wheelwright, was admitted under the care of Mr. Bowman, on the 12th of July last. The history of the case was as follows. Eight years ago he had some inflammatory affection of the chest (pneumonia?); shortly after which the left eye began to bulge, and the protrusion slowly increased. Five years afterwards he had abscesses in the jaw, thigh, and leg, and at the same time there was great redness of the affected eye, and he "could not work." When first seen, the following was the note made of the condition of the eye: "The globe is displaced outwards, and slightly advanced forwards. A hard rounded even tumour (bony?) is felt through the lids, and seems to spring from the lachrymal bone. Two nodules are clearly felt, one above and one below the tendo oculi. They are each about the size of a small bean. The caruncle is pushed forwards, and the conjunctiva is congested."

At the ophthalmoscopic examination, the optic nerve was seen to be as red as the rest of the fundus, and could only be recognised by the passage of the retinal vessels.

Its removal by operation was performed the same day. Chloroform was administered. Mr. Bowman first divided the upper lid by an incision, commencing internally at the tendo oculi, and prolonged upwards and outwards for about three quarters of an inch. This incision lay over the upper nodule of the tumour, which it exposed. On the supposition that it might possibly be an abscess or a cyst, an attempt was now made to puncture it, but without success, the tumour being evidently of a bony nature. It was broken away from the inner wall of the orbit by an elevator, the pedicle (by which it was afterwards proved to have been attached) being snapped off short. The mass was then easily removed. A small part of the pedicle still remained attached, about the size of a pea, and was clipped away with forceps.

The tumour represented in the engraving was a nodulated tuberous growth of solid bone; on section it was found slightly porous near the pedicle, but not cancellated, and in general exceedingly dense. It was grooved into a deep cleft above by the tendon of the superior oblique. On July 26 the following note of the case was made:—"The lids became greatly swollen after the operation, but this has now nearly subsided. The wound has closed, and sight is perfect."

Two months after the operation the optic nerve had resumed its normal pink appearance, and the eye-ball its natural position and function.

Instances of ivory exostosis growing into the orbit are so rare, that we are glad to be able to append the following description of one, from the Catalogue of the Museum of the College of Surgeons. Our attention was called to this case by Mr. J. Harle, a gentleman who was present at Mr. Bowman's operation:—

"795.—Portion of a skull with an osseous tumour. The tumour is of an irregularly rounded form, is deeply lobed and nodulated on its surface, and measures about two inches and a-half in its greatest diameter. It has, for the most part the hardness and apparent structure of ivory, but in its

central and posterior part is composed of very close cancellous tissue. It fills the frontal sinuses, and the upper part of the left orbit, encroaches into the right orbit, and projects for nearly an inch on both the outer and the inner surfaces of the skull. It appears to have originated in the ethmoidal cells, or frontal sinuses, and in its growth to have displaced and destroyed by pressure the adjacent parts of the outer and inner tables of the skull, and the inner wall of the orbit. On the anterior aspect two of its lobes have made their way through separate apertures in the outer table; the margins of these apertures are thin, and extended for a short distance over its surface. Just above the tumour, near the left temporal ridge of the frontal bone, is a small round flattened elevation of bone."—*Hunterian.*

This preparation is engraved in Baillie's "Morbid Anatomy," fase. x. pl. 1, fig. 2. See also Home, in the "Philosophical Transactions," vol. lxxxix, 1799, p. 239. "Catalogue of General Pathology," vol. ii. p. 172. The reference is to a paper as follows:—"Some Observations on the Structure of the Teeth of Graminivorous Quadrupeds; particularly those of the Elephant and Sus Æthiopicus. By Everard Home, Esq., F.R.S. Read May 30, 1799."

A foot-note to Home's paper, above alluded to, says,—"The tusks of the elephant are found upon a pulp, similar to teeth. Tumours are sometimes met with in the frontal sinuses of the human body, having a perfect resemblance to ivory. They have their origin in the bony cavity of the sinus, and extend themselves into the orbit of the eye. Of these, I have seen two instances, and was unable at the time to account for them; but am now induced to believe they were formed upon vascular excrescences, growing from the lining of the sinuses, similar in their organisation to the pulps above mentioned."

EXOPHTHALMOS CAUSED BY FIBRO-PLASTIC DEPOSIT IN THE ORBIT.—EXTIRPATION OF THE TUMOUR, TOGETHER WITH THE EYEBALL.

(Under the care of Mr. BOWMAN.)

J. C., aged 13, of Hull, was admitted June 21, 1859. He was a weakly, pale-looking boy, of fair complexion. He lost his mother by consumption; his father was healthy, and his brother also. He first observed accidentally, fifteen months ago, that the right eye was slightly reddened, and appeared larger than the left. This apparent increase of size was due to protrusion of the eye, which had been more considerable some months ago than it was now. It has never been painful, and vision has remained good. On examination the right eye is found to be pushed forwards and downwards, so that its equator stands about in a line with the orbital aperture. There is a great deal of chemosis. The movements of the eye are free; no defined hardness or swelling can be felt behind the eye, but the orbital fat appears evenly pushed forwards. Mr. Bowman proceeded to operate the same day; chloroform was administered; an incision was made quite through the right upper lid from its outer margin to the upper edge of the orbit, next through the conjunctiva, through which latter incision the fat of the orbit immediately protruded. Some of it was removed. On examination with the finger an uneven granular mass, of cartilaginous consistence, was felt, occupying the depths of the orbit. Several pieces of this mass were removed, and the wound was closed by sutures. The tissue removed was found by microscopical examination to consist of numerous nuclei of pretty equal size, enclosed in loops and bands of fibrous tissue (fibro-plastic tumour).

July 11, 1859.—The exophthalmos has not decreased; there is still no pain, but there is abundant purulent discharge from the wound. The lower part of the cornea is ulcerating, there is pus in the anterior chamber, and the patient is feverish, restless, and drowsy towards evening. It was determined to operate again; chloroform was administered; the old incision was opened, the eye removed, and by scalpel scissors and scoop the fibro-plastic mass was removed up to the optic foramen. Some of the mass could be felt attached around the optic foramen. The wound was plugged with cotton wool soaked in perchloride of iron. No pain followed, but there was a great deal of purulent discharge, and infiltration of the lids. He left the Hospital on July 29, the chemosis had subsided, the lids had sank back. There was still some purulent discharge. No brain symptoms have appeared since the operation.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

COMMENTS ON TRACHEOTOMY FOR SCALDS OF THE GLOTTIS.

We have in the annexed table fourteen cases, the patients ranging in age from twelve months to five years. Eleven of the cases ended in death, and only three in recovery. In one of the cases which recovered (Case 3) from certain peculiarities in the history there is quite room for doubt as to whether the boiling water had ever reached the glottis. In the other two instances of recovery, however, the conditions present were urgent, and had steadily developed from the time of the accident. In these three cases the age of the patient was respectively a year, two years and a-half, and three years. It would appear that when cases do well after tracheotomy for this accident that the restoration of a healthy condition of the laryngeal mucous membrane is rapid. In one the canula was kept in for six days, in another for five, and in a third for three: in all, the wound healed perfectly within a short time. The exact time subsequent to the accident at which the operation was performed is not stated in all the cases; but in most of them it was from four to seven hours. In one it was only an hour and a-half, and in another it had extended to seventeen hours. In nearly the whole of the cases the reports show that great relief followed the operation. In most of the fatal cases the children lived for at least a day or two subsequent to its performance, while in all it is expressly stated that at the time of its adoption the symptoms were those of impending suffocation. In one case (Case 14) it would seem that the immediate cause of death was the unexpectedly severe action of mercurials. Of the fatal cases, the average duration of life after the operation is about three days. In one, life was protracted to the fourteenth day, and the fatal event was due to an attack of acute pneumonia, which did not set in until the seventh day, when the child had appeared out of danger. In only three cases out of the eleven did the child die within twenty-four hours of the operation. The accounts of the post-mortems are in several instances imperfect. In three instances (Cases 1, 10, and 11,) there was acute broncho-pneumonia. In a fourth (Case 13) the mucous membrane of the trachea was livid, inflamed, and the lungs congested. In Case 2, death occurred in collapse, and was probably induced by the hæmorrhage which had taken place during the operation; and in Case 9, as the child only lived a few hours it is probable (though not expressly stated) that the cause of death was collapse, rather than extension of inflammation. An interesting comparison might be made between this group and those for croup and for foreign bodies. They have this in common, that in all the subjects of the operation were children. It will be seen that the fatality after tracheotomy for scalds of the glottis is much greater than when the same operation is performed in patients of about the same age for foreign bodies in the trachea. With regard to operations for true croup, as compared with those for scalds, the fatality appears to be pretty nearly the same. In the one group we have fourteen cases and three recoveries, in the other, fourteen cases and four recoveries. It might *à priori* have been expected that the advantage would have been considerably in favour of the operation when done for scalds. In the latter, although acute local inflammation is often present, yet the Surgeon has not, as in the case of croup, a specific constitutional malady to contend against. According to our series, as just stated, there is, however, no great difference; but it is not improbable that if more extended collections of cases could be got together, that a somewhat dissimilar average would be obtained.

COMMENTS ON TRACHEOTOMY FOR CROUP.

We have in this table fifteen cases, with four recoveries and eleven deaths. The ages of the patients who recovered were six years in two cases, in one five years, and in one four. It singularly happened that all the cases of recovery occurred in one Hospital. Of the fatal cases, most of the patients were considerably younger than those which recovered, a result, we

believe, which is always apparent in the examination of the statistics of tracheotomy for croup. In the whole of the cases the operation was resorted to as a last resource, and under extreme conditions. In two of the fatal cases the age is not stated. In one it was sixteen years, in one ten, in one eight, in one four, in two three, in one two, and in the remaining two fourteen months. In one of these (Case 10) the patient did well until the thirteenth day, when a relapse of croupal inflammation occurred. In almost all the others death occurred within a few hours of the performance of the operation, thus affording a considerable contrast with what we showed to have been the result after tracheotomy for scalds of the glottis. In one of the cases death occurred during the operation from the accidental entrance of blood into the trachea; and in another it was due to the accidental plugging of the tube by false membrane, at a time when Surgical assistance was not at hand.

The various details of the question as to the propriety of tracheotomy in croup, as to the best mode of performing the operation, and as to the treatment subsequent to it, have been so often discussed in our pages within the last few years, that we need not do more than offer the above brief synopsis of the group of cases now before us. Much excellent practical information respecting it will be found in the admirable "Memoirs on Diphtheria," recently issued by the New Sydenham Society, to which we may venture to direct the reader's attention.

TABULAR STATEMENT OF FIFTEEN CASES OF TRACHEOTOMY FOR CROUP.

No.	Hospital and Surgeon.	Sex.	Age.	Duration of Disease.	Patient's State.	Operation.	Constitutional Treatment.	Result.	Autopsy.	Remarks.
52 1	St. George's.—Mr. Tatum.	M	6	Six days.	Great debility and urgent dyspnœa.	Blood flowed into the trachea during the operation, and produced urgent symptoms of suffocation.	Had been "actively treated."	Recovered.	—	Pieces of false membrane passed by the tube.
53 2	,, House-Surgeon.	F	16	—	—	Death took place on opening the trachea, supposed to be due to entrance of blood. The isthmus of the thyroid had been divided.	—	Died during the operation.	Extensive pneumonia.	
54 3	,, Mr. Pollock	F	6	—	—	Tracheotomy.	—	Recovered.	—	
55 4 56 5	—	M	—	—	—	Tracheotomy.	—	Died.	—	Death followed in a few hours.
57 6	,, Mr. Prescott Hewett.	F	5	Nine days.	Urgent dyspnœa	Some blood got into the trachea. Pieces of lymph removed through the incision.	Calomel, antimony, salines.	Recovered.		Discharged twenty-one days after the operation.
58 7	Dreadnought Hospital-Ship.—Mr. Corner.	M	4	Three or four days.	In the last extremity. Previously a fine healthy child.	Large solid piece of fibrine removed.	—	Died.	—	He did well for an hour and a half after the operation, and then died very suddenly.
59 8	The Metropolitan Free Hospital — Mr. Hutchinson.	M	8	Eight days.	Dyspnœa urgent	Pulse and respiration had ceased before the completion of the operation, but in a few minutes returned by the aid of artificial respiration.	—	Died.	Not obtained.	Died rather suddenly sixteen hours after the operation, apparently from firm clogging of the tube with mucus.
60 9	Hospital for Sick Children.—Mr. Chippendale.	F	14 mo.	Two days.	—	Tracheotomy.	Not actively treated.	Died in convulsions sixteen hours after.	False membrane were seen extending into the bronchi.	
61 10	,, Mr. Athol Johnson.	—	2½	—	Urgent symptoms.	Tracheotomy, with great temporary relief.	—	Died.	False membrane were found more or less lining the air-passage from the larynx to the second and third division of the bronchi. The lungs were congested, and also emphysematous. Some patches of pulmonary collapse.	
62 11	,, Mr. Chippendale.	M	3	Five days.	—	Tracheotomy.	—	Died on the thirteenth day after sudden depression.	Ulceration of the trachea from the second ring to within an inch of its bifurcation.	The tube had been removed three days before death.
63 12	King's College.—Dr. Todd.	M	10	Eight days.	Dyspnœa threatening immediate suffocation.	Tracheotomy, with great temporary relief.	—	Death five hours after the operation.	A continuous coating of false membrane was found in the trachea, and extending to the minute bronchi.	
64 13	The Middlesex.—Mr. Moore.	—	3	One day.	Dyspnœa urgent	Tracheotomy.	—	Death.		
65 14	St. Mary's.—Mr. Ure.	—	13 mo.	—	—	Tracheotomy.	—	Died in a few hours.	—	
66 15	Addenbrooke's Hospital, Cambridge.—	M	4	—	Urgent and alarming dyspnœa.	Tracheotomy.	Chloroform did not relieve the dyspnœa.	Recovered.	—	It was necessary to use artificial respiration. The boy recovered quickly.

TABULAR STATEMENT OF FOURTEEN CASES OF TRACHEOTOMY FOR SCALDS OF THE GLOTTIS.

No.	Hospital and Surgeon.	Age & Sex.	Time elapsed between Accident and Operation.	Symptoms.	Operation.	Results.	Remarks.
38 1	Guy's.—Mr. Birkett.	3½ —	Seven hours.	Distressing dyspnœa.	Tracheotomy.	Progressed favourably for a week, and then died rather suddenly.	Post-mortem examination revealed acute pneumonia.
39 2	,, Mr. Callaway.	3 M	Eighteen hours.	Almost dead from dyspnœa.	Tracheotomy. Probably hæmorrhage (into trachea?)	Never rallied: died nine days after the operation.	
40 3	,, Mr. Callaway.	1 —	Three or four hours.	Symptoms of laryngitis suddenly supervened.	Tracheotomy. Great relief.	Recovered.	Canula removed in six days.
41 4	,, Mr. Callaway.	3 M	Seven hours.	Urgent dyspnœa.	Tracheotomy. Immediate relief	Recovered well.	
42 5	,, Mr. Birkett.	2½ M	Seven hours.	Suffocation impending.	Tracheotomy.	Recovered.	The child had suffered from hooping-cough, which returned severely after the operation.
43 6	The London.— House-Surgeon.	1¼ —	—	Intense dyspnœa.	Tracheotomy. Great relief.	Died in twenty-four hours.	Autopsy.—Epiglottis charred and shrivelled, and great œdema of the glottis.
44 7	,, Mr. Wordsworth.	4 —	Five hours.	Dyspnœa.	Tracheotomy. Great relief.	Dyspnœa returned, and death took place in fifty hours.	Autopsy.—Charring of the glottis and epiglottis, and collapse of parts of the lung.
45 8	,, House-Surgeon.	2½ F	One and a-half hours.	—	Tracheotomy.	She did well for twenty-four hours, when symptoms of bronchitis set in, and proved fatal in eighteen hours.	Autopsy.—The larynx only examined. Its mucous membrane was found inflamed and swollen, so as to obstruct the rima glottidis.
46 9	St. George's—	5 F	—	—	Tracheotomy.	Died in a few hours.	
47 10	St. Bartholomew's.—	3 —	—	Dyspnœa.	Tracheotomy. Great relief for some hours.	Symptoms of acute bronchitis set in sixteen hours after the operation, and death followed in eight hours more.	Autopsy.—Extensive injury about the glottis and pneumonia.—See Case 47, p. 360.
48 11	Staffordshire General Infirmary. — House-Surgeon.	2 —	—	Suffocation imminent.	Tracheotomy. Great relief for two days.	Death on the fourth day.	Autopsy.—Acute softening in the right lung and about its root.
49 12	The Middlesex.—House-Surgeon.	2 F	—	Dyspnœa.	Tracheotomy, with relief.	Death from exhaustion in thirty hours.	
50 13	St. Mary's.—Mr. Spencer Smith.	3 M	Seventeen hours.	Urgent dyspnœa.	Tracheotomy. Immediate relief	Death in thirty-six hours.	Autopsy. — Epiglottis thickened, and, with the neighbouring mucous membrane, coated with lymph. Lungs congested.
51 14	King's College.—House-Surgeon.	3½ M	Twelve hours.	Unable to speak or swallow.	Tracheotomy.	Died. The respiration was almost natural from the time of removal of the canula (fifth day) until death, which appeared to be from exhaustion.	At the autopsy, the larynx was found to have quite recovered from inflammation, and there was no evidence of bronchitis.

THE COLONIAL
PRACTICE OF MEDICINE AND SURGERY.

SYDNEY INFIRMARY, NEW SOUTH WALES.

POPLITEAL ANEURISM—AMPUTATION—HÆMORRHAGE—LIGATURE OF EXTERNAL ILIAC—REPEATED HÆMORRHAGES—RECOVERY.

(Communicated by Mr. ALFRED ROBERTS.)

J. M., aged 40, admitted December 18, 1858. Is a native of England, but has resided in this country for the last six years; of late has followed the occupation of wood-cutter. Is married; has generally enjoyed good health, and cannot afford any history of illness of himself or family having an especial bearing upon his present disease. He states, however, that in following his occupation, he has often made sudden jumps to get clear of falling timber, and has frequently lifted heavy weights. Five weeks since he first observed that his left foot and leg swelled slightly without pain, stiffness of the limb came on a few days after, and was followed in a few more by pain in the popliteal space. About sixteen days ago he first observed a small tumour in this region as large as a small pigeon's egg, which, with the pain that accompanied it, increased rapidly, until the date of his admission, and obliged him to take to his bed seven days since. Fomentations have been freely applied to the affected part, but with this exception no treatment appears to have been adopted.

When admitted, I noticed him to be rather a tall, well-proportioned man, looking about 35 years of age. The thorax is full; lungs healthy; but the heart's action is nervous and tumultuous; countenance indicates acute suffering, but is otherwise healthy; muscular system is fairly developed. In the left popliteal space is a large, rather diffused, and strongly pulsating tumour, the action being so great in it as to convey to the applied hand the sense of a thin walled, tense cavity, containing a thick fluid; the femoral arteries of both sides are very superficial, hard, and cord-like; they very readily glide from under the finger when pressed upon. The entire limb was covered with wadding and carefully bandaged, pressure being applied to the femoral artery by means of Carte's pelvic and thigh compressors. This treatment was continued for three weeks, at the end of which time, and in spite of every precaution, a small superficial slough appeared under the compressing-pad. Up to this period the treatment seemed likely to prove successful; the swelling had discontinued to increase in size and become very perceptibly more solid in its character, but the continuance of the intense pain rendered the patient both restless and irritable. During the next few days pressure was continued as much as possible, though not constantly.

January 12.—After an attack of shivering, the integuments over the swelling were found to have taken on inflammatory action and to threaten immediate suppuration or sloughing. Amputation of the middle of the thigh was performed by the outer and posterior flap method. The femoral artery was found cut directly across in the lower flap, and to have its coats very thick; three other vessels were ligatured. On examination, the disease proved to be diffuse popliteal aneurism; the artery appeared expanded suddenly, and on one side only, into a capacious sac, the walls of which soon overlapped the aperture into the vessels both above and

below. As far as I could judge, about one-half of the tumour was covered with the expanded tunics of the artery, the remaining portion being bounded by morbid deposit only. I believe the femur was denuded of periosteum, about the internal condyle, and the joint was filled with dingy-coloured fluid; but these points are not in my notes. On the morning of the tenth day after the operation, everything promised well, except that I remarked his pulse was irritable. In the evening two severe gushes of arterial blood issued from the wound of the stump, and rendered further measures promptly necessary. After a consultation with my colleague, it was decided to tie the external iliac artery, and I proceeded to this step at ten p.m. The integuments and tendinous structures, etc. were divided, the peritoneum was detached, and the sheath of the vessels made out without much difficulty; but in opening the latter a small vein was divided, which lay diagonally across it; it gave, however, little trouble. The sheath was cautiously opened for about one-quarter of an inch, and the unarmed aneurism needle was passed carefully under the artery from within—the point being liberated from a thin layer of cellular tissue which covered it, by the edge of the finger-nail. About three seconds afterwards, while feeling the effect of pressure upon the vessel as it passed over the needle, I felt a pulsating whiz of blood under my finger, and became aware that the artery had given way. Fortunately the hæmorrhage was readily commanded by one finger, while the needle was promptly armed by a stout double ligature and withdrawn, one of the threads being firmly tied. This failed to arrest the hæmorrhage; and I again passed, with all gentleness, the aneurism needle, somewhat higher up; but the vessel gave way in a fresh spot, apparently opposite the aneurism needle. Determined not to pass the needle a third time unless absolutely necessary, I again threaded and withdrew it; one thread was now carefully tied as high up as possible, but failed in arresting the hæmorrhage. I now took the remaining silk and insinuated it, with the greatest care, higher up beneath the vessel, and secured it. This fortunately arrested the bleeding, and the patient was left comparatively quiet and comfortable. Chloroform was not given, and but little blood was lost comparatively. On the following day he was comfortable, and continued so until the tenth day after the operation, when the pulse having again become irritable, active arterial hæmorrhage occurred from the iliac wound. It was commanded by digital pressure directly above the wound, and an attendant was kept at the patient's side for this purpose, to be relieved at intervals day and night.

Feb. 2.—Blood still oozes from the wound, if the pressure is remitted for a few minutes.

3rd.—Hæmorrhage recurs, if pressure is removed.

4th.—The same.

5th.—No bleeding has occurred since yesterday, although I observed that the attendant applying the pressure has become listless and careless; the pulsation in the femoral is decided, but very feeble.

7th.—The same; the ligatures consisting of one loose, and three knotted, came away in the dressing.

8th.—Not so well; loss of appetite and vomiting; no hæmorrhage.

10th.—Countenance better, but vomiting continues at times; no hæmorrhage.

11th.—Doing well.

17th.—Doing well; the iliac wound is healed with the exception of a limited sinus in its centre, from which the ligatures were taken, and whence a grumous purulent discharge has lately issued rather freely.

18th.—At 8 a.m. a free and perpendicular jet of arterial blood issued from the arterial wound. When I saw him at 9 a.m., comparativaly slight pressure commanded the bleeding, and at the same time allowed the femoral to pulsate. A copious semi-digested stool passed half-an-hour after the hæmorrhage.

19th.—A fresh jet of blood occurred to-day, but was easily commanded by pressure as before.

March 11.—A similar jet of blood occurred, but was more readily subdued than on the former occasions.

April 26.—Up to this date there has been no further bleeding; the wounds are healed, and the man sits up in bed.

June 1.—The man has been discharged in excellent health.

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Medical Times & Gazette.

SATURDAY, OCTOBER 22.

HOW OTHERS SEE US.

Some of our daily contemporaries, in commenting upon the various Opening Addresses delivered this year at Schools of Medicine in London, have committed a few egregious blunders. They have, in fact, written much after the fashion that Frenchmen follow when they indulge in the expression of their opinions on England or the English. So long as they keep to matters upon which they are capable of giving a rational opinion, they write reasonably enough; but when their folly and their pride lead them into the absurdity of discussing points quite beyond their record, then they naturally talk nonsense. We have been struck with this on reading one of these articles in particular; for amidst a great deal of erroneous conclusions and assertions, we find thrown out a hint or two that may be worthy the attention of the Profession.

Notice has been taken of the high tone and noble sentiments expressed by the Lecturers on this occasion; and the hope is earnest, that the beautiful ideas thus theoretically declared as befitting the honourable scions of Medicine, may one day blossom into fruit. Some cannot, however, help sighing, when listening to these aspirations, and looking about into the realities of Medical life, they find, by sad experience, such dissonance between what is taught thus mellifluously, and what is practised so extensively.

Of course our critics indulge in the old strain so often piped against Medicine,—its uncertainties, and its varieties, its multitude of systems, and its innumerable creeds. Of course, also, it is easy enough to magnify the mists which hang around our Profession; and we may readily excuse sick people for being angry if the Doctor cannot cure their incurable diseases. But we beg to tell these critical gentlemen, that the public, and not we, are accountable for all the numerous shapes of funny creatures which are continually being generated, springing up like mushrooms, in a super-excited society, and assuming the titles of disease-curers. It is not *our* fault if the Profession is a "swarm of sects" in the eye of the Public. In our eye the Profession is still the Profession—one and indivisible. There is but one clear, upright, and honourable path for the man of honour and the legitimate man of Medicine to follow. He never deviates from it. Homœoquacks, Silent Friends, Kinesipaths, Mesmerists, Hygeists, Nervo-Arterial Essentialists, and such-like gentry, have nothing to do with Medicine, and if the Public choose to consider them as such, surely it is not to the blame of the Profession, which repudiates the whole batch.

Then, again, to accuse our Profession of being full of uncertainties—why, what is this, but to accuse it of being human? Is the Law more full of assurances—the glorious, *uncertain* Law? Of Theology we will say nothing but this: That every sect gets certainty only after its own fashion, and

leaves the other thousand sects shrouded in mysterious doubts, or plunged in reckless ruin. And the soldier, too, what certainty does his Profession bring? Who knows when he goes out to battle, whether he shall destroy his enemy or be starved by the faulty arrangements of his own Staff?

And further, to say that the Medical Profession lags behind all other Professions, is to say what is utterly untrue. We, who know what Medical Science is, affirm that Medicine has, within the last few years, made immense strides towards a right comprehension of the nature of diseases, and, consequently, to a truer comprehension of their right treatment. We have begun to learn what we can and what we cannot do —have begun to exercise our talents in their most legitimate field of operation. Medicine lagging behind! Why, who were they who taught the immense science of preventing and anticipating disease? Who have always stood at the head of every social movement which had for its object the arresting and preventing the origin of diseases? Can it be denied, that through Medical Science, thus legitimately developed, thousands of lives are daily saved from death or mutilation—simply by the application of preventive means? Where, before, in the history of the world, can Medicine be found acting this advanced part of a guardian and anticipating angel on so magnificent a scale as at this moment? Surely it is something to have proclaimed widely to the world, that the power of Medicine in preventing diseases is unbounded.

Another cause of complaint against the Profession is founded in this, that the standard of Medical education is low. Now on this point, also, we need hardly say that the complainant is unjust. For upwards of twenty years past incessant efforts have been made to elevate the standard of professional knowledge; and everyone acquainted with Medical life knows well that a class of men are now turned out every year, from the Schools of Medicine, differing vastly from, and infinitely superior to, the Medical man of other days. Besides this, the advance of education is still going on—and every year the student finds that more knowledge is required of him than was required of his predecessor. It, of course, cannot be pretended, that when a man goes forth direct from his studies into practice, he invariably possesses that high knowledge which is desirable. We may grieve over the fact, if we please, that a young man thus legitimately made a Practitioner of Medicine should at once have placed in his hands the lives of individuals; and we are willing to admit that the first years of a young Practitioner's life must be passed in gaining that knowledge which we should have desired him to possess at the very commencement of his Professional career. On this head, we really believe that much improvement might be made, if only what are considered the rules and dignity of the Profession would admit, for once, of the right men being put in the right places. Let us explain. We gladly touch upon the subject to which we allude, because we know that it is closely connected with the possible abatement of that monster Professional evil—to which we have often called attention—Gratuitous Medical Services.

The complaint to which we have referred is this: that young and inexperienced men, often undertake the treatment of serious diseases, in the middle class of society. We think the complaint not altogether ill-founded; and we certainly say that it is a misfortune in the etiquette of Professional life which prevents more experienced men from undertaking the treatment of such cases. Just let us look around, for instance, in this metropolis, and see the amount of really high Professional knowledge which is absolutely wasted for want of objects on which to exercise itself profitably. Now, it is quite evident, that if the rising Surgeon, or rising Physician—we mean the men who have so used their time and talents as to have given them the rank of Hospital men—would undertake the duties of a "family doctor," that both they and the public would be infinite gainers. The Physician or Surgeon here spoken of, sees the young men whom he has himself taught the Art of Medicine, rising up, as General Practitioners, to fame, and the possession of a large practice, while he still remains a mere expectant waiter upon the honours of the future. Is this not highly absurd? That his knowledge and power of treating disease is infinitely superior to that of the youthful Practitioner, is manifest; why then should etiquette prevent him turning these talents of his to a profitable account, and so much to the benefit of society? Numbers of persons rush to Hospitals in order to get advice of senior men, who would gladly pay for the same if they could procure it at a price equal to their means.

Now, we boldly ask in all common sense and reason, Why *in such a case* should the Physician or the Surgeon act the superb part and say, "No, if you cannot pay a guinea, you must come to me at the Hospital, or you must go elsewhere for cheaper advice"? Or, again, look too at the gross injustice of the thing, not only as regards the Profession, but also as regards the class of patients spoken of. You actually prevent those who are willing to pay according to their means from obtaining a high kind of advice. You say, "You are not a pauper, and therefore must not go to an Hospital;" the consequence is that the patient goes to some prescribing Druggist, or patronises some patent medicine. Here, then, is the case,—you place this class of persons in a worse condition than the pauper. To the pauper you give this high professional advice; to this class you say, Because you cannot pay much, you shall have none of our advice. And see what happens. You drive these people to the Hospitals; you pauperise them even though willing to pay; and you thus accumulate the abominations of Gratuitous Medical Services. We have now touched on this subject; but we shall not let it rest here. We trust that the feelings and sympathies of a large class of our Professional brethren will go with us and enable us to bring some fruit to ripeness out of this discussion.

THE WEEK.

In reply to a note published a fortnight ago we have been requested to publish the following statement:—

"On January 6, 1857, Dr. Tanner was consulted by Mrs. B., aged 38, on account of a tumour in each mammary gland. The patient was married, and had been pregnant three times. On the first occasion she aborted; on the second craniotomy was had recourse to at the full term; and on the third premature labour was induced at the seventh month, but the child only lived a few days. The last labour was five years ago. On examination Dr. Tanner found a tumour in the right mamma, the size of a hen's egg; it was freely movable, rather hard, but not at all painful, and was accidentally discovered four months ago, since which time it has not increased in size. In the left gland there was also a small tumour, the size of a filbert, which was painful; it had existed four years. Dr. Tanner's diagnosis was chronic mammary tumours; he advised that they should be left alone, and stated that they were not cancerous. Ordered alteratives and cod-liver oil. On March 10, 1857, the patient again saw Dr. Tanner, who found that the tumours were in the same state as in January; though the patient said the one in the right breast was much larger. As Mrs. B. was anxious to get rid of them, she was told that they might with safety be removed by the knife if they were painful or troublesome. Without seeing Dr. Tanner again, the patient put herself under the care of Dr. Fell, who stated that the tumour in the right breast was a cancer. On May 16, 1857, this gentleman commenced its removal by applying caustic. In six weeks the mass came away; but three or four more weeks elapsed before the part healed. 'During the process of burning it was very great agony,' according to the statement of Mrs. B. About the middle of August the patient had severe pains in her right side, which soon affected the shoulder, arm, and hand. Dr.

Fell prescribed an ointment for neuralgia, and warm sea-water baths. About the end of September 'she could not keep anything solid on her stomach, and could take nothing but arrowroot, brandy-and-water, and such like.' Her sufferings continued to increase, and were 'at times dreadful, the neuralgic pains extending from her neck to her knees, and sometimes would attack the head. They continued till within a few days of her death, which took place January 15, 1858.'"

The answer, which we last week gave to a correspondent, who enquired what was being done at the College of Physicians of London respecting the election of Fellows, seems to us to be fully verified. We have seen a list of the newly proposed Fellows; and think that the Council in their selection have fully entered into the liberal feelings manifested by the Fellows themselves. The Council could not alter their former —the rejected—list, so that the names on that list and on the new one will now go to the Fellows for ballot on the 22nd inst. (this day).

Our French brethren can't understand the English method of using opium, calomel, and antimony. Mercury as an *alterative* (let the term signify what it may) is with them a medicament unknown. They are astonished at the skill and audacity which we employ in giving large doses of opium. "If," says one public writer, "we were to take from the English Physicians their opium and their calomel, they would have to renounce the practice of medicine." M. Girard Teulon exclaims at the incomprehensible fact of English Surgeons attacking stricture of the urethra by opium, *i.e.*, their commencing with the opium instead of the bougie. However, as he very sensibly remarks, when a whole nation systematically carry on the same sort of practice in dealing with opium, calomel, and antimony, it is worth while that we should consider whether it may not have some goodness in it. In compliment to our neighbours we beg to rejoin that on similar principle, we on this side the channel, seeing that they systematically cure or treat their patients without the continual and daily application of these articles, and we must suppose satisfactorily treat them, ought reasonably to consider whether it be not possible that we use them more frequently and more extensively than is good for the patient who is subjected to their action.

A correspondence has lately taken place between Mr Griffin, of Weymouth, and the Poor-law Board on the subject of the appointment of non-registered Practitioners as Poor-law Medical officers. Mr. Griffin has discovered that certain gentlemen now hold office under the sanction and by the authority of the Poor-law Board, but whose names are not to be found in the columns of the Medical Register. He accordingly furnishes a list of these gentlemen to the Poor-law Board, and he points out that under one of the well-known provisions of the Medical Act "no person shall hold any appointment as Physician, Surgeon, or other Medical officer, in any Union Workhouse, or Poor-house, or Parish Union, unless he be registered under this Act." The terms of the Act are so explicit, that the matter appears to admit of no doubt whatever; nevertheless, we find, that although Mr. Griffin's letter was addressed to the Board on the 27th of September, no answer was received until the 15th instant, and the purport of the reply is to the usual effect, that "the Board will make inquiries." It must be added, however, in justice to the Board, that they expressly state the necessity which every Poor-law Medical officer is under, of declaring the fact of his registration to the Poor-law Board at the time of his appointment. If the gentlemen in question, therefore, have stated what was false, it is clear that their conduct was highly censurable, and their appointments are forfeited; but as the Board have promised to "make inquiries," we must wait for the result of their investigations. To persons not versed in the red-tape system of official routine, the case seems plain enough; if the gentlemen named by Mr. Griffin are on the Register, their names will at once be found there; but if they are not on the Register, their appointments are clearly illegal. Still, the Board may prefer a more circuitous process for discovering the fact than that which we have just indicated, and we feel secure that if they do not arrive at some conclusion within a reasonable time, Mr. Griffin, their faithful monitor, will not fail to stimulate their inquiries by jogging their recollections.

We are sorry to find that there exists, in certain districts, a disposition to neutralise the good effects which the Legislature intended to produce by the appointment of Medical Officers of Health in the metropolis and throughout the country. By the Act of Parliament, the various Boards of Works in the metropolitan districts are empowered to appoint Medical Officers of Health, but the Act does not define the duties of those functionaries, nor does it in any way allude to the salaries to be awarded to them. Hence it has happened, that in some localities the Act has been interpreted in a very narrow spirit, the duties of the Medical officers have been unduly curtailed, and the salaries have been fixed at so low a rate as to render them almost unworthy of acceptance. In some instances, the existing salaries have been largely reduced, in others unsuccessful attempts have been made in the same direction; and we have heard that on a recent occasion, when a vacancy occurred, it was seriously contemplated not to fill up the vacancy at all, or, at all events, to reduce the duties and the salary to so low a scale as to render the office useless to the public, and worthless to the person appointed. It is very much to be regretted that such false notions of economy should prevail in any of our Local Boards, for there can be no doubt whatever that the duties of the Medical Officers of Health are of a most important character, and ought to be remunerated accordingly. It may, indeed, appear that the labours of these officers are not of such a prominent character as those which fall to the lot of the great majority of our Profession: but it must be remembered that the object proposed in the institution of the new office is the *prevention* of disease; and if, by timely measures, the outbreak of epidemic maladies can be checked or controlled, surely the officers who are appointed as the preventive force are entitled to as much gratitude as those who labour among the sick while an epidemic is actually raging. The science of Preventive Medicine is still in its infancy, and it will be a subject of deep regret if its development should be arrested or retarded by the prejudices of those who are appointed to promote its advancement.

A case of very considerable importance was tried under the Medical Act last week, at Kingston, before the Borough Magistrates. Mr. Gould, one of the magistrates of the borough, and a former Mayor, is a Chemist in the town. He has on his door-plate "Surgeon *and* Mechanical Dentist," and he was prosecuted by the Medical Registration Association for assuming the title of Surgeon, not being registered as such according to the Act. It was proved in evidence that a woman went to Mr. Gould, complained that she had hurt her elbow, and paid him for some liniment which he gave her. She swore distinctly that she believed Mr. Gould to be a Surgeon as well as a Dentist; that she *separated* the words on the plate, and believed him to be both. She also swore that

she went to him because she thought she would get something cheaper at a chemist's than at a doctor's, but that she would not have gone to him had she not believed him to be a Surgeon. Mr. Gould held himself out as a Surgeon AND Mechanical Dentist, and the woman very naturally thought that he was both Surgeon and Dentist. Now, according to the Act, any one who shall "wilfully OR falsely pretend to be, or take or use the name or title of Surgeon," subjects himself to a fine. The simple question then for the magistrates was, Did Mr. Gould use the title of Surgeon? It is so clear from his own door-plate that he did, that it is surprising any doubt could have arisen, or any necessity for proving that he had treated a surgical case. He "took and used" the title of Surgeon. He did not call himself Surgeon-Dentist, but Surgeon AND Mechanical Dentist. It is to be regretted that the simple issue was not tried on the door-plate. As it was, the questions of the title of Surgeon-Dentist, and the right of Druggists to prescribe for those who choose to trust them, were raised, and the magistrates were embarrassed by too many knotty points at once. We have not a shadow of a doubt that the decision is contrary to law and to the facts of the case. The magistrates dismissed the summons; but we trust that an example will be made of Mr. Gould. A man who insists upon his right to call himself SURGEON must be taught that he does not acquire that right by adding any other title to it. If there be any meaning in words, a "Surgeon and Mechanical Dentist," is both a Surgeon and a Dentist.

REVIEWS.

On the Minute Structure and Functions of the Spinal Cord and Medulla Oblongata; and on the Proximate Cause and Rational Treatment of Epilepsy. By Professor SCHROEDER VAN DER KOLK. Translated from the original (with Additions from MS. Notes by the Author) by WILLIAM MOORE, A.B., M.B., for the New Sydenham Society, London.

SINCE the time (1811) when Sir Charles Bell first took the initiative in these researches, and made known his interesting discovery that the anterior and posterior roots of the spinal nerves possessed distinct functions, not only have great advances been made in our knowledge of the more minute structure, and of the functions in detail of several parts of the spinal cord, but the doctrines regarding the nature of diseases connected with the cord and nerves have been so greatly modified, that our information on these topics may be said to be at this moment in a transition state. We advance in the right direction, however, by observation and experiments on living animals, associated with minute microscopic investigations into the structure of the cord. The inquiries into the structure of the cord, into the arrangement of its minute component parts, and their connexions with each other—with the brain on the one hand, and with the different parts of the body on the other—have been lately investigated with every appearance of success. Our Author, Schroeder Van der Kolk, with our countryman, Dr. Lockhart Clarke, stand first in the list of patient and laborious observers. Difficulties of the most formidable kind surround the anatomical, physiological, and pathological investigations of the spinal cord; for not only is much labour required in the first instance to expose the cord *in situ*, either in the dead or in the living body of any animal, but to examine it with any degree of minuteness in its healthy or morbid state, requires much care and time—the exercise of most delicate manipulation and perseverance in prolonged and most unwearied research. The last half-century has fully shown that the more we know of the structure of the cord, the more extensive, interesting, and important does the field of investigation become,—and, still more do we desire to learn. The research of the present day, as represented in the work before us, is of the most inquisitive kind, into the minute structure, connexions, and arrangements of the component parts of the spinal cord. It has been prosecuted, not only by Van der Kolk, but also by Dr. Lockhart Clarke, Drs. Todd and Bowman, in our own country; and by Kölliker, Hannover, Valentin, Stilling, Remak, Engel, Volkmann, R. Wagner, Budge, and Schilling on the Continent. An account of what each of these investigators has done, has been admirably given by the author of the work before us, while the spirit of the writer, as manifested in his criticisms on the works of his fellow-labourers, is characterised by much candour and generosity, while those points on which he differs from them are clearly and boldly stated.

We are greatly indebted to the Sydenham Society for this work, for it is not a mere translation of the Essay of Van der Kolk on the spinal cord, but the author and translator have so worked together that a new work has actually resulted, with a large amount of additional matter, together with alterations of two or three portions of the original, in reference to which the views of Van der Kolk have undergone some modification. The work especially aims at the elucidation of that mechanism displayed in the construction of the spinal cord, by which the co-ordination of movements is provided for. The influence of the corpora olivaria in the articulation of words, and on the variety of lesions of speech which accompany morbid affections of different parts of the brain and medulla oblongata, are illustrated by some interesting observations. He notices also the intermittent character of many convulsive and neuralgic attacks, which, being nevertheless the result of intense organic disease, are calculated to afford much important aid in diagnosis.

Some interesting measurements have also been made of the diameters of the capillaries of the medulla oblongata in cases of epilepsy.

The most interesting and practical chapters in the volume are the following: "On the Methods of Investigation pursued in regard to the Spinal Cord;" "The Physiological results of such investigations;" "The Pathological Investigation of the Medulla Oblongata in general, and especially in relation to the Pathology of Epilepsy;" "On the Medical Treatment of Epilepsy;" "On the Means of combating the Remote Causes of Epilepsy;" and lastly, "The Conclusions to be derived from a Study of the Pathological Part of the Work before us." It was our intention to have given some extracts from the work; but we are at a loss what to select; the whole is of so much interest, alike to the practical and busy Physician, as it is to those engaged in purely scientific investigations. We heartily recommend the book to our fellow-workers, as abounding in practical usefulness, and at the same time as highly suggestive. The translation by Dr. Moore, of Dublin, has been executed with an amount of taste and skill very rare in these days. It would be unfair to the Council of the New Sydenham Society to close this brief notice of a most valuable book without adding that it is only one of five supplied to the subscribers of one guinea for the year 1859. The works previously issued—Diday on Infantile Syphilis, Memoirs on Diphtheria, Gooch's Works, with Dr. Fergusson's introduction, and a volume of Selected Essays to follow—make a very large return for a small investment, and will, we trust, lead to a great increase in the number of members of the Society.

A Manual of Operative Surgery on the Dead Body. By THOMAS SMITH, F.R.C.S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital. With Illustrations. London: 1859. 8vo. pp. 139.

THE want of a concise illustrated book on the practice of Surgical operations on the dead body has long been felt in this country. The Student or Practitioner, anxious to avail himself of any opportunity which may present itself, has to search in ordinary works among a number of directions applicable only to the living, for that which he requires at a *post-mortem*, or in the dead-house or dissecting-room; or after performing one operation he finds he has mutilated a part of the body on which he might have practised other operations previously.

Two or three years ago Mr. Churchill announced a work of this kind, entitled, "The Practice of Surgical Operations on the Dead Body." It was to be founded upon Mr. Spencer Wells's courses of Demonstrations at the Grosvenor-place School, and arrangements were made for illustrating most copiously the details of every operation. But in consequence of the scarcity in the supply of subjects which is fast ruining the London School of Anatomy and Surgery, it was found impossible to produce such a work in a satisfactory

manner without considerable delay. Still the necessity for such a book has become more and more pressing, as the Army and East India Boards, and several of the Examining Bodies, require from students proof of practical operative dexterity on the dead body. Mr. Smith accordingly comes forward with the laudable intention of supplying an acknowledged want, and has produced the work before us.

It is an ungrateful task to criticise severely the first book of a man of evident ability; but in the present instance we are compelled to state that Mr. Smith's book is a very poor one. In some respects it is quite a curiosity, even in these days of hasty book manufacture. It is an "illustrated" work on Operative Surgery in which the only illustration of any of the excisions of the joints is the figure of a director; in which the only illustration of the ligature of arteries is one showing the course of the lingual—an artery scarcely ever tied except as a dissecting-room feat; in which the only illustrations of lithotomy consist of figures of two instruments used in Mr. Lloyd's operation; in which the only illustrations of operations on the eye represent probing of the nasal duct; in which (not to continue a long list of similar omissions) thirty-two illustrations are given to a book which would hardly be complete with less than three hundred. Some of the illustrations—those which are copied from Mr. Teale, for instance—are very good. Others—Figs. 18, 19, 20, 21, for example—are as calculated to lead the student into the most awkward possible use of his hands as anything we can conceive.

But it is not only with regard to the illustrations that the work is defective. In describing the various sutures used, the use of metallic sutures is passed over in four lines; and not a word is said of the sutures of Sims, Bozeman, and Simpson, which have attracted so much attention lately. Nor is anything said of the surgical knots used for tying nævi and a variety of other purposes. Operations on the eye are described without a word about extraction of the lens, artificial pupil, or irideetomy. There is not a syllable about any of those plastic operations on the eyelids, nose, or lips, which the student can practise most usefully on the dead body. No operation either on tongue, tonsils, or palate is once alluded to. No allusion is made to venesection or arteriotomy. The division of nerves is passed over in silence. The use of the trocar in the chest and abdomen is equally untaught. Nor is there a word said as to the use of sound or catheter, either in the male or female urethra, or the uterus. Lithotrity, the various modes of puncturing the bladder, the perineal section and other modes of dividing strictures, circumcision, and the plastic operations on the male and female genito-urinary organs are also passed over as if they were utterly unknown and unnecessary operations. Nor is a word said as to the equally important operations of herniotomy, and those for the radical cure of reducible hernia.

So much for that which is left undone. That which is done is done so ill that it had better have been left undone. We make no accusation of positive blunders; but there is a total want of that precision and care in detailing the various steps of each operation which can alone render such a book useful to the student or creditable to the author. We believe the kindest advice we could give would be, that the first edition of this book should be immediately cancelled, that the author should spend a year with a good artist in the dead-house, that he should attend courses of the best Demonstrations of Operative Surgery in France and Germany; and then, with care and patience, he might produce a new work, and avoid the uncomfortable reputation which every young man who publishes a poor book is certain to acquire, and which it may take years of earnest work to efface.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. No. XLVIII. October: 1859.

The first review in the present number of the *Quarterly* is devoted to an acute analysis of Professor Virchow's work on Cellular Pathology. While due credit is given to the ability and research evinced in this and all the other labours of the Berlin Professor, yet the weak parts of his cellular theory are temperately and ingeniously discussed. In an article on the "Modern Doctrines of Syphilogeny," the "Lettsomian Lectures," of M. De Merie; the "Lectures on Chancre," delivered by Ricord, and translated by Mr. Maunder; and the "Treatise on Syphilis in New-born Children," by Diday, translated for the New Sydenham Society by Dr. Whitley, are brought under notice; but the Reviewer controverts several of the doctrines advanced by Ricord, especially those relating to the question of inoculation, and to the distinction between infecting and non-infecting chancres. In another article, entitled "Medicine, Religion, and Philosophy," the writer discusses a question not often broached in a Medical periodical, namely, the connexion between the theory and practice of Medicine and the extension of religious knowledge throughout the world; and an acquaintance with Medicine and general science is recommended as a valuable auxiliary to missionary enterprises. The subject of Physiology is fully considered in the present number of the *Review*, for one article is devoted to the "Treatise on Human Physiology," by Dr. J. C. Dalton, of Philadelphia; and the "Outlines of Physiology," by Dr. J. H. Bennett, of Edinburgh; while another article, and a very long one, is founded upon Dr. Todd's "Cyclopædia of Anatomy and Physiology." Dr. Dalton's Treatise is spoken of with commendation, as containing (what is unusual in American Medical literature) several original investigations; but Dr. J. H. Bennett's "Outlines" are censured as being unworthy of his reputation. The "Cyclopædia" of Dr. Todd affords occasion for a very able retrospect of the progress of Physiology during the last five-and-twenty years. An article on "The Treatment of Delirium Tremens" advocates an entirely opposite treatment to that at present adopted for that disease; and although, perhaps, the writer will meet with much opposition to his views, it must be admitted that they are advanced with considerable force. The original communications consist of four articles: one on "The Outbreak of Yellow Fever among the Troops at Newcastle, Jamaica, in 1856," by Mr. Lawson; a short, but interesting paper on "Anæsthesia," by Dr. Hayward, who relates the history of the first introduction of anæstheties into America, and gives his preference to ether; an able description, illustrated by engravings, of the "Nutrition, Inflammation, and Ulceration of Articular Cartilage," by Mr. Barwell; and a "Series of Clinical Cases, with Observations," also illustrated by engravings, brought together in corroboration of the views recently advanced by Dr. Brown-Séquard on certain points connected with the Nervous System. From the above glance at some of the subjects contained in the *Review* it will be perceived that the present number is full of interest to the Profession.

The Surgeon's Vade-Mecum: a Manual of Modern Surgery. By Robert Druitt, M.D., F.R.C.S. Eighth Edition. London, 1859.

The circumstance that seven editions of the well-known work before us have been exhausted, proves how well the labours of Dr. Druitt have been appreciated by his Medical brethren and by Medical students, and makes it quite unnecessary to discuss its merits now. We shall, accordingly, confine ourselves to a notice of those points which are new, or more elaborated than in the previous editions.

The chapter on Inflammation is entirely new. Its pathology, the theories regarding it, and its various phases, are considered concisely, but clearly and fully. That important affection, Pyæmia, is very properly treated of in connexion with the subject of erysipelatous inflammation, to which it is very closely allied.

The chapter on Cancer and its treatment will be read with interest, as the merits of the boasted caustic plan of treatment are discussed at some length. Dr. Druitt evidently has no leaning towards this mode of extirpation, nor, indeed, we may say, towards the use of the knife; but, when any operation is necessary, to use his own words, "The knife is undoubtedly to be preferred in all cases as the more merciful." (P. 117.)

The chapter on Gun-shot Wounds is new; and the author is indebted for the material contained therein to Mr. Lawson, who saw much active practice in the Crimea, and who has already published some excellent observations on the same subject. Many interesting cases, illustrative of particular points of practice, are detailed in the form of notes.

To the chapter on the Diseases of the Eye, much has been added; and the value of the ophthalmoscope as a means of

detecting incipient and hidden disease of the deeper structures is demonstrated. The mode of employing the instrument, the appearance of the parts seen by it in their healthy state, and the various morbid conditions which may be observed by one skilled in its use, are entered into with considerable minuteness and clearness. To Mr. Walton the author expresses himself as much indebted for assistance here.

The Radical Cure of Reducible Hernia is discussed in connexion with the modifications of the method of Wützer, practised here of late years by Mr. Spencer Wells, Mr. Redfern Davies, Mr. Wood, and others. Dr. Druitt thinks highly of Mr. Wood's operation. It is rather early as yet to form any judgment as to what its ultimate success may be; but our own conviction is, that in cases of direct inguinal hernia, and in cases of oblique inguinal hernia with short canal, it will prove (with such modifications as experience may teach) the general operation; while in cases of oblique inguinal hernia, with a canal of at least an inch in length, the simpler and safer method of Wutzer will be adopted. Cases treated in this manner have stood the test of years, which of course cannot be said of the operation more recently introduced.

The various important questions connected with the diseases of the urinary passages and the bladder, and the merits of the many plans of treatment suggested for these diseases, are considered fully and impartially. With regard to the seat of stricture, which question has been recently a subject of discussion, the author agrees with Mr. Henry Smith, and quotes the opinion of that writer delivered in 1849, that permanent stricture is most frequently situated "in the substance of the bulbous portion of the canal, or a little anterior to it."—P. 560.

When describing the perineal section, Dr. Druitt very cautiously advances no opinion one way or the other; but after having detailed the mode of operating recommended by Mr. Syme, he says, truly enough, "The amount of fatality attending it must be difficult to be estimated properly."

The question of Ovariotomy is discussed at considerable length; and although Dr. Druitt has by no means hidden from view the dark side of the picture, it is evident that he views the operation as a legitimate and merciful one, if it be undertaken in properly-selected cases. If the modern appliances of Surgery are used as they should be in connexion with the performance of ovariotomy, and if those directions which regard the after treatment of the patients which have been laid down by the most experienced operators are attended to, there is a probability that this proceeding will be followed by results equal to those of the other capital operations—such as lithotomy and the larger amputations.

Another proceeding which has also been much discussed since the last edition of this work appeared—Excision of the Knee-joint—has received careful notice at the hands of Dr. Druitt. We cannot do better than quote his words from the Preface to his work on this matter:—"It will indeed be a reproach to Surgeons if this humane and rational operation shall be discontinued on the plea of want of success or large mortality resulting." Dr. Druitt very properly refers in high terms of commendation to those gentlemen whose names are intimately connected with "a revival which is one of the greatest triumphs of modern Surgery" (p. 744)—Mr. Fergusson, Mr. Jones, and Mr. Price.

In closing this brief notice, we recommend as cordially as ever this most useful and comprehensive handbook. It must prove a vast assistance, not only to the Student of Surgery, but also to the busy Practitioner who may not have the leisure to devote himself to the study of more lengthy volumes.

Testimonial to a Medical Officer.—In consideration of the gratuitous services and unvarying kindness displayed during the last six years by Mr. J. B. Lean, resident medical officer of the Brixton, Streatham, and Herne-hill Dispensary, a meeting of the poor who have benefited by his valuable services was lately held to evince respect for the gentleman referred to by the presentation of a gold watch and chain, bearing the following inscription: "Presented by the poor to Mr. H. B. Lean, of the Brixton Dispensary, as a token of esteem and gratitude—October 4, 1859." Such a testimonial, proceeding from the humble class of individuals for whose welfare he has laboured, cannot fail to be most gratifying, and as an example of honourable feeling is well worthy of record.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE CAUSES OF THE INDEPENDENCE OF BRONCHITIS IN RELATION TO PNEUMONIA.

By M. ROBIN.

These M. Robin has never found stated by any author, and that arises, he believes, from the faulty notions which prevail as to the elementary structure of the organ of respiration. It is customary to represent the tissue of the lungs as a mere continuation or expansion of the bronchi, which is as incorrect as it would be to represent the uriniferous tubes of the kidney as a continuation of the urethra, bladder, and ureter. As long as he believed in this doctrine, M. Robin never could comprehend why bronchitis should not constantly be passing into pneumonia. Nothing, however, can be more distinct than the pathological anatomy and symptoms of the two affections, which may be sometimes observed co-existing, but never passing from the one into the other.

The differences between the two diseases, marked as they are, must remain incomprehensible to those who consider the entire tube as lined with an uninterrupted mucous membrane from the larynx to the extreme subdivisions into *cul-de-sacs*. The real state of things is, however, as follows:—Having passed through a certain number of subdivisions, the bronchi, now no more than one or two millimetres in diameter, lose their portions of the cartilaginous rings, and have no longer transverse muscular fibres, elastic longitudinal fibres, or a mucous membrane separable from the bronchial wall properly so called. They no longer possess a prismatic epithelium with vibratile cilia—losing, in fact, all the characters of bronchi. The pulmonary or respiratory canalicules, erroneously termed ultimate bronchial ramifications, continue to subdivide and terminate in rounded or ovoid *cul-de-sacs* (improperly called bronchial or pulmonary cells), which at the period of birth are from five to eight hundredths of a millimetre large, and in the adult attain the size of one or two tenths. These canals have not the structure of the bronchi, but are characteristic of the pulmonary parenchyma. They are surrounded by intimately interlaced bundles of elastic fibres, mingled with fibres of the laminated tissue, formed of fibro-plastic elements, and of vessels. These vessels form on the interior of the canalicules (which presents slightly projecting folds), a network differing from that of the bronchi. This network consists of large capillaries, which nearly touch each other, so as to leave intervals smaller than the capillaries themselves. It is distributed on the very tissue of the walls of the pulmonary canalicules (there being no mucous membrane separable from the elastic parenchyma), and is only separated from the cavity of these conduits by a layer of pavement epithelium with large nuclei, which commences where the cylindrical epithelium of the bronchi ceases. Thus the pulmonary canals, in which hæmatosis is accomplished, have a different structure to that of the bronchi which convey the air necessary for respiration. It is not possible to detach a mucous membrane distinct from the pulmonary parenchyma and the laminated tissue, in which, or on the surface of which, the capillary network is distributed, as is the case in the bronchi still provided with cartilages. In this way we may explain the rapid absorption which takes place in the lung, as compared with the slower absorbing power of the organs provided with mucous membranes—as also the easier rupture of these capillaries, with discharge of blood, or of substances injected by the air-passages. There is, in fact, as great a difference in texture between the bronchi and the pulmonary parenchyma, as between that of the excretory duct of a gland, and of the gland itself.

It will therefore be seen that affections seated in two portions of the apparatus so different, may well present great distinctions in their course, etc. But a still more important cause also explains the rarity of the extension of inflammation from the bronchi to the pulmonary tissue. Thus, in the case of bronchitis, the portion of the capillary system which is the seat of inflammation belongs to the general capillary system, properly so called, and receives its blood from the aortic or red-blood system; but in the case of pneumonia, the capil-

laries of the lesser circulation, deriving their supply from the black blood of the pulmonary artery, are in question. It is at the expense of this black blood that the morbid products of pneumonia are formed, as in hepatisis it is at the expense of the black blood of the vena porta that abscess of the liver is produced. We know, in fact, that although the pulmonary artery accompanies the bronchi throughout their entire extent, it gives no branch to them, nor to the interlobular partitions, and that it does not anastomose with the bronchial arteries. The latter entirely cease at the points where, or at a little beyond where, the small cartilaginous nuclei disappear from the bronchi, *i.e.* where the bronchial canalicules are only one millimetre, or a little more in diameter. This is the exact spot where the capillary distribution of the venous artery begins to take place between the contiguous walls of the pulmonary canalicules, forming on their sub-epithelial surface a network of quite a special type of mesh-work, which is also found in the lesser circulation of all classes of vertebrate animals, even to the branchial plates of fishes. Beyond the bronchi, the bronchial arteries only furnish *vasa vasorum*, and branches to the interlobular laminated tissue, which extend as far as the pleura.

These circumstances supply not only an answer to the question proposed in this article ; but also explain some of the differences which distinguish the nature and progress of inflammation of the lungs from that of other parenchymatous organs. It explains also the differences of pneumonia, according to age, differences not exhibited so decidedly in the inflammations of any other organ, and which arise, not only because the parenchyma and the respiratory canalicules undergo notable modifications, but also because modifications in its nature and course are produced upon the inflammation by the nature of the circulation. These are no where so decided as in the lesser circulation, which unites anatomically and physiologically the two sides of the heart, although its disturbances are often only caused indirectly, in consequence of lesions of the left side of the heart, instead of directly by changes on the right side.

Independently of the special type of distribution presented by the pulmonary capillaries, differing from that of the bronchial, their structure also differs in some points from that of the general capillaries. They are, in fact, amongst the largest of the body, and their parietes present smaller, more numerous, and more approximated nuclei than those of the other capillaries. It is, however, to be observed that the capillaries of the portal system in the liver present the same peculiarities of structure. These facts are not without their value, when we call to mind that inflammation is a disturbance of the capillary circulation.—*Gazette Médicale*, 1859. No. 2.

The Prince of Wales has been entered a Member of Oxford University. He was received on the occasion at the Railway-station by Dr. Acland and others.

Seamen's Hospital (Dreadnought).—The quarterly court of the governors of this institution was held yesterday, at the office of the Hospital in King William-street, under the presidency of Mr. T. H. Brooking. It was stated that the number of patients admitted from the 30th June to the 30th September was 9 from Her Majesty's ships and 471 from British and foreign merchant vessels, which, with those remaining in the Hospital after the 30th of June, made a total of 608 British and foreign seamen who had received Medical assistance on board the *Dreadnought* during the last three months. The number of out-patients who had received aid from the Hospital during the quarter was 386. There were on board at present 135 sick, and 6 convalescent. The number discharged since 30th June was 476. The accounts showed an excess of expenditure over income of 466*l*.

Asylum for Idiots.—We beg to call the attention of our readers to the case of Charles Edward Silk, whose friends will make their last application for his admission into the Asylum for Idiots, at the election which takes place on the 27th instant. His father is one of the relatives of the founder of Guy's Hospital. He held the situation of Museum-keeper in that institution for twenty-eight years. His case is recommended by the following gentlemen connected with the Medical Profession,—Drs. Gull, Sibson, Pavy, and Mr. Lund.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, October 10, 1859.

At a time like the present, when the country is threatened with another epidemic of cholera, it is a source of satisfaction to know that efforts are still being made to discover an efficacious remedy for that disease. Of late years a thousand and one specifics have been proposed, but, unfortunately, on being put to the test, they have all more or less been found wanting, and we are perhaps at this moment no farther advanced in regard to its treatment than we were when it first invaded our shores. A sum of money amounting to £4000 was, some years ago, left by a Frenchman of the name of Bréant, to be awarded to him who should produce an infallible remedy against this fatal malady; but, up to the present time, the Academie des Sciences, in whose hand the legacy was left in trust, have not found in the numerous specifics submitted to them, any one *sufficiently infallible* to entitle it to the proferred reward. A new candidate has recently appeared in the field in the person of one of our countrymen, Dr. Pickering, of York, and from the high ground he has taken, it is evident that he himself, at least, has full faith in his new remedy ; but, owing to the very peculiar and somewhat irregular manner in which he presented it to the Academy, that learned body did not give it that amount of consideration which its discoverer believed it merited. Dr. Pickering, thinking himself slighted by the Academy, addressed himself directly to the Emperor, and succeeded in enlisting the sympathies of that august personage in his behalf. The consequence was, that at the last meeting of the Academy a communication was received from the Minister of Public Instruction (together with Dr. Pickering's letter to the Chief of the State), requesting that he might be informed as to what steps the Academy intended to take in reference to the Doctor's discovery. Hereupon, it was stated that the facts alleged in Dr. Pickering's letter to His Majesty were fundamentally correct. He had certainly announced to the Academy that he had discovered an efficacious remedy against cholera, and he had been duly requested to make it known to them. Instead, however, of sending an account of the composition of the remedy, and of the manner in which it should be employed, he contented himself with forwarding a quantity of the medicine *ready made up*, together with some directions as to the doses.

It had previously been intimated to Dr. Pickering that the Academy could pay no attention to communications relating to remedies, the formulæ for the preparation of which did not precede or accompany them. The Doctor having in the face of this intimated his intention of not divulging his secret without a pecuniary compensation, the Academy had no alternative left but to reject his application and exclude him from the "Concours" for the Bréant prize. In conclusion, Dr. Pickering's letter was handed over to the section of Medicine and Surgery charged with the awarding of the legacy, and they were requested to prepare without delay a reply to the Minister of Public Instruction stating these facts, and the resolution the Academy had come to on the subject.

At the Hôpital la Charité, M. Briquet, one of the Physicians of that Institution, has been experimenting to some extent with the sulphate of atropine in the treatment of deep-seated neuralgic affections. These experiments I have followed with much interest and attention, but I regret to state that the result has not been very satisfactory. He employs the atropine in the form of a weak solution, the proportion being 60 centigrammes of the sulphate to 30 grammes of water. The following is his mode of procedure:—A very fine trocar armed with a canula is plunged into the tissues in the direction of the affected nerve, and as near the supposed seat of the diseased portion of it as possible; the trocar is then withdrawn, and a small syringe previously charged with the atropine solution is then fitted on to the canula—a small screw attached to this syringe so acts on the piston that at each turn of the former one drop passes into the tissues. In fact, the entire apparatus is very similar to, and perhaps identical with, that invented by M. Pravaz, for the injection into varicose veins of the perchloride of iron, with a view to

their obliteration; and seems exceedingly well adapted to the purpose. Eight drops of the solution are generally injected by M. Briquet as the minimum, but the number of drops is increased to fourteen or fifteen in the course of a given time. Should no decided impression be made on the neuralgic pains, in those cases where he employs it, after seven or eight applications he abandons this agent for some other plan of treatment. I have generally observed that the opposition shown by the patients to its use is very considerable, in consequence of the disagreeable, and somewhat painful feelings, caused by the atropine, and a good deal of coaxing on the part of the Physician is required to induce them to submit to it. I do not allude to the local effects of the atropine, for these are but trifling, consisting simply of a sensation of heat and smarting; but to those effects produced on the system generally,—most commonly in the course of half-an-hour after each injection, the patient complains of soreness and dryness of the throat, rendering deglutition difficult; the breathing is more or less affected, there is pain and difficulty in urinating, headache, and double vision, with confusion of ideas; in fact, all the constitutional symptoms which are observed to follow on a very large dose of belladonna. These peculiar effects last for one or two hours, and are succeeded by a feeling of general *malaise*, accompanied with loss of appetite, which continues even during the following day. From one to two days are generally allowed to intervene between the applications. I have seen this system of treatment employed in some ten or twelve cases of sciatica, but with the exception of a *partial* remission of the neuralgic pains in some three or four of them, no amelioration was observed to follow it. I have been informed, that at La Pitié, M. Becquerel has been more fortunate than his *confrère* M. Briquet has been at La Charité, in his experiments with this remedy; but not having been an eye-witness of those conducted by the former, I cannot speak positively on the point. In some future communication I may take an opportunity of reverting to the subject. I have also recently seen the same agent employed according to this hypodermic method, in a case of obstinate and prolonged contraction of the muscles of the leg and foot, following on an attack of hysteria. As the history of the case is full of interest, I shall give it in a few words. The patient, a girl, twenty years of age, of nervo-sanguine temperament, has been subject to fits of hysteria since the age of fifteen. Her mother, who died when the patient was young, is represented as having been quick-tempered, and very irascible; and the father is at this moment in a mad-house, where he has been an inmate for some years. She has consequently inherited a tendency to nervous disorders from both parents. Within the last year the fits have become, not only more frequent, but also more severe; and they now assume the epileptic form. Six months ago, after a paroxysm of unusual severity, she became quite blind, and during nine weeks could hardly distinguish night from day; her sight, however, gradually returned, and is now as perfect as ever. On another occasion, after a second severe paroxysm, she completely lost the power of speech, but her voice was soon restored under the influence of Faradisation. Two months ago, the time at which she was received into the ward of M. Briquet, she had a third severe attack, followed, not as during the previous ones, by loss of sight or voice, but by complete anæsthesia, or loss of sensibility, of one entire side of the body, and by violent and continued contraction of the flexor muscles of the right foot, giving it the form of the varus club-foot. The anæsthesia was cured by Faradisation; but all efforts made to restore the foot to its normal position were unavailing. The injection of the sulphate of atropine was tried for about a fortnight on every alternate day, and carried to the extent of fifteen drops at a time, with a view to paralyse the contracted muscles, but not the slightest benefit resulted. Faradisation was then vigorously employed almost daily for a week or ten days, and was in the end so far successful in relaxing the contracted muscles as to permit of the foot being placed almost in its natural position, in which it was retained by means of a mechanical apparatus. I may mention, however, that as soon as the apparatus was removed there was still a tendency to the recurrence of the muscular contraction, although not to the same extent as before the Faradisation was employed. It is more than probable, that had the patient remained under treatment some time longer, a permanent cure might have been the result; but, tired of the *régime* of the Hospital, she urgently requested her discharge, which was accorded her.

The last meeting of the Académie de Chirurgie was one of unusual interest, the sitting having been solely occupied with the discussion of a case of spina bifida, and a case of traumatic tetanus which was said to have been successfully treated with woorara. A child, six weeks old, affected with spina bifida, was, at the instance of M. Huguier, presented to the meeting, in order that he might have the benefit of the opinion of his colleagues as to the course of treatment he ought to pursue. The tumour was situated at the upper part of the sacrum, and its walls, which were firm and solid, exhibited no traces of inflammation; it was compressible, and part of the fluid contained in it disappeared on pressure, and its expansion and contraction were synchronous with the acts of inspiration and expiration. The health of the infant was good, and there was no paralysis of the bladder, rectum, or lower extremities. Without a single exception, all the members of the Society were opposed to an operation, and thase who had the largest amount of experience in similar cases, were the most energetic in protesting against such a measure. M. Guersant, of the Hôpital des Enfants Malades, stated, in the course of his remarks, that he had punctured fifteen or eighteen cases of spina bifida, and in each case he had had reason to regret having done so. M. Velpeau, who had operated by puncture in four cases, had been successful in only one, and that after four successive operations followed by an equal number of iodine injections; in the case before the meeting, he advised M. Huguier not to have recourse to any surgical operation, but to treat the tumour by compression and the use of astringent lotions, which he believed would in the end prove successful. The case of traumatic tetanus was reported by M. Chassaignac as having occurred in his private practice. Three circumstances invested it with a more than common interest; first, its having had a favourable termination; secondly, its having been treated entirely by means of woorara; and, thirdly, the somewhat unusual, and, if we are to credit the experiments of physiologists, the unscientific manner in which this powerful agent was employed. After the case had been related to the Society, M. Chassaignac was subjected to a regular battery of questions, the answers to which materially tend to shake the confidence of the members as to the genuine character of the tetanus; and it was also a question with them whether the woorara had anything to do with the cure. It was the opinion of M. Larrey, and some others, that, although presenting certain of the characteristics of tetanus, such as trismus and emprosthotonos, it was, properly speaking, one of a *local* rather than of a general kind, and consequently a form in which a spontaneous cure is often observed to take place. Such, it has been ascertained, was also the opinion of one of the Surgeons who had seen the case with M. Chassaignac, and who had been heard to style it "Tetanos chronique avec intermittences." Touching the manner in which the woorara had been employed, M. Chassaignac was rather roughly handled, and was taxed either with ignorance, or want of memory as to the inert character of woorara when administered by the mouth. That he believed in its influence on the system when exhibited internally is evident from the fact that he prescribed a potion composed of ten centigrammes of the drug dissolved in 120 grammes of fluid a teaspoonful of which he administered every two hours, and which, towards the termination of the treatment, had been increased to double its original strength. But if he displayed a want of knowledge of its effects when administered internally, he also displayed great clumsiness in his manner of applying it locally, which was as follows:—Twenty centigrammes of the woorara, dissolved in 120 grammes of some liquid, were used as a lotion, and applied to the wound by means of pledgets of lint, which were renewed every two hours. Now, employed in such an irregular manner, it is impossible, as M. Legouest very justly remarked, to know what quantity of the woorara had been absorbed by the system, the lint having in all probability taken up as much, if not more, than the wound itself had done; and thus we are left in doubt whether the woorara had anything to do with the cure at all. Besides, the woorara employed had not been tested on animals, either before or after its use in this case, and thus there was no proof of its having been pure. Altogether the discussion on this case did not redound much to the credit or praise of its reporter, and the Profession is no wiser as to the influence of woorara in this formidable malady than it was before the case was reported.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, OCTOBER 17, 1859.

A meeting of the Queen's University in Ireland, for the purpose of conferring degrees and for the distribution of prizes, took place on Friday, October 14, in St. Patrick's Hall, Dublin Castle. The degrees were conferred by the Lord Chancellor of Ireland, Vice-Chancellor of the University; the prizes were presented to the successful candidates by his Excellency the Lord-Lieutenant. A very large assemblage was present on the occasion, among whom were the Marquis and Marchioness of Kildare, the Countesses of Charlemont and Shannon, Lady Caroline and the Misses Lascelles, the Lord Bishop of Derry, the Lord Chief-Justice of the Common Pleas, the Attorney-General, Judge Berwick, the President of the College of Surgeons, the Presidents of the Queen's Colleges, Sir Richard Griffeth, Bart., Sir W. R. Hamilton, Drs. Corrigan, Power, Geoghegan, G. H. Porter, W. Colles, Gordon, Churchill, Harvey, etc. etc.

The VICE-CHANCELLOR addressed the meeting at considerable length. In the course of his observations he said,—"For our most important degree, that of Medicine, thirteen candidates have passed the examinations of this year, out of sixteen who presented themselves. Our first Medical Examinations have been successfully passed by twelve students." The gentlemen on whom the degree of M.D. was conferred, were Thomas A. O'Flaherty, who obtained the first honour for proficiency in the course, William H. Bournes, M. J. Burke, Edward Dann, M. E. Fagan, Thomas J. Gelston, James P. Golding, Robert E. Heath, A. P. Holmes, Pierce Mansfield, Michael J. Rahilly, George Sigerson, and Henry Whitaker. One gentleman received the degree of LL.D.; the degree of M.A. was conferred upon seven candidates, including one *ad eundem* from the University of Dublin; two received the degree of LL.B., and sixteen that of B.A. Seven diplomas in Engineering, and one in Agriculture, were also conferred. The foregoing, with the twelve gentlemen who passed the "Previous Medical Examination," made a total of fifty-nine successful candidates, of whom twenty-one received prizes. Only one honour was given among the candidates for the degree of M.D., and one among those who passed the Previous Medical Examination. The Vice-Chancellor stated that the number of candidates who presented themselves for degrees from the Belfast College, had been seriously diminished by the religious excitement in the North of Ireland, which appeared "to have had an unexpected influence in withdrawing some of the students either altogether from their ordinary studies, or for a time, at least, from that degree of attention to them, which was requisite in order to their being qualified as candidates on the present occasion. Whatever may be the future course of this movement, he added, or its results—about which it is not within my province to pronounce an opinion from this place,—whether it is to pass away as a transitory burst of passionate feeling, or to subside into the sober earnestness of sincere belief and awakened conscience, I must only here express the hope that it will not in any more serious degree disturb the progress of general and useful education." The Vice-Chancellor proceeded, in the course of his remarks, to state that 139 new students were matriculated in the three Colleges in the session commencing in the winter of 1858, while 57 non-matriculated students then first joined their appropriate classes, making a total addition of 196. Of these, 71 were members of the Established Church, 53 were of the Roman Catholic faith, 53 belonged to the General Assembly of Presbyterians, the remaining 19 being classed under various denominations of Dissenters, including the Society of Friends. In conclusion, the Vice-Chancellor spoke for some time on the subject of the insufficiency at present of the means of middle-class education in Ireland, the advancement of which to a proper standard, is so necessary for the full development of the working powers and capabilities of the Queen's Colleges.

The thanks of the Senate, Professors, etc. of the University having been returned to the Lord-Lieutenant for the honour conferred on them by his attendance on the present occasion, as well as for the uniform interest manifested at all times by him in the progress and welfare of the University and the Queen's College, his Excellency, in reply, said:—

"Vice-Chancellor and Gentlemen,—I rise, with your permission, to return a few words of thanks for the honour you have so courteously awarded me. The Vice-Chancellor of the Queen's University, gentlemen, has laid before this assembly, with his usual clearness and precision, all that pertains to the present circumstances and actual condition of the institution in which he holds so eminent a post. Into that branch of statement, accordingly, I may congratulate both the meeting and myself that I am not required to follow him. In meeting once more on this well-remembered spot this annual congress of the Queen's Colleges in Ireland, after a very short break of continuity, during which all will gratefully acknowledge your academic institution reposed under no unfriendly auspices in this island, it is certainly very gratifying that I should learn from so authentic a source that nothing has occurred of a retrograde or unfavourable character, but that the intervening period has been marked by features of distinction and hopefulness. I infer, indeed, on this occasion, that there are two causes—one of a more local, and it may be transient, the other of a more general and inherent character—which may be considered to have operated against a fuller attendance of competitors for the prizes and honours which it has been my pleasing duty to award to the successful candidates. The general cause to which I refer has been fully pointed out by the Vice-Chancellor—the absence of a sufficient number of intermediate or middle-class schools, to act as feeders or tributaries to the respective Colleges. This want is both recognised and appreciated by the Government, and the subject is now engaging attention; it is not, however, without difficulties both intrinsic and imported. The more local, and as yet at least partial cause is one which I mention neither with a view on this occasion to the expression of praise or blame, of sympathy or misgiving, but as a matter of positive fact. I am credibly assured several young men, who would otherwise have been here from the College at Belfast as competitors for our honours and degrees, have been diverted from their purpose by the engrossing interest excited by what is generally termed the 'Revival' in the North of Ireland. This is an incident worthy of being considered with that cautious and reverent watchfulness which is eminently due to the whole subject. If, however, there should appear to be temporary deficiency in the number of candidates for degrees, I am happy to find that there has been an increase in the total number of students in actual attendance on their collegiate studies, amounting, I believe, at present to very few short of 500, and I apprehend that nothing can be more satisfactory than the quality of the instruction imparted—(applause)—the high and deserved eminence of the respective professors, the elevated standard of the examinations as conducted in this place, and the practical results exhibited at the competitive ordeals now established in the country for employment in the civil, and, more expressly, the Indian service—all these combine to place the Queen's University on the most unassailable foundation in these respects. (Loud and prolonged applause.) I have never closed the observations I have been called upon to make on these occasions without specially addressing a few short words to the young persons I see before me. You, my young friends, are the main actors and principal objects in the proceedings which now terminate here. As to all the elders here assembled—myself among the number—we must feel that the pursuits in which we are severally engaged, and the cares which occupy us, are mainly carried on in behalf of the generation which is to follow us. Your presence here witnesses that your careers hitherto have attained a certain amount of success; let your subsequent careers exhibit a diligent pursuit of excellence in your several spheres of action, an honest desire to apply your own faculties and opportunities to the benefit of your fellow-men, a pervading consecration of your lives to the God who gave them. We introduce you, as it were, this day into a splendid arena—the service of a great and noble country. May you all live to see it, may you contribute to make it yet greater, yet nobler, yet worthier than you found it." (Applause.)

The proceedings then terminated.

At the annual meeting of the King and Queen's College of Physicians in Ireland held, according to charter, on St. Luke's day, October 18, the following officers were elected for

the current year:—President, Dr. Corrigan; Vice-President, Dr. Neligan; Censors, Drs. Neligan, Mayne, Hudson, and Sinclair; Treasurer, Dr. Dwyer; Registrar, Dr. Steele; Librarian, Dr. George A. Kennedy; Professor of Midwifery, Dr. Churchill; Professor of Medical Jurisprudence, Dr. Thomas Brady; Examiners for the Midwifery Diploma, Drs. Dwyer, W. O. B. Adams, and Ringland; Inspectors of Apothecaries' shops, Drs. Mayne, Hudson, Travers, and Ringland.

GENERAL CORRESPONDENCE.

THE "FELL" TREATMENT OF CANCER.

Letter from Mr. H. K. Owen.

[To the Editor of the Medical Times and Gazette.]

Sir,—In answer to the inquiry of "F.R.C.S.," in the "Notes and Queries" of last Saturday's *Medical Times and Gazette*, respecting the subsequent state of any of the patients subjected to the "Fell" treatment of cancer, one of the cases reported having since fallen within my notice, probably the few hasty notes I am able to send, may not be altogether void of interest to some readers, and may add a little to elucidate the important question of the advantage of this treatment over that usually adopted.

The patient alluded to is Mrs. M., Case No. 2, reported at page 67 of "Dr. Fell's Treatise on Cancer;" and as many of your readers may not have the work itself to refer to, I briefly condense the report of the case, from the copy presented by the Doctor himself to my patient:—

The age of patient was 60. Three years previous to the first report (November 1, 1855), a small lump was noticed in the breast, and pronounced as cancerous; this increased to April, 1855, when it ulcerated, exuding a thin ichorous discharge. She applied to the Cancer Hospital, but without benefit, as it continued to increase. When seen by Dr. Fell on above date, the tumour was the size of a large goose-egg, with ulcerated surface of the size of a penny-piece, discharging a thin, bloody, very offensive matter; there was also slight enlargement of axillary glands. The first application was made the same day, and continued until December 12, when the tumour was destroyed.

"December 23.—The tumour came out to-day: it was six inches long, four and a-quarter broad, and three and a-half thick. The wound looked very healthy."

The subsequent reports denote a favourable progress, and the last report, on April 7, 1857, is as follows:—"Saw Mrs. M. to-day; breast quite well; she is in excellent spirits. She says she never felt better, and her friends say she looks ten years younger than she did."

The subsequent history of the case appears to be this:—About April, 1858, a small ulcerated opening began to appear in the line of the cicatrix, attended with much pain and unpleasant discharge. When shown soon after to Dr. Fell, he honestly at once stated his inability to be of further service as regards a cure, and throughout acted with much kindness. After this, to the date of my seeing the case, the disease continued to extend, attended with much pain and fetid discharge, and after a time, with considerable œdematous swelling of the corresponding forearm and hand. Various palliatives had been had recourse to, with increasing doses of laudanum as required.

The patient when seen by me still bore the appearance of having been a hale and hearty woman, and although much confined to bed, was cheerful, and, notwithstanding the pain she had gone through, pretty stout. Her pulse was only a little quicker than natural; her secretions healthy; but appetite, probably from anodynes and effluvia, deficient. The arm from elbow downwards was enormously distended and œdematous. On raising the breast, a fearful surface of ulceration appeared, separating the whole breast, except at its upper and inner part, from the pectoral muscle, the whole surface having a greyish colour, and discharging a copious, offensive, ichorous fluid. The ulceration had been extending the last few days towards the axilla, and also along the lower margin of the breast, which was obliged to be supported. There had not been any hæmorrhage from this extensive surface. No enlargement of any other part of the body could be felt externally

I need not take up further space with any detailed account of the progress, as the treatment could be only palliative. The surface of the sore, as far as could be reached, was kept cleanly and free from smell by warm ablutions and the use of a very weak chlorate of soda solution. The general strength was supported by various tonics, and opiates were taken as required—I think more freely than I knew of; and attempts were made, by position, various local applications, and finally by frequent acupuncturing, to relieve the œdematous condition of the arm, this being more a source of pain and suffering to the patient than the original disease. None, however, of these measures were of much, if any, benefit.

In the beginning of June some amount of hæmorrhage took place, which was restrained by styptics. The powers, however, after this, more rapidly sank, and on June 19 a very copious loss took place from some vessel towards the axilla, which continued in spite of applications, and, after five or six hours, terminated in a fatal syncope.

I may add, that another female, who had been under Dr. Fell, was also under my care at the same time as the above; but as the treatment was not completed, owing to the advanced period of the disease, and its implication of the deeper tissues, it would be unfair to cite it in reference to the treatment now in question. In this case, the patient sank, worn out and blanched by repeated hæmorrhages.

I am, &c. Harvey K. Owen, F.R.C.S.

Clapham-road, October 15.

Letter from Dr. Ogle.

[To the Editor of the Medical Times and Gazette.]

Sir,—An inquiry into the results of treatment of cancer by caustic has elicited a lucid and most instructive letter from Dr. Druitt. Let us hope others will follow; but many cancer eurers will still have it in their power to say "This is only the statement of our opponents."

The circumstances which gave rise to the inquiry and the unreported cases which, in spite of your praiseworthy endeavour, must be lost sight of, suggest the reflection, whether, as a Profession, we do all that is in our power to do to eradicate error. We may do much that is right, and as individuals we may seem to do our duty, when as members we utterly fail. It is in the nature of things, that unless Professional duty—that is, duty to the public—be continually borne in mind; unless individual acts are constantly tested by the standard of an enlightened public opinion, personal interests will inevitably weigh too much with us, and our duty to the public will be neglected.

In another place I have advocated, that, in our relation to the public, a primary regard should be had to the fact that our duties imply that we are, not servants, but friends to our patients. We may become public servants without loss of Professional status, but to individuals we must remember that none but a friend can do the duty that will devolve upon us.

Let this relation be distinctly recognised, and we shall find that we are in a better position to fulfil our public duties. Let a man ask himself, "How should I act were this my brother, my sister, my wife?" and the difficulties of the case are wonderfully simplified. If a relative is resolved at all hazards to try this or that, you do not say, "Well, if you do so, I will have nothing more to do with you;" but you still of necessity have an eye upon the case, and your act, if not your language, is—"Well, I warn you; but if you will go I must go with you." Thus far is individual duty; what remains? By association (the watchword of the present day) all such cases should be impartially recorded, and the results given periodically. This co-operation for a specific purpose—not for the suppression of quackery so much as for the publication of the truth—is the public duty that as members of one body we owe to the community.

The principles that I have endeavoured thus briefly to apply to this case, are the self-same that on a former occasion were brought to bear on the vexed question of gratuitous advice. That they are applicable to all cases, arises from the simple fact that *non sibi sed toti* is founded on eternal truth.

I am, &c.

London, October 19. William Ogle.

PUBLIC VACCINATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to Dr. Sullivan's letter, inserted in your Journal of the 15th inst., permit me to say I have now in the press an amended draft of a proposed Act of Parliament for the Medical Relief of the Poor, and Vaccination, which will in a short time be laid before the Poor-Law Medical officers, who are subscribers to the Association, for their opinion. With regard to the term, "touting for cases," I think the expression is not borne out by the proposed clause, a copy of which is annexed, wherein it will be seen that the private Practitioner is allowed twelve months to do his duty, failing which, he has no right to complain of the Public Vaccinator calling upon his patient. I regret to perceive that the worthy Doctor has not complied with the Act of Parliament, which requires that returns should be made to the Registrar; many others, I fear, have adopted a similar course, which has been the cause of the imperfect state of the register, and justifies me in proposing a clause that in future the Registrars shall pay the Public Vaccinators their fees, and thus ensure a return of all their cases. I have also introduced a clause by which all registered Medical men will receive one shilling for each certificate of successful vaccination they furnish to the Registrars.

The Registrar is also made the public prosecutor, but I rely for the successful working of the Act rather upon its rewards than its penalties; though the dread of the latter must not be entirely laid aside, especially with those who propagate the contagion of small-pox.

I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth, Oct. 17, 1859.

"XXXII.—That a quarterly list of all persons born since August 1st, 185 , and then living, above the age of twelve months, and under that of sixteen years of age, not registered as successfully vaccinated, be made out by the Registrar and delivered to one of the Public Vaccinators of the District in which the child resides, whose duty it shall then be to call upon the parents or other persons having the custody of the said child, and offer to vaccinate it at the public expense, if it be in a fit state to be vaccinated, and does not appear insusceptible of vaccination in consequence of having been previously successfully vaccinated or having had the small-pox: it shall then be the duty of the public vaccinator to make his report accordingly to the Registrar, who shall enter the same in his book, and if the parents or other persons having the custody of the said child have refused to have it vaccinated, it being at the time in a fit state to be vaccinated, he shall immediately sue the father or mother, or other person having the care, nurture, or custody of the said child, for the sum of Ten Shillings, together with all expenses, or in default, be committed to the common gaol or house of correction for any term not exceeding one month, nor less than one week, which penalty shall be incurred annually until a certificate be furnished that the child has been vaccinated, or is insusceptible of vaccination, or is sixteen years of age."

A Hair-Pin in the Urethra.—M. Segalas placed before the eyes of the Academy of Medicine a hair-pin, "which he had taken from the urethra of a man without the aid of any instrument." The fact was M. Segalas made a surgical instrument of the pin itself, pushing one end of it through the gland, and then drawing it out gradually. No accident followed in this case, or in another in which M. Segalas had performed a similar manœuvre. This case reminds us of a much more simple method adopted by the late Mr. Avery for the extraction of a hair-pin from the urethra of a gentleman; and it is well worthy of being recorded for the benefit of M. Segalas and others. In this case the pin had been pushed about one and a-half inches down the urethra, the two points looking towards its orifice. Mr. Avery firmly grasping the pin, squeezed the two ends of it together, and then with the other hand introduced down a straight tube—a divided catheter—which passed over the ends of the hair-pin. The hair-pin was then withdrawn, the elasticity of it keeping it firmly enough fixed in the tube when the pressure applied to it through the urethra was taken off.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, October 18th, 1859.

Mr. Fergusson, President, in the Chair.

Mr. Fergusson on addressing the Society at their first meeting for the session, congratulated the members on its increasing properity and usefulness. He thought the Society was in its aim essentially practical, and that it must necessarily include men of practical minds among its members. He stated that he felt convinced that the transactions of the Society, as recorded in the volume for the past session, would be as acceptable as any of its former records. He appealed to the members of the Society not to intermit their endeavours to render the meetings as interesting as they had been in previous years.

Dr. Ogle then read the minutes of the last meeting.

The President exhibited

A MEDULLARY TUMOUR CONNECTED WITH THE FIBULA OF A MAN.

When first seen it was of the size of the fist, and was not thought to be malignant. It was repeatedly under observation, and removal was advised, but the patient refused. Eighteen months afterwards it had attained the size of a child's head, and had apparently involved all the neighbouring tissues. Amputation was performed. The diagnosis of the tumour before death was very doubtful from its hardness, the muscles and aponeuroses being so stretched over it that it gave a feeling of hardness like that of an osteo sarcomatous tumour. The inguinal glands were enlarged, but very slightly.

A paper, by Dr. Peacock, was read on

MALFORMATION OF THE HEART.—IRREGULAR COURSE OF THE AORTA AND UNUSUAL ORIGIN OF THE PRIMARY VESSELS.

The subject of this case was a boy, who was under the care of Dr. Brinton, at the Royal Free Hospital, and was sent by that gentleman to Dr. Peacock. He was born at the full period and of healthy parents, and his mother stated that at birth he was a healthy child. When three weeks old he was noticed by a Medical man to be unusually dark coloured, and from this time the lividity became more marked. At the age of seven or eight months he began to suffer from suffocative attacks ending in convulsions, and of these he sometimes had several in the day. He became remarkably cyanotic, vomited his food, and had constant diarrhœa; he was excessively restless and irritable, and became extremely emaciated and died exhausted when one year and ten and a-half months old. The heart was found to be much larger than usual in a child of that age. The right ventricle was very large, and its walls thick, and it constituted nearly the whole of the anterior position of the organ. The pulmonary artery was of very small size, and divided shortly after its origin into the usual branches. There was no ductus arteriosus. The aorta was from the right ventricle, but communicated with the left by an aperture in the septum. The right auricle was very large and the foramen ovale closed: the left auricle and ventricle were relatively small. The aorta followed an unusual course, passing over the right bronchus and thence to its ordinary situation on left side of the bodies of the vertebræ. The branches given off at the arch were irregular. Soon after the commencement of the vessel the two carotid arteries arose and passed up on the sides of the trachea. The right subclavian artery next passed from the vessel when it was making its first turn, and then the left subclavian rose from the aorta at the back of the trachea, and passed outwards, lying behind the left branches immediately at its commencement. Dr. Peacock considered the case as an especially interesting one—1st. From the intensity of the cyanosis, which exceeded what he had seen in any other case. 2nd. From the variable character of the physical signs. It had been observed by both Dr. Brinton and himself, that while the child was tolerably quiet, the

double cardiac sounds were distinct and natural; there was occasionally a loud systolic murmur audible over the whole front of the chest. 3rd. From the absence of the ductus arteriosus, the irregular course of the aorta, and the unusual distribution of the vessels at the arch. From these peculiarities Dr. Peacock inferred that the branchial arches which form the right aorta had been persistent, while those which are usually persistent, and form the left aorta, had become abortive. Tiedeman, Quain, and Maclise have figured similar irregular orifices of the puny vessels from Walthus and Bochmer; but it did not appear that in these instances the aorta had followed an irregular course, or that the conformation of the heart had been defective.

A second paper was read by Dr. Peacock on

OBSTRUCTIVE AND REGURGITANT DISEASE OF THE AORTIC VALVES, WITH REGURGITATION THROUGH THE LEFT AURICULO-VENTRICULAR APERTURE.

The subject of this case was a girl 15 years of age, who was an in-patient at the Victoria-park Hospital for Diseases of the Chest. She had had rheumatic fever six years before, and had suffered from symptoms of cardiac disease for four years. She was first admitted into the Hospital on the 11th of March, and was then suffering from dyspnœa, palpitation, and some œdema, especially of the lower extremities. The præcordial region was very greatly protruded, the cardiac dulness much increased in extent, and the pulsation widely diffused. The pulse was irregular, and a loud systolic murmur was audible over the whole præcordia, and most intensely below the left nipple. While in the Hospital she greatly improved, the œdema subsided, the pulse became regular, her breathing was less hurried, and she gained strength. At her own wish she was discharged on the 16th June, and at that time, in addition to the systolic murmur audible both at the apex and base, there was a slight systolic murmur which was heard at the base, and which followed a loud diastolic sound. She continued much the same after her discharge till about the 14th of September, when she was seized with sickness, vomiting, and diarrhœa. She was re-admitted into the Hospital on the 28th of September. She was then greatly exhausted, the dyspnœa was very urgent, and she was constantly in an almost syncopic state. The physical signs continued much the same as before. There was a systolic murmur heard most loudly at the apex, but a systolic murmur was also audible at the base, and was followed by a distinct diastolic murmur. She died, exhausted, on the 5th of October. On examination, the pericardium was found universally attached by old cellular adhesions. The heart was very greatly hypertrophied and dilated, and weighed, with the adherent pericardium, 25 ounces avoirdupois. The hypertrophy and dilatation, though involving both the right and left auricles and ventricles, was much the most marked at the left side. The aortic valves were thickened, and one of the segments fell below the proper level, so as to allow of free regurgitation from the aorta into the left ventricle. The left auriculo-ventricular aperture was much dilated, and the valves were incapable of closing the orifice. The left auricle was very large, its walls thick, and the lining membrane thickened and opaque.

Dr. Wilks exhibited a specimen of

TYPHOID DISEASE OF THE LARYNX.

He stated that it was the third case which had come under his notice, and referred to one reported in the *Medical Times and Gazette*, for October 8th, under the head of "Tracheotomy for Laryngeal Affections." Although it was rare, he believed it to be more usual than was supposed. It was mentioned by Dr. Huss as being common in the North of Europe. This specimen was taken from a man aged 23, a patient of Dr. Addison, in Guy's Hospital, who was suffering from all the ordinary symptoms of fever, rose rash, diarrhœa, pneumonia, etc., when death occurred rapidly from the sudden supervention of symptoms of laryngeal obstruction. A small slough was found at the back of the larynx, at the root of the arytenoid cartilages—being the usual weak point of the larynx.

In reply to Mr. Adams, Dr. Wilks stated that there was no history of prior syphilitic disease of the larynx.

Dr. Wilks also exhibited

AN ANEURISM OF THE SUPERIOR MESENTERIC ARTERY.

It was the second specimen of the kind ever exhibited before this Society, the former one being shown by Dr. Ogle. The patient was admitted into Guy's Hospital for subacute rheumatism and old disease of the aortic valves. He died suddenly. After death, plugs were found in the spleen and liver; and in the mesentery, under the peritoneum, a pint or two of blood, which was found to come from the aneurism in question. The aneurism was the size of an egg, and the rent in it about half-an-inch. Dr. Wilks considered that this case was again confirmatory of the opinion of Dr. Ogle, that the frequent connection between cardiac disease and aneurism was more than a coincidence.

He also exhibited a specimen of

SYPHILITIC DISEASE OF THE LIVER,

Taken from a patient aged 8 or 10. The patient was a miserable, puny, and cachectic child. Admitted for sequelæ of scarlet fever. The liver was found fissured all over the surface, and full of small fibroid nodules of a hard, leathery consistence, which by their contraction had caused this puckering of the tissue. There was no trace of tubercle in the body.

Mr. Holmes exhibited, for Mr. Blagden,

A TUMOUR TAKEN FROM THE FACE.

The patient was a healthy, labouring man, and had had the disease fourteen years. Mr. Blagden removed it fourteen days ago. There was little hæmorrhage, and the wound healed by the first intention. It consisted of nothing but fibrous tissue and nuclei.

Mr. Holmes also exhibited a specimen of

DETACHED CARTILAGE OF THE KNEE,

Taken from the limb of a man, an in-patient in St. George's Hospital, whose leg had been amputated for compound fracture into the joint. He had had previous disease of the joint. It illustrated the possibility of the ocurrence of loose cartilage from accident.

Dr. Gibb brought forward a specimen of

CANCER OF THE LIVER AND LUNGS,

Taken from a woman whose cervix uteri had been excised for local cancer, and in whom the recurrent disease was again removed, both about three years ago, by Mr. Hutchinson. The vagina and uterus were much affected by the disease, which had also laid open the bladder. Nearly all the viscera were affected, and in the lungs there was a little tubercle. The glands by the side of the spine were also affected. Another peculiarity was the condition of the kidneys. The right weighed seven and three-quarter ounces, and contained in its pelvis saccharine urine, specific gravity 1026, and a small quantity of albumen; the left weighed only three ounces, and contained albuminous urine of neutral reaction, specific gravity, 1015.

In reply to Dr. Harley, Dr. Gibb stated that in the smaller kidney there was probably little healthy kidney tissue left, and he would thus account for the absence of sugar in it.

Dr. Hare stated that the smaller kidney was a well-marked instance of hydronephrosis, and that it would be unable to perform its functions.

Mr. Birkett exhibited a specimen and drawing of a

POLYPOID TUMOUR,

which grew from the middle line of the palate, a little above the uvula. The patient was a healthy dockyard labourer, and the tumour was observed accidentally. Mr. Birkett considered it to be analogous to a specimen of polypus of the bladder, which he had exhibited on a previous occasion, and believed it was not cancer. The man was now nearly recovered.

Mr. Birkett also exhibited a drawing of

MYELOID TUMOUR,

occurring on the forehead of a child. At an exploratory operation it was found to be circumscribed; but as it was fitted round with a ring of bone, it was thought advisable not to proceed further for fear of opening into the cranial cavity. Sloughing afterwards took place, followed by death, and none

of the tumour was therefore obtained for microscopical examination; but it was supposed to be mycloid. A small aperture was discovered in the bed of the tumour, through which the discharge had passed, leading to suppuration of the dura mater.

INTESTINAL CONCRETIONS.

Dr. Harley showed three specimens of intestinal concretions which he had analysed; two of them were from the human subject, and the other from the stomach of the horse. The latter, which was presented to University College Museum, by J. N. Blake, Esq., was an oval, slate-coloured, very dense and heavy stone, somewhat larger than a duck's egg. It consisted of lime and magnesia, combined with phosphoric, and a trace of sulphuric acids. It had for a nucleus a crooked, rusty, iron nail. The second specimen was a concretion of organic matter, measuring when fresh nine inches long, and six and a-half in circumference. It was passed after five weeks' suffering, by a gentleman, aged 56, a patient of Professor Quain's. On microscopical examination Dr. Harley found it to consist of striated muscular fibres, fibro-cellular tissue, short portions of blood-vessels, and a few hairs, the whole being bound together by a quantity of mucus and lymph. The third specimen was passed by a young woman, aged 25, while a patient in University College Hospital, under the care of Professor Walshe. On admission the woman said she had been labouring under symptoms of dysentery for two months. Eight days after entering the Hospital she passed with difficulty a very large stool, which was found to consist partly of ordinary fæcal matter, and partly of a white, hard, brittle mass about the size of a hen's egg. The mass, which resembled a phosphatic calculus, was streaked with blood. On analysis Dr. Harley discovered that it consisted entirely of hardened starch. On inquiry, the patient stated that for five weeks before her admission into the Hospital she had lived chiefly on arrowroot, sago, tapioca, and ground starch made into puddings. Dr. Harley remarked that intestinal concretions were comparatively rarely met with in the human subject, and that when they did occur they usually consisted of imperfectly-digested animal or vegetable food, sometimes of a mixture of both.

A discussion followed, in which Dr. Priestley, Dr. Murchison, Dr. Harley, Dr. Gibb, and Mr. Brooke, took part, on the Artistic Manufacture of Pathological Specimens by Patients.

"At Basle," says Montaigne, "I met with a very learned Physician, Felix Platerus, who is making a book of simples, which is very nearly completed. Others have the plants painted an dcopied in their different colours; but he has found out the art o ffixing the plants themselves very neatly upon paper, so that the smallest leaves and fibres appear exactly as they exist in nature; and he can turn over the leaves of the book without any of the plants escaping. I also saw in his house and in the public school entire anatomies [probably skeletons] of dead men."

Ascent of Mont Blanc.—Mr. Henry Slade, a Surgeon in the Navy, has just made the ascent of Mont Blanc, the second ever made in October.

Dr. Bachhoffner's Statistics of Small-Pox.—In the year 1848 the total number of deaths from small-pox in England and Wales were 6,903, and in the district of London 1,620; in 1849, deaths in England and Wales 4,645, district of London 521; in 1850, in England and Wales 4,666, district of London 355; in 1851, in England and Wales 6,997, district of London 724; in 1852, in England and Wales 7,320, district of London 1,159; in 1853, in England and Wales 3,151, district of London 211; in 1854, in England and Wales 2,808, district of London 694; in 1855, in England and Wales 2,525, district of London 1,039; in 1856, in England and Wales 2,277, district of London 531; in 1857, in England and Wales 3,936, district of London 156. These statistics showed that a total number of deaths from small-pox in ten years ending December, 1857, amounting to 45,228; and the total number for that period in the district of London were 7,010. Small-pox was a disease which could be prevented by proper vaccination, and if carried out from the beginning, as the law at present directed, 45,000 persons now dead might have been alive probably to this day.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members of the College, having been elected Fellows at previous Meetings of the Council, were admitted as such on the 13th October:—

Andrew, Henry, Truro
Bennett, George, Sydney, New South Wales
Hawkins, James, Newport, Monmouthshire
Hawthorne, Arthur Neville, Eccleshall
Martin, Henry Victor, Ealing
Metcalfe, Edmund, Delamere-crescent, Westbourne-terrace
Vallance, James Thomas, Stratford, Essex
Wildbore, Daniel Peacock, Old-street
Williams, William, Oldbury, Worcestershire

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 13th October:—

Creagh, William, Ireland
Drury, John Thomas Cockin, Doncaster
Elliott, Charles Henry, York, Swan River, Western Australia
King, Edward Pendrill, Chepstow, Monmouthshire
Sansom, Arthur Ernest, Corsham, Wilts
Smith, John, Casely
Wickham, William, Tetbury, Gloucestershire

The following gentlemen also on the same day passed their First Examination:—

Catt, Alfred, Brighton
Collins, John Boniface, Yapton, Sussex
Matthews, Charles Samuel, Carey-street, Lincoln's-inn
Miall, Philip Edward, Bradford, Yorkshire
Nowell, Arthur Henry, Cambridge-villa, Richmond, Surrey

DEATHS.

Aitken.—October 10, at Edinburgh, Thomas Aitken, M.D.

Barlow.—October 17, Robert Barlow, of Mullingar, M.D., F.R.C.S.I.

Beaumont.—October 16, Thomas Beaumont, of Bradford, Yorkshire, L.S.A. 1822, an Alderman of the Borough, aged 64.

Best.—October 9, at Rhyl, Edward Best, of Bilston, L.S.A. 1818; Justice of the Peace for the County of Stafford, aged 63.

Bubb.—August 27, at Fyzabad, Oude, Edward Bubb, Assistant-Surgeon to the 3rd Battery, 14th Brigade, Royal Artillery.

Buck.—July 18, Benjamin Buck, of the Hutt, Wellington, New Zealand Surgeon and Coroner.

Elliott.—May 22, at Ceylon, Dr. Elliott, Principal Civil Medical Officer, of Ceylon.

French.—October 2, John James French, of St. Peter-street, Islington.

Gill.—October 15, suddenly, John French Gill, of St. Patrick's Hospital Dublin, M.D.

Howe.—October 2, at Berwick, Alexander M'Donald Howe, M.D., aged 31.

Johnston.—October 7, at Maryhill, Glasgow, David Johnston, C.M. Glasg. 1830; L.F.P.S. Glasg. 1843.

McBarron.—September 30, at New York, Dr. Patrick A. McBarron, aged 36.

Nankivell.—August 13, at Mooringararaa, Australia, Henry Nankivell, Surgeon.

Newbolt.—October 13, at Camden-terrace, Bath, William Kent Newbolt, M.D., aged 67. He was son of the late Sir John Thomas Newbolt, Physician to Leopold, King of the Belgians, and served through the Peninsular War.

Vaux.—August 5, in the wreck of the steamer *Admella*, off Cape Northumberland, Australia, James Vaux, Surgeon to the *Norfolk*.

Wallis.—August 31, at Calcutta, Edward Snell Wallis, M.D., Medical Inspector H.M.E.I.C.S.

One hundred and forty-seven Students of Medicine were entered at the University of Brussels for the Academic year 1858-1859.

It is related of a skilful Physician of the last century—one Vernage—that he gave up the practice of Medicine in despair, exclaiming: "I am sick of guessing!"

Royal College of Physicians—At the Comitia Majora held on Wednesday, October 19th, David Macloughlin, M.D., Bruton-street, was admitted a Member of the College under the temporary Bye Laws.

Dr. Bachhoffner has been lately engaged in collecting facts regarding the number of illegitimate children born in this country. The information he had at present obtained showed that in the year 1857 every sixth child that was born was illegitimate; in the parish of St. Marylebone every ninth child was an illegitimate, and in the same year every fifteenth child that was born in England and Wales was illegitimate.

All men of genius, according to M. Moreau, are men in different stages of madness; genius is a neurosis.

By a decree dated the 29th August, the Surgical Society of Paris has been recognised as an establishment of public utility.

A Coincidence!—The question asked by Galen, under the Emperor Marcus Aurelius: "How can the same nerve be at once motor and sensitive?" was answered by Sir C. Bell under the Emperor Napoleon I. Thus writes the Frenchman.

The following mixture is proposed by Dr. Pacini for the preservation of blood globules, nerves, ganglions, the retina, and the white tissues generally: protochloride of mercury, 1 part; chloride of sodium, 2; glycerine, 13; distilled water, 113 parts.

Sir James Wylie, the Physician of the late Emperor of Russia, has left, by will, a large sum for the foundation of a *Clinique* at the Academy of Medicine of St. Petersburg. His executors have offered sums of 3000 roubles and downwards for the three best plans offered for the proposed building.

La Clinique Européenne has come to an untimely end, It is not a year since we announced its birth. Another journal, however, is announced: *Annales de Pathologie Générale*, under the editorship of M. Clément Olivier. Madrid also boasts a new periodical in the Medical way, called *El Especialista.*

Charing-cross Hospital.—A Medical Society has been formed in connexion with this School of Medicine for the discussion of subjects appertaining to Medicine and the collateral sciences. Students of any recognised Medical School are admitted as members.

The Waters of Vichy.—M. Devergie has lately delivered a lecture, called a "Visit to Vichy." He therein informs those concerned that "there is no drinkable water at Vichy." Plenty of mineral waters, if you please, but none potable in the ordinary sense of the word. One of the first necessaries of life is entirely wanting; the water is charged with lime, won't dissolve soap, nor cook dry *legumes*. A pleasant resort this for the gouty and gravelly inclined!

Testimonial to Mr. Hogg, of Toddington.—A numerous party of the most influential and respectable inhabitants of this town and its vicinity assembled on Friday, October 7, to partake of a dinner to which Henry Lee Hogg, Esq., Surgeon, had been invited; the object being to present him with a handsome silver salver, value £24, which amount had been raised by subscriptions, principally in small sums, by the inhabitants of Toddington and surrounding villages, as a mark of their regard for his unremitting care and attention, and as expressive of their regret at his leaving the neighbourhood.

Natural and Artificial Camphor.—M. Dumont gives a ready method of distinguishing natural from the artificial camphor, with which it is so often falsified. This process is based upon the way in which liquid ammonia reacts on alcoholic solutions of the natural and the mixed camphors. When the camphor is pure and natural the solution yields, when ammonia is added to it, a slight precipitate, which is redissolved in the mixture by simple agitation; but when impure, there is thrown down by the ammonia a fleecy precipitate, which remains insoluble, this precipitate being more abundant according as the quantity of artificial camphor is greater. Artificial camphor, moreover, is soft, and has no crystalline appearance; has a less penetrating odour than the natural. Its fracture is neither friable nor granular; its solubility in alcohol is less marked.

Conversazione at Sir Henry Marsh's.—Sir Henry Marsh, Bart., the outgoing President of the King and Queen's College of Physicians in Ireland, received the members of the College resident in Dublin at a *conversazione* at his residence in Merrion-square, on Monday evening, the 17th inst. The assemblage was honoured with the presence of the Lord Lieutenant, attended by Mr. Hatchell, private Secretary, and Captain Lascelles, A.D.C. There were present to meet his Excellency, the Lord Mayor, the Lord Chancellor, Lord Talbot de Malahide, the Chief Secretary, the Lord Chief Justice of the Common Pleas, the Recorder, the Right Hon. John Hatchell, the Hon. and Very Rev. the Dean of St. Patrick's, the Presidents of the Queen's Colleges of Belfast and Cork, the President and Vice-President of the College of Surgeons, the Dean of the Chapel Royal, Colonel Maude, Captain McClintock, R.N., the Governor of the Apothecaries' Hall, the Rev. Dr. Todd, the Rev. Professor Haughton, F.R.S. etc. etc.

Causes of Jaundice, as given by Frerichs, are of two kinds—those which are mechanical in origin, and those in which there exists no anatomical change to account for the symptom. Of the mechanical sort, the most common is inflammation of mucous membrane of large bile ducts. Partial obstruction of the ducts may also be produced by pressure of colon distended with fæces, of pregnant uterus, or of enlarged lymphatic glands. The gall-ducts may also be obstructed by their contents, by impaction of gall-stones, inspissated bile, and, very rarely, by foreign bodies—lumbrici, fruit-stones, etc., which have entered the ducts from intestine. The most intense jaundice results from complete obstruction of the hepatic duct, as through inflammatory adhesions, cicatrisation of ulcers of its mucous membrane, impaction of foreign bodies, or cancerous growths. Most commonly the obliteration of the ducts is caused by external pressure on them, by cancer of pylorus, duodenum, head of pancreas, or hepatic tumours. Again, jaundice may result from cancer of liver, hydatids, abscess, etc., its intensity depending upon the number of large ducts obstructed. Tumours on the concave surface are usually accompanied with jaundice, but those on convex surface are not. The jaundice connected with heart disease, and hyperæmia of liver is generally limited to slight yellow discoloration of skin and cornea. The non-mechanical causes of jaundice are mental emotions, ether and chloroform inhalation, snake-bites, purulent infection, and typhus.

Professional Remuneration.—Dr. Wm. Ogle read an interesting and important paper on this subject at the Bradford Social Science Meeting. The following is an abstract:—"A doctor is not merely 'one to be sent for in time of illness, and the sooner he is gone the better;' but he is a professional *friend*. The terms of agreement with him must be in strict accordance with his relation of friendship; at the same time they must fully recognise the extent of his duty, which is—to help a man to keep his health when he has it, and to recover it when he has it not. Attendance during sickness is only part of the doctor's duty. The question of remuneration is simply—How can a man establish a claim upon another for that professional assistance which he needs? The mode of remuneration is of infinitely more importance than the amount. Under exceptional circumstances, the amount may be nil, or even less than nil, without injustice; but, under all circumstances, the proper professional character must be preserved. The following mode is that which fully meets the requirements of the case. It is strictly Professional, and it offers to the public a freedom to consult the Profession which is unattainable so long as the fee is either a necessary or the rightful conclusion of every Professional visit. 1. There should be a periodical pre-payment. 2. This should give a right to call upon, or to send for one's own Medical attendant any day before a certain hour. 3. A summons after the hour agreed upon should be by fee. Terms such as these correspond precisely, and, indeed, have been suggested by the necessities of the case. Wages represent service; wages, with confidence, are the proper return for faithful service; but wages, or rather (so as to include all circumstances) an acknowledgment, confidence and consideration: these are the essential characteristics of an agreement with a Professional friend."

M. Gerard Teulon on Religious Revivals.—"The human mind in its progress towards perfectibility may well offer us, from time to time, ameliorated types, amongst which the heavenly fire of moral and intellectual progress shines brilliantly. But amidst these we still see spread before us the level of our infirmities. We must not despise the populations of the middle ages; in the fourteenth century we find the torrent of dansers of St. Guy; in the seventeenth century, we see men rushing to the tomb of St. Médaid, just as in the ages of antiquity they rushed to the mysteries of Cybele. We have their equivalents. By the side of marvels of industry engendered by the genius of our age, the nineteenth century

offers us in the centres of civilisation, epidemies of chorea; the dansers of Strasburg and Ulm have now their counterparts in the hysterics of Belfast and Cornwall." The evident cause, according to this French observer, of these hysterics is the influence of fanatical sermons preached to poor young girls, who have been subjected already to the other depressing agencies of misery and excessive labour!

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 15, 1859.

BIRTHS.

Births of Boys, 822; Girls, 805; Total, 1627.
Average of 10 corresponding weeks, 1849–58, 1543·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	455	447	902
Average of the ten years 1849-58	523·3	512·1	1035·4
Average corrected to increased population..	..	..	..
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	35	24	59

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	8	7	1	1	3	4
North ..	490,396	9	1	16	..	5	8	8
Central ..	393,256	5	4	16	..	2	6	5
East	485,522	9	3	29	2	3	8	12
South ..	616,635	12	2	19	4	6	4	8
Total . ..	2,362,236	37	18	87	7	17	29	40

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·492 in.
Mean temperature	55·3
Highest point of thermometer	66·0
Lowest point of thermometer	45·7
Mean dew-point temperature	53·4
General direction of wind	E.
Whole amount of rain in the week	0·88
Amount of horizontal movement of air in the week.. ..	305 miles.

TO CORRESPONDENTS.

We very much regret that another postponement of Dr. Simpson's Lecture on Ovarian Disease is unavoidable, as we have not yet received the corrected proof.

Mr. Crosbie.—Next week.

Mr. Sharp.—Many thanks.

Dr. Bishop.—The paper has not been laid aside.

Pater.—It is the duty of the registrar to call at the house.

Dr. West's case of Inverted Uterus shall appear next week.

Mr. Knagg's letter on the Abuses of Medical Charities shall appear next week.

Dr. Cuthbert's interesting paper on the Prominent Features of the Ulster Revival shall appear next week.

Mr. Parke.—A Dentists' Journal has just been started at Philadelphia under the modest title of *Cosmos Dental.*

P. Q. seems to forget that successive Boards of Admiralty have set at nought the Order of Council of 1805 for more than fifty years.

Mr. Harle.—We are unwilling to continue any discussion on the *political* aspect of the Opium Question. Any communication as to the physiological effects of its consumption on the Chinese is strictly within our province.

A Subscriber.—In making income-tax returns it is usual to deduct a part of the rent for such a portion of the house as is used for professional purposes exclusively, and the whole for the carriages, assistants, or any other expense incurred exclusively for the carrying on of practice.

M. Roger.—"Compatriot and cotemporary of Sir Walter Scott, Charles Bell was the youngest son of a poor Protestant clergyman, who with an annual salary of £26 sterling (650fcs.) accomplished the miracle of bringing up four sons and making four celebrated men."

Mr. Low.—In certain syphilitic affections of the tongue, doubtful as to their secondary or tertiary character, M. Ricord uses and finds most efficacious the following formula:—Biniodide of mercury, 15 centigrammes; iodide of potassium, 15 grammes; syrup of gum, 5000 grammes. A gramme is 15 grains.

A Subscriber.—The advertisement of John Watson, the Clothier and Cancer Curer of Ayr, is a lamentable evidence of the ignorance of the public; but so long as he calls himself *Clothier* and does not pretend to be a *Surgeon*, there is no law to protect the public. If they choose to be treated by a clothier they must take the consequences.

No Specialist.—A Dr. Joux speaks thus of the Société de Chirurgie of Paris:—"The members of the Society are skilful operators; but when I carefully look into their practice, I soon perceive that anatomisme pervades them; they possess no Medical philosophy; as to any precepts of true hygiene, not a trace is to be found. In a word, with them every thing is local."

Mr. George.—We are told that it is to an actor and a monkey that we owe the first precise information concerning the motor power of the facial nerve. Sir C. Bell noticed that there was in London the comedian, Liston, who had the talent of expressing all the passions with one side of his face only, the other side remaining perfectly motionless. He then cut the facial nerve on one side of the face of the most expressive monkey at Exeter Change, and observed at once the same discordance as in the features of the actor.

Feigning Disease.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A policeman in this metropolis wishing to leave the force claimed £20 gratuity (in consequence of having something better promised him), he set about the following trick which was very successful. He complained of severe pain in the thorax with difficulty of breathing. The divisional Surgeon examined him, applied a blister, and advised perfect rest and good nourishing diet. Instead of good diet he almost starved himself, which, of course, soon reduced him a few pounds in weight, and made the case appear more serious. The Surgeon finding the case hopeless, transferred him to the Physician, who pronounced him unfit for duty, and recommended his discharge,—the very thing he wanted, and after receiving the £20 he changed his diet to beef and mutton, and was soon as good a man as he was before the application of the blister.

I am, &c. One Who Knew Him.

The Vaccination Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As this subject is discussed by Mr. Griffin and Dr. Sullivan, with a view to the best way of carrying out the Act, permit me to mention that in the borough of Stroud, Gloucestershire, from the very few and irregular returns by the Registrars, the Board of Guardians, under their excellent Chairman, Mr. Dickenson, have taken upon themselves the laudable responsibility of enforcing the Act, by ordering the relieving officers to report and bring forward any cases represented from the Union Surgeons or other Medical men as refusing to comply with the Act. Also, that the Union Surgeons shall vaccinate the children at their homes, and look after them, so as to insure more certain efficiency, and maintain a more regular supply of lymph. If this plan be adopted generally by Boards of Guardians, may I ask what more is wanted?

I am, &c. Publicola.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The *quæstio vexata* of Medical titles being again revived, perhaps you will give me some space for a few remarks, the last I shall offer on this much-agitated subject. "Any person who shall wilfully and falsely pretend to be, or take, or use the name or title of a Physician, Doctor of Medicine, Licentiate of Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, etc. etc." The title of "Doctor" not being included in the above list (the words of the Act are "Doctor of Medicine"), its assumption by thenon-graduated Physician as a prefix, established by long usage and courtesy, is certainly not an infringement of the statute. If it were so, the D.D., LL.D., D.C.L., etc. using this prefix might be liable to prosecution, which would of course be absurd. Again, if the above-cited words be taken in their literal acceptation the M.D. could not legally assume the title of Physician. Listen to this, ye Southampton M.D.'s, *et hoc omne genus.* My views on the concluding portion of the fortieth section have been already published in your valuable and impartial Journal.—*Verbum non amplius addam.*

I am, &c. John E. Smyth, B.A., L.R.C.P.E.

2, China-terrace, Lambeth, October 17, 1859.

Sale of Degrees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the two last numbers of your excellent Journal, of which I am happy to say I am a regular reader, I observe reference made to the selling of Medical degrees in the United States, and that, apparently winked at, if not even sanctioned by the best Universities on the American continent. As a Medico, I have travelled through every portion of the United States, and with pleasure can add, that I was everywhere received with that kindness and courtesy which invariably characterizes the people of the Western Hemisphere.

Though not an American Graduate, I am intimately acquainted with their institutions and collegiate regulations, and am positive that no College or University, either Medical or otherwise, of either standing or respectability ever granted diplomas to persons, unless obtained in a legitimate manner. Even were I to admit that such things have been done, is it much to be wondered at, when the mother country sets us such an example? Cannot any one in Glasgow, who has never even been out of Scotland, obtain the degree of the University of Erlangen?

If, then, such things are permitted to go on in a country whose laws and customs are such as would tend to the suppression of everything that was not just and honourable, is the occurrence of like proceedings in a newer and probably less informed world, to be wondered at? I should

certainly take the mote out of my own eye, ere I commenced to look for the same in my brother's. I am, &c. A Canadian M.D.

Cod-liver Oil Cakes.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last week's number, page 369, you give an extract of a process, suggested by M. Bassi, for the purpose of rendering cod-liver oil palatable.

We beg to inform your readers that we have already effected this, and in a manner essentially the same as M. Bassi proposes. In your paper of 12th February last, you reported upon our preparation as follows:—"We have examined a specimen of gingerbread made by Messrs. Newbery, each cake containing a teaspoonful of cod-liver oil. The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."

Should your readers desire to try M. Bassi's preparation, they will find in ours a representative, without the trouble of adopting the elaborate process suggested by the French Medical man.

Our cod-liver oil cakes have been largely inquired for by Medical Practitioners, and their sale testifies to their great utility.

I am, &c. F. Newbery and Son, by A. W. B. Newbery.

45, St. Paul's Churchyard, October 12, 1859.

Removal of Warts.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Among your Notices to Correspondents, I find a request that any Surgeon acquainted with a successful method of eradicating cutaneous warts will communicate the same through the medium of your Journal; and since I have never found the following application to fail if duly followed out, I would suggest to your correspondent that he give it a trial:—

Let an ointment be made with equal parts of pulv. lyttæ and pulv. sabinæ, and as much ung. cetacei as is just necessary to form an ointment of them, and let each wart be kept constantly and assiduously covered with a little of the ointment spread on lint for a few days or a week (a little longer if the warts be very large), and by that time a thin line of blistered surface will be found surrounding the base of the wart: a flat probe inserted under the edge will then lift off the wart entire and leave the true skin exposed, and in a healthy condition.

I am, &c. C. G. Wheelhouse.

16, East Parade, Leeds, October 5, 1859.

The Edinburgh Licence.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your number of the 8th inst. you say a "Correspondent" informs you that sixty licences were disposed of at the Edinburgh College of Physicians on Tuesday week last. I think you will find he is misinformed on the subject, as the day for examination is Wednesday, and no licences are now granted without examination. I went up myself on Wednesday, October 5, and had a very fair written and *viva voce* examination, each lasting about an hour; there were five others besides myself, making six, to which perhaps your correspondent has added a cypher. The reason I applied for an Edinburgh Licence was this; I had been for some time working up for the London licence, but being in practice as a General Practitioner I found it would take more time than I could spare, more particularly the six days in London, whereas I could run the risk of being away from my practice for three days, but I should never have gone to Edinburgh unless they had altered their regulations and given an examination; as I considered, and still consider, granting any licence without examination illegal according to the Medical Act, and if the Edinburgh College still do so, it is in direct opposition to their advertisement, and that they could examine sixty applicants at one sitting is going, I think, rather too far. My conscience is quite easy with regard to getting the licence of the Edinburgh College, because I feel quite satisfied that, holding the Hall and College qualification, I am quite as much entitled to the English licence as he who has the M.R.C.S. and M.D. St. Andrew's, also having been twenty years in practice. Had the Edinburgh College in the first instance granted their licence to Medical Practitioners only, say thirty years of age, with both a Medical and Surgical qualification, they would have had more applicants and kept it much more select. Every Physician ought to be a Surgeon; what says the King of Poets, "A wise Physician, skilled our wounds to heal," etc.

October 11, 1859. I am, &c. M.R.C.S. and L.S.A.

Dr. Barker and Mr. Chavasse.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—To have to intrude in your columns again, in reply to Mr. Chavasse, is to me extremely painful. The more so because I feel the matter in dispute to be, in a scientific point of view, contemptible, its discussion derogatory to both combatants, and to your readers a grievous infliction. This then shall be my final reply, and it shall be brief.

1. While I have no such sufficient estimate of Mr. Chavasse's profoundest philosophies to care about pirating them; I could not touch his weakest sentiment without acknowledgment, if I felt that such sentiment were his and his alone. In all my writings nothing has caused me more anxiety than the endeavour to render just acknowledgment of all works and labours to which I have had resource. I owe most of my best friendships in the scientific world to this simple and merely honest line of conduct.

2. In my last letter (if the provocation into which Mr. Chavasse had roused me, did not destroy my meaning), I explained that some of the passages which he had given, while not in a strict sense claimable by him as original in idea, were by the accidental transfer of a foot-note from a little work on the Diet of Infancy, to the larger work on the Hygienic Management of Infants and Children, put forward as my own. I offered then, in a new edition of my work, to place this claim of Mr. Chavasse's on a correct footing; making him every due acknowledgment. *More* I could not do. *Less* I shall not do, whatever course Mr. Chavasse may follow. In the next edition of my book, Mr. Chavasse shall take his exact level in the list of authors on the subject considered.

3. Mr. Chavasse's last accusations I entirely repudiate. His method of proving a plagiarism is original to the last degree, and for it I give him full credit. By the same original plan that namely of culling out of the page of another author one sentence, the meaning of which could only be expressed in one way, as for instance, "wet feet are a cause of cold," or "the head is to be kept cool," and making of this a plagiarism because he himself has somewhere expressed the same thought,)—by the same plan, I repeat, I could prove with equal ease that Mr. Chavasse must have stolen a good many sentences from Galen, for which he in his turn is indebted to Hippocrates.

The following is an illustration of the mode in which a charge of plagiarism may be concocted. On the temperature of the nursery, I have made the following remarks, but the italicised passages Mr. Chavasse has carefully omitted to insert. "A *good* thermometer, *(this precaution is necessary, for the instruments commonly sold are often found to be worthless,)* should be considered an indispensable appendage to the nursery. *In recommending the use of the thermometer, I do not intend to imply that all its minute variations must be attended to, so as to lead us to alter the dress or abridge the open-air exercise of children on account of slight changes of temperature; but this simple instrument might with great advantage be more generally used to indicate the more important or the wider and more abrupt changes from heat to cold and vice versâ, to which our climate is liable.*" We both allude to the temperature of the nursery, and so do twenty other writers on the subject, but Mr. Chavasse mutilates my passage on the thermometer in order to charge me with plagiarism. So with the other passages. He has very disingenuously omitted many important lines, and twisted and turned the extracts in such a way that I had great difficulty in finding them out. The *middle* of one paragraph he has placed as the *commencement*, in order to suit his own views; and has inserted a full stop in the middle of another sentence where there is simply a comma, followed by other important lines, which he has omitted, and which could not be omitted without mutilation.

4. Mr. Chavasse makes the extraordinary statement that "twenty years ago there was scarcely a work written on the maternal management of infants and children." To enumerate a tithe of the writers who have preceded him in this department would be a laborious task. It would not, however, be profitless for Mr. Chavasse to do this, inasmuch as he would see how he has been forestalled in almost every sentence he has written. As the subject is his "favourite study," this interesting Bibliographical exercise may be left in his hands. Anyway, he must pardon me if I decline to do it for him.

I need add no more, Sir. If an apology, scarcely required, which I at once tendered to Mr. Chavasse, together with the most liberal offer I could make, is no satisfaction to him; if the assertion, perfectly correct, that I have not, and could not have, any object or intention of doing him a wrong, is unavailing, he must wait for the rest. I have done with the matter. I am, &c.

Herbert Barker, M.D.

[We have now published two letters for each of the disputants. We cannot afford further space for the discussion.—Ed.]

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Robert Lee; Dr. West; Dr. Harley; Mr. W. Adams; Dr. Pavy; Dr. Tanner; Dr. R. D. Thomson; Mr. Mitchell Henry; Mr. Henry Thompson; Mr. Haynes Walton; Mr. Laurence; Mr. Owen; Mr. Knaggs; Registrar-General, London and Edinburgh; Council of King's College; Dr. Whitehead; Mr. Stokes; Mr. Harle; Mr. Rivers; Mr. Roots; Mr. Cunningham; Mr. Porter; Dr. Cunynghame; Dr. Berncastle, Sydney; Dr. Wilks; Dr. W. Ogle; Cavalier Poletti; Mr. Copney; Mr. A. Roberts, Sydney; Dr. Cuthbert, Londonderry.

APPOINTMENTS FOR THE WEEK.

October 22. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

24. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. "Clinical Discussion."

25. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m. Soirée.

26. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

27. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

28. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Mr. Fergusson—Closure of Opening into Bowel; Dislocation of Elbow (2 cases); Varicose Veins; Necrosis of Finger. Mr. Wood—Ligature of Nævus.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIII.

ON OVARIAN DROPSY.

Gentlemen,—During the course of the session we have had in the Hospital several cases of Ovarian Dropsy, one of which ended fatally, after a simple tapping, and was made the subject of a clinical lecture on Surgical fever. There is at present in the ward a patient who has been for several years the subject of this disease, and whom I tapped here, for the first time, about four years ago. A great quantity of fluid was withdrawn at that time from a large and prominent cyst, and the patient has remained in a state of comparative health till about a year ago, when the tumour again began to enlarge, and it has now attained such a size as to have become once more a cause of great inconvenience and distress. This enlargement has not taken place, I believe, in consequence of the cyst, which was formerly evacuated, having again refilled, for that in all probability became obliterated by the iodine injected after the former tapping; but, as was then ascertained, there were a large number of smaller secondary cysts also present, many of which seem now to have become distended with fluid and enlarged, so as to produce the present bulk of the tumour. Into the most prominent of these cysts I introduced, a few days ago, an ordinary trocar and canula, but, as those of you who were present had an opportunity of seeing, the fluid that escaped was only very trifling in quantity, and even after I had ruptured the septum between that cyst and a neighbouring one by means of a long probe passed through the canula, the quantity of fluid drawn off was still too small to lead to much appreciable difference in the size of the tumour, or to afford the patient any degree of permanent relief. She is, therefore, to be sent home, and advised to wait for a while, in the hope, that, after the lapse of a few months, the septa between the cysts shall have become thinned and broken down, and one large single cyst shall have been formed from the communication thus established between a multitude of smaller ones, when we may hope to obtain a better result from the operation of paracentesis. From this case, then, let me take occasion to tell you something regarding the nature and treatment of the disease, from which the patient suffers, and first of all as to

The Pathology of Ovarian Dropsy.

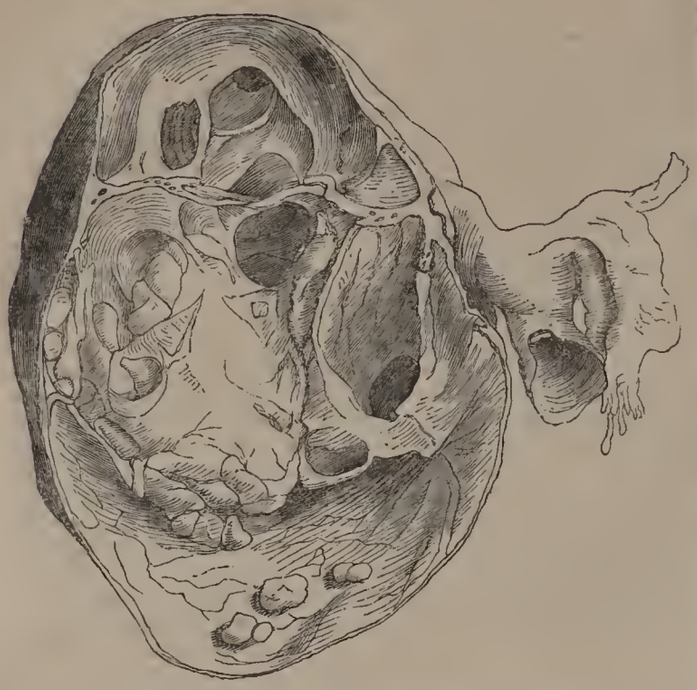
The ovary, like all other organs of the body, is liable to various forms of disease, and to become the seat of different kinds of morbid growth. But the form of disease or degeneration to which it is above all others prone, is that commonly spoken of as dropsy of the ovary, consisting of a hypertrophy of the organ from the development in it of a number of large cysts or sacs filled with serous fluid. The ovary consists normally of an aggregation of many minute cysts—the Graafian vesicles, which are the essential elements of the organ, inasmuch as in them the ova are formed. These cysts are imbedded in a fibrous stroma, serving to support and separate the different sacs, and to permit of the ramifications of vessels and nerves in their exterior. Now it is a well-known and often exemplified law in general pathology, that when any organ becomes the seat of a new or morbid growth, this new or morbid growth most readily takes on a form of development leading to the formation of a tissue akin to the normal anatomical structure of the organ in which it has its seat. It is in accordance with this great law that the ovary is so pre-eminently prone to become the seat of cystic degenerations. But we meet with various forms of cystic degeneration or disease in the ovaries and their neighbourhood. Within the external margin of the broad ligament, where the peritoneal layers pass downwards and backwards from the fimbriated extremity of the Fallopian tube to meet and invest the ovary, there lies a fibrous-looking, fan-shaped structure, imbedded in the folds of the peritoneum, and known as the organ or body of Rosenmüller—a body of but little importance in the adult, and rarely made a subject of anatomical or pathological observation. In the fœtus, however, it is relatively much larger than in the adult, and is an object of correspondingly greater importance. I have sometimes had occasion already to refer to some of the analogies between the different segments of the male and female organs of generation, and to point out the unity of structure that pervades the two sets of organs; and I may here state that the body of Rosenmüller is in all probability, as pointed out by Kobelt, who has named the organ in question the Pro-ovarium, the analogue in the female of the male epidydymus. They each represent, at least in their respective sex, the remains of an organ of great size, and apparently of great importance in fœtal life—the Wolffian body. But what I want more particularly to say at present with regard to the pro-ovarium is this, that being the remains of an organ of tubular structure, the tubuli do not all become entirely obliterated and degenerated into mere fibrous cords, for some of them retain their original character till far on in adult life, and occasionally a secretion of serous fluid takes place into these cæca or tubes, distending and enlarging them, and so producing one of the forms of cystic degeneration so often met with in this locality. The form I allude to consists of cysts between the layers of the broad ligaments, or elongated pediculated cysts attached to the fimbriated extremity of the Fallopian tubes, or their neighbourhood. It is not, however, of this form of cystic disease that I am now to speak, nor of that form of dropsy, which depends on partial obliteration or occlusion of the Fallopian tube and its distension by the secretion of fluid into it between two obliterated points. We put these out of the category of cases of ovarian dropsy, seeing that they have not their seat in the ovary itself, but only in the organs nearest it, and pass on to the consideration of the various forms of cystic disease to which the ovary itself is liable.

1. *Unilocular Dropsy of the Ovary.*—The simplest form of ovarian dropsy is that where there is one single large cyst developed in one or other ovary, with very thin walls, and filled with a simple serous fluid. This is the form of the disease which we most desire to meet with in practice, for it is that which is most amenable to treatment, and in regard to which we may always most confidently hope for a favourable termination. Unfortunately, however, the unilocular ovarian dropsy is a very rare type of the malady; for far more frequently we find it presenting itself, as in the case of all the Hospital patients you have had occasion to see, in the form of

2. *Multilocular Dropsy of the Ovary.*—In this form of tumour we have not one single cyst, but a vast number of cysts of different sizes, usually, however, with one or two of these greatly predominating in size over the others. Multilocular ovarian tumours may be found of every possible size; and it is among this class that we find those rarer cases from time to time occurring in which the tumour is recorded to have attained to almost fabulous dimensions. At first, however, they are of small size, and the diminutive cysts of which they are made up are all pretty nearly of the same dimensions. The great subsequent bulk of the tumour is usually produced by the excessive development of a few of the peripheral sacs, one or two of which usually come to be much more distended and prominent than any of the others. It is a matter of very great practical importance to remark and remember, in regard to the growth of multilocular ovarian tumours, at what part of the mass it is that the greatest enlargement of the several cysts generally takes place. Fortunately for the prospects of successful treatment, the cyst or cysts which take on the greatest and most rapid growth are, as I have said, those which are placed towards the surface of the tumour, and at its upper and anterior surface. The largest cysts thus, as a general rule, fortunately come to lie, as development proceeds, high up in the abdominal cavity, and closely applied to the internal aspect of the anterior abdominal walls, through which they can most readily be reached by the trocar and canula, and thus most readily evacuated and obliterated. This development of the cysts in the superior and anterior aspect of the periphery of the tumour takes place in accordance with a general pathological law,—viz. That the extension of a morbid growth,—especially if it contains fluid,—goes on most actively in the direction where it meets with least

resistanee to its increase from the normal anatomieal struetures of the body. The firm floor of the pelvis presents an

Fig. 1.



Ig. 1.—Section of a Multilocular Ovarian Cyst, showing secondary cy ts on the walls of the largest primary cyst, and broken down dissepiments between others.

unyielding obstacle to the growth of the tumour in a downward direetion, so that the cysts at the lower part of the tumour having no room to become enlarged and extended, remain, in general, comparatively small and undeveloped; while the cavity of the abdomen, filled only with the soft and mobile viscera, and closed only in front by the distensible abdominal museular wall, affords free spaee for its enlargement upwards and forwards. In this direction, aecordingly, the development of a dropsieal or multiloeular ovarian tumour chiefly oeeurs, and partly by the breaking down of the septa between cysts originally distinet, but more by the seeretion into the cysts of a quantity of serous fluid, or gelatinous matter, the cystic mass often finally ends in the formation of a single large prominent cyst, or of two or three prominent and predominating cysts, whieh then become more aecessible for tapping. Sometimes you will find a few cysts of smaller size lying higher up even than this large and prominent sac. For oecasionally when cysts are at first divided by very thick dissepiments, these may resist the proeess of atrophy whieh oeeurs in the great majority of them, and leads to their destruetion, and the fusion of eontiguous eells; and then the cysts thus surrounded by a thick wall may remain even in the very summit of the tumour, projeeting into the eavity of the large cyst, and appearing like a new tumour growing on the interior of its wall. But fortunately for the Practitioner, I again repeat, it is not the cysts which are situated lowest down in the pelvis that grow the quickest, and enlarge the most, but those whieh are situated above, and stretch up behind the thin abdominal parietes, through which they may readily be reaehed by the point of the troear.

3. *Colloid Tumours of the Ovary.*—Though the form of tumour I have just been endeavouring to describe, made up of a multitude of cysts of different sizes filled with fluid or semifluid matter, is by far the most frequent in praetiee, yet there is another variety of cystic degeneration of the ovary that is by no means rare, and in whieh we have no cysts enlarging to any remarkable degree at the expense of the others, but the whole mass goes on enlarging more regularly, and the cysts are all more nearly equal in size, as may be seen from this drawing of the section of sueh a tumour. (See Fig. 2.) They are all rather small, separated by thin walls, and eontain a gelatinous matter, whieh does not readily run out when the cyst is opened, so that the tumour mantains a semi-solid, semi-cystic character throughout, and does not collapse when cut aeross. This is the so-ealled colloid tumour of the ovary, and you ean easily understand, from what I have just said, how little hope we ean have of benefiting

Fig. 2.

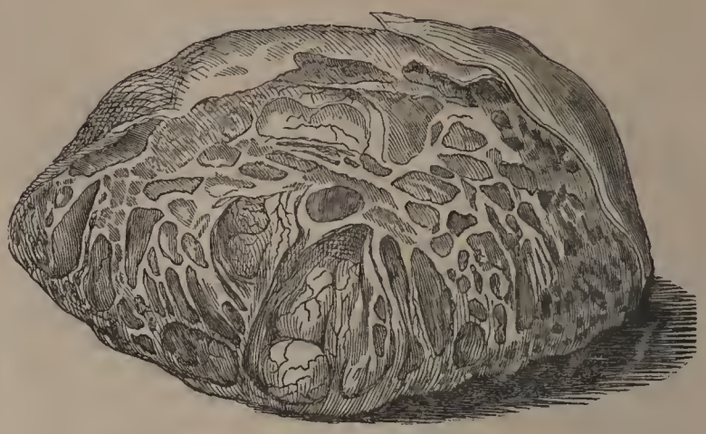


Fig. 2.—Section of a Colloid Tumour of the Ovary.

sueh a ease by the operation of paraeentesis. It is in this class of eases that we meet with most of the instanees of unsueeessful attempts at tapping; and the only permanent surgieal means is perhaps ovariotomy.

4. *Carcinomatous Tumour of the Ovary.*—Then we have a fourth form of ovarian tumour, whieh is fortunately rarer than most of the others, for it is the least amenable to treatment of any, and from its rapid growth it leads more rapidly to a fatal termination. The ovary is far from being a frequent seat of malignant disease, and when careinoma does attaek that organ, it usually assumes the form of eneephaloma, with a number of cysts or eavities filled with a turbid fluid seattered throughout the mass. Sometimes the growth appears to be of this malignant eharaeter from the very commeneement, but in other cases the malignant disease apparently supervenes at a late period in a tumour originally simple; a degenerative change taking plaee in the dissepiments of the tumour, which complieates the diagnosis, and eompromises still more all the patient's ehanees of reeovery.

5. *Stearoid Tumours of the Ovary.*—There is yet another form of cystie ovarian disease, whieh is still rarer than any of the others, and regarding whieh I am not at present going to enlarge. This form of tumour seldom attains any great degree of size, and in a patient who is the subjeet of it, you can feel a fluetuating eystie portion above, usually of about the size of a child's head, or a little more; and below, in the pelvis, there are some hard, unyielding nodules, which have all the firmness of a scirrhous mass. When the cyst is tapped, a yellowish creamy fluid runs out, whieh looks deeeptively like pus; but after standing for a time it stiffens, and in part eonsolidates, and some of the matter that has first eseaped may have begun to coagulate ere yet the cyst is fully evacuated. The escape of a few hairs through the eanula may be the first objeet to excite a suspieion in your mind as to the real nature of the ease; for if you could have an opportunity of opening sueh a tumour, you would find most likely a quantity of hairs in it, growing from a pieee of true skin, which has become developed on the interior of the sae; and if there is a eross band in the cavity, you will probably find some teeth developed in it. Bones, resembling some of the various bones of the skeleton, are far more rarely found in them; and the eause of the produetion of all these highly-organised structures in the interior of a morbid growth forms an interesting but very diffieult and debateable subject of pathological investigation, on the diseussion of whieh I have no time now to enter. Let me rather pass on to the consideration of the ordinary eourse of a ease of multiloeular ovarian dropsy,—as the usual form of ovarian dropsy,—and the different modes in which the eommon type of the malady may terminate.

(To be continued.)

The house of Théophraste Renaudot, the Physician, who about 1630, invented Journalism, the *Gazette de France*, "Monts-de-Piété," and "Bureaux of Infermation," etc., is on the point of being demolished, in order to make way for the continuation of the Boulevard de Sébastopol at Paris.

ORIGINAL COMMUNICATIONS.

ACCOUNT OF A CASE IN WHICH

THE INVERTED UTERUS WAS REPLACED

AFTER A LAPSE OF NEARLY TWELVE MONTHS.

By CHARLES WEST, M.D.

Physician to the Hospital for Sick Children, and Physician-Accoucheur to St. Bartholomew's Hospital.

In the Forty-first Volume of the *Medico-Chirurgical Transactions*, a case is recorded by Dr. Tyler Smith, in which that gentleman accomplished the replacement of a uterus after it had been inverted for twelve years. The means by which he effected this consisted in the introduction of an air pessary into the vagina, and the maintenance thereby of constant pressure against the fundus of the womb, while endeavours were made by daily manipulation of the organ with the hand to assist its reposition. In the second edition of my "Lectures on the Diseases of Women," at page 236, I have observed with reference to this case, that—"Further experience alone can show how far the principle here adopted, of steady continuous counter-pressure may prove successful; but the simplicity of the plan commends it; and we would hope that the result obtained by Dr. T. Smith may turn out to be, as I quite believe it to have been, more than a mere happy accident."

I have now the pleasure to report the particulars of a case which quite confirms these expectations; and at the same time to congratulate Dr. Tyler Smith on the happy ingenuity which devised a remedy so simple, so safe, so certain for an accident formidable in all cases, fatal in many; and for which the only modes of treatment previously known were either miserably inefficient or frightfully hazardous.

A. A., aged 25, applied at the out-patients' room of St. Bartholomew's Hospital, August 27, 1859, when she gave the following history of herself:—

She had been married five years, and had given birth to two children, of whom the former was born after a natural labour two years and a-half since; the second on October 16, 1858. The child in this instance also was born alive after an easy labour, but the placenta was retained for three and a-half hours, during which time very great hæmorrhage took place, and in consequence of it the patient became insensible, and was, therefore, unable to say whether it was eventually removed by hand, or expelled by the natural efforts. She was left by her labour in a state of such extreme weakness that she was quite unable to suckle her child; and suffered in addition from much pain in the abdomen and diarrhœa. These ailments confined her to bed; and at the end of five weeks phlegmasia dolens of the right leg came on, for which leeches were applied, and other treatment was adopted, until, at the expiration of seven weeks, she sought admission into the London Hospital, where she remained for a month, and left the Hospital much benefited as far as that ailment was concerned.

Soon after leaving the Hospital, and about three months after confinement, the menses first reappeared. From the first they were profuse, and intermingled with coagula; they lasted longer than natural, and returned more frequently, and for some time she had completely lost count as to when her periods were due, so frequent was their return, so almost constant their presence, while an abundant yellowish leucorrhœa appeared immediately on the cessation of the sanguineous discharge. The return of the hæmorrhage compelled her on each occasion to keep her bed; but in spite of this precaution she had been reduced by it to a state of the most extreme exhaustion, her skin was sallow, her pulse very feeble, and very frequent, and she had the aspect of a patient suffering from advanced malignant disease.

On making a vaginal examination, a tumour of an oval form was discovered hanging down for about two inches and a-half through the os uteri, which closely surrounded, but did not constrict it. Suspicion was raised as to its nature by finding that the pedicle of the tumour was of the same thickness as its extremity, and also by the fingers when passed up behind it encountering a *cul-de-sac*, as if the uterus, with the exception of its orifice, were inverted. Hæmorrhage was not excited by the examination, but a rather abundant blood-stained purulent leucorrhœa. The patient was at once admitted into the Hospital, and on the 29th the diagnosis was established by the following means:—

1st. The uterine sound carried round the pedicle of the tumour encountered resistance to its further passage all round at the distance of half an inch. The finger, though introduced easily behind the tumour, could not be passed in front of it, as the anterior lip was too closely in contact with it.

2nd. The fingers introduced into the rectum could without much difficulty be carried above the fundus of the tumour, showing that the body felt per vaginam was not an outgrowth from the uterus, but the uterus itself in an altered position.

3rd. If while one hand was in the vagina the other was pressed firmly over the symphysis pubis; at first, no body was felt between the two hands. Pressure made against the tumour in the vagina, however, brought it before long within the grasp of the other hand, when it was possible, through the thin abdominal walls, not only to distinguish its contour, but even to perceive the circular depression in its upper part which indicated the point of inversion of the womb.

Dr. Tyler Smith's case suggested an imitation of his proceedings, and, accordingly, after efforts made with the hand by grasping and compressing the womb to restore its position, or at least to render it more yielding, an air-pessary was introduced into the vagina and inflated to as great an extent as the patient could bear. On the following morning the os uteri was found much more dilated, and its tissue much more yielding, so that the fingers could now be passed all round the tumour with ease, and everywhere discovered the inversion of the substance of the womb. Manipulation of the inverted uterus was repeated daily until the 5th of September, and the pessary was on each occasion reintroduced and reinflated, with the exception of one day, on which it was discontinued, in order to obtain relief for the bowels.

It did not seem, however, that much was gained by the proceedings beyond that increased dilatation of the os which was obtained by the first introduction of the pessary. The vaginal walls, indeed, were rendered more yielding by the extension to which they had been subjected by the pessary, so that the whole uterus admitted of being pushed up in the pelvis more readily than before, but no change was effected in the relation of the inverted body itself. A very offensive leucorrhœa had been excited by the pessary, and its distension had occasioned a very painful stretching of the vagina; but in spite of this the patient's health was already much better than at the time of her admission; she had already gained strength, and her complexion had lost something of its sickly hue.

I now attempted to modify the instrument, and had a pessary constructed so as to expand at its upper third more than elsewhere, in order to avoid needless stretching of the vagina; while it was fitted, by means of a wire stem, to a girdle which encircled the body in order to obtain a fixed point from which the pressure should act; a condition altogether absent in the air-pessary as at first employed.

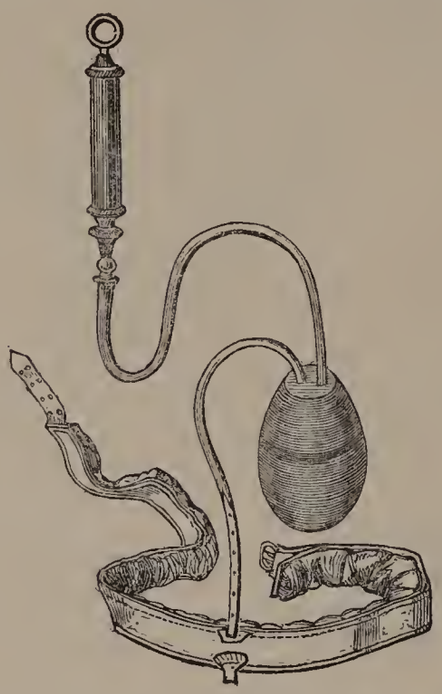
This was first tried on September 20th, the patient having remained since the 5th without any attempts at the replacement of the organ. Some advantage seemed to be gained by the pessary thus modified. It retained its position well, and seemed to produce less discomfort, and to cause a less profuse and less offensive discharge. Still it did not appear to exert any influence on the uterus itself, its force being rather expended in stretching the vagina.

After a few days' trial, I accordingly removed it, and had another constructed of smaller dimensions, under the impression that if it were introduced within the os uteri and there inflated it was more likely to expand the uterine walls, and thus to replace the organ than by any mere pressure exerted from below upwards against the fundus of the womb. On October 3rd this new apparatus was introduced for the first time, and though no effect was produced in the first twenty-four hours, it was reintroduced on the 4th, and allowed to remain for forty-eight hours in its position. On the 5th the patient complained of a good deal of pain in the abdomen, though not of more than she had experienced on some former occasions; and it was with a feeling of glad surprise that on the 6th it was discovered that the organ had resumed its natural position.

The os uteri was widely open so as readily to admit two

fingers, and its lips were much swollen, the uterine sound passed nearly three and a half inches, and the womb was now felt in its natural position by the hand placed over the pubes. The patient was kept quiet in bed, and for the next twenty-four hours, the urine was drawn off by the catheter. On the 7th the sound ascertained that the womb still retained its proper position. Menstruation came on on the evening of that day, and continued scantily until the 11th; and on the 13th the sound discovered the uterus to have somewhat contracted, and now to measure scarcely three inches; and on the 18th the patient left the Hospital apparently in perfect health, and having walked about for some days without inconvenience.

I append a drawing of the form of pessary which at last effected the replacement of the womb. The sole merit in such a case belongs to the person who first suggested the pro-



ceeding, and first by actual experiment proved its utility; but a few remarks on the best mode of employing it may be of service to those who hereafter may meet with a similar case.

1st. Neither in this case nor in another which came under my care, some ten years ago, did any benefit appear to result from manipulation of the womb, or from any attempts with the hand to replace the organ, or to reduce its bulk. The utility of such endeavours will, I apprehend, be limited to instances of recent inversion, or to those exceptional cases in which the womb remains comparatively yielding and flaccid some weeks after the occurrence of the accident, as it appears to have done in those reported by Dr. Belcombe (a), and Dr. Miller (b).

2nd. Many inconveniences attend the employment of the common air-pessary, partly from the want of some fixed support to retain it in its place, and partly from the circumstance that the pressure it exerts being equal in all directions; a most painful distension of the vagina is inseparable from any attempt to exert efficient counter-pressure against the inverted womb.

3rd. This disadvantage may be easily overcome by means of a belt to fasten round the waist, the anterior half of which made of steel, serves as a fixed point for a metallic wire, which is attached to a small wooden disk or cup that bears the pessary. The pessary itself, made of vulcanized india-rubber, and in this instance four inches long by five in circumference at its middle, was rendered comparatively inelastic at its lower half by the introduction of several layers of linen between the folds of the india-rubber, while no such material intervened to prevent the full expansion of its upper half when it was filled with air by means of the syringe through the elastic tube that was connected with it. By this means continued pressure was exercised against the fundus of the inverted uterus, without painful distention of the vagina.

4th. I am uncertain as to the exact mode in which the replacement of the uterus is effected, and doubt whether it is due to the direct pressure of the pessary against the fundus of the uterus, so much as to the unfolding of the uterine wall by the instrument when introduced into the shallow *cul-de-sac* within the os uteri, formed by the still uninverted portion of the cervix. If this supposition be correct, one's endeavour in any future case would be, first, to introduce a small pessary within the os, in order to dilate the aperture, and to follow this up by the employment of one somewhat larger, with the view of thus unfolding the wall of the organ, rather than to force the fundus upwards by direct pressure against it.

(a) *Medical Times and Gazette*, 1841, Vol. VII., p. 783.
(b) *Edinburgh Monthly Journal*, December, 1851.

A CASE OF MOVEABLE KIDNEY.

By GEORGE JOHNSON, M.D., F.R.C.P.

Physician to King's College Hospital, Professor of Materia Medica and Therapeutics in King's College, London.

The subject of moveable kidneys has within the last few years been treated of by various authors. Rayer (a) gives the particulars of eight cases, and insists, with much reason, on the practical importance of a correct diagnosis. Oppolzer (b) has directed attention to the same subject. More recently, Dr. Hare (c), in a series of communications to this Journal, has treated the whole subject in a very able and lucid manner, and has given the particulars of six cases which have occurred in his own practice. Six cases have also been published by Hennoch (d) as having occurred within a comparatively short period in his practice. The following case affords, as I think, another illustration of the subject, and possesses in itself some points of peculiar interest.

During the present month of October I was asked to see Mrs. ——, a lady about 34 years of age, of spare habit, who had never borne children. I learnt that for some years past she had been in a somewhat delicate state of health, and that on three or four occasions during the last twelve or fourteen years she had suffered severely from what she had been told was stone in the kidney It was for an attack of this kind that my attendance and advice were now required.

No opportunity being afforded me of consulting with any previous Medical attendant, I had to unravel the history of the case as best I could by the help of the patient and her maid. From them I learnt that these so-called attacks of stone in the kidney had never been attended with vomiting or hæmaturia, and that no stone or gravel had ever appeared in the urine—facts sufficient to justify a doubt as to the existence of renal calculus. I further ascertained that the bowels were habitually costive, and on examination of the abdomen, the walls of which were quite flaccid, I distinctly felt a hard mass in the position, as I supposed, of the descending colon. I now concluded that the severe abdominal pains which had existed for some days past were the result of a fæculent accumulation in the large bowel, and accordingly I directed the use of a copious enema of thin gruel. The result was the removal of a very numerous collection of scybala, with great relief from the pain. To my surprise and disappointment, however, I found that the tumour, though somewhat less prominent, was still palpable, and apparently unreduced in size. This might, perhaps, be due to some remaining scybala, but an enema introduced far into the bowel by means of the long tube, and this followed by a dose of castor-oil *per orem*, brought away very little solid matter, and the tumour remained as before. Meanwhile, the patient's tongue, which had been thickly coated, was rapidly cleaning, and the pain was gone; I had satisfied myself that there was nothing abnormal in the character of the urine, and there was every sign of a speedy convalescence.

The tumour was now the only source of anxiety, and suggested fears of some malignant growth, or perhaps inflammatory thickening of the bowel, as a consequence of long-

(a) *Maladies des Reins*. Vol. III. p. 781.
(b) *Medical Times and Gazette*, 1857. Vol. I. p. 575.
(c) *Medical Times and Gazette*, 1858. Vol. I. p. 7, &c.
(d) *Klinik der Unterleibs-Krankheiten*. Band III. p. 367.

continued irritation, produced by fæculent accumulation there. At length, after two or three careful examinations, I arrived at the conclusion that the tumour in question was neither more nor less than a moveable left kidney; and the following are the chief reasons for that diagnosis:—In size, form, and consistence, the tumour exactly corresponded with the kidney; the lowest point to which it could be made to descend was the umbilicus, from the left side of which it was freely moveable upwards, and it could readily be pushed beneath the ribs. When the fingers of the right hand were pushed into the patient's left flank, and those of the other hand placed in front, to the left of the umbilicus, the tumour could be easily and quickly pushed to and fro between them. This movement was effected without pain to the patient, who complained of some degree of tenderness only when the tumour was firmly compressed. She told me that she had often, when lying on her back, felt the tumour with her own hand, and that she has frequently experienced a sensation as of something solid moving within the abdomen, as well as a rather painful sense of dragging when standing or walking. I now had the satisfaction of assuring her that the tumour in question, although a source of some inconvenience, need occasion her no anxiety, and I suggested that besides having recourse to means for promoting a regular action of the bowels, she should wear an elastic abdominal belt as a support; but I have not yet had an opportunity of learning the result of this advice.

There seems no reason to suppose that the co-existence of the fæculent accumulation in the bowel with a moveable condition of the left kidney, was other than accidental. I have only to add that the right kidney, which in the majority of instances recorded has been the more moveable one, could not, in this case, be felt below its normal position.

11, Savile-row, W.

REPORT OF THE MEDICAL DIRECTOR-GENERAL OF THE RUSSIAN NAVY,

FOR THE PERIOD BETWEEN NOV. 1, 1857, AND OCT. 31, 1858.

Translated from the "Morskoi Slornik," a Russian Official Journal,

By JOHN MICHELL, Esq.

(Continued from page 402.)

CHIEF DISEASES.

ALTHOUGH no epidemics, in the strict sense of the word, were prevalent during the past year, attention has been directed in some localities to a considerable prevalence of catarrhal and rheumatic fevers, often in combination with local inflammations. Typhoid fevers arising from the two former classes of disease likewise occurred. Intermittent fevers continued to rage in some localities, especially in Archangel; in some places cholera again broke out, but without attaining a development to necessitate the adoption of any extraordinary precautionary measures.

Typhoid Fevers, as stated above, originated mostly from the typhoid character assumed by fevers of a catarrhal and rheumatic nature; and it was very rarely, and only in isolated cases, that they occurred in their typical form, the majority appearing in a slight development with typhoid symptoms of a mild form. The most ordinary symptoms which accompanied these fevers was a determination of blood to the head, attended with violent pain; affections of the bowels were rarely met with. In general these fevers were nowhere distinguished by the number of cases or any particular virulence.

The total number of cases of fever which assumed a typhoid character was 552; of this number 86 died.

Cholera, which continued to prevail the whole year at St. Petersburg, only broke out afresh at Cronstadt, and at the factories on the River Ijora. The cases of cholera at St. Petersburg were not numerous. In the Kalinkin Hospital in that city there were seventy-three cases of this complaint, of which forty were fatal. In the Naval Hospital of Cronstadt, the number of cases between June 4 (16), the day of its first appearance, and October 28 (November 9), the date of its disappearance, entered of all branches of the service was 283, of which 144 proved fatal; of the former, 138 cases occurred among seamen, 58 proving fatal. In females the fatal terminations were 22 out of 31 cases. The disease attained its greatest development at Cronstadt in the month of July, which was marked by the occurrence of 179 cases. Such a strong relative mortality from cholera as given above, proves the disease has not yet lost its intensity. Its malignity, however, as deduced from the foregoing figures, should not be regarded as absolute, there being obviously a lesser rate of relative mortality in the cases in which seamen were attacked, in comparison with those that occurred among men belonging to other services and occupations. Of the latter the greater number were free labourers, existing under very unfavourable hygienic conditions, and in most cases only recurring to Medical assistance after the disease had gone through its first stages. The following circumstance supports the argument:—In July, a considerable number of men belonging to the Sixth Equipage of the Fleet came into Hospital with cholera; the cause of these attacks was traced to their being obliged to use water of a brackish taste from alongside the ship while at anchor for four days in Cronstadt road; at the same time they were subjected to much extra labour, owing to the ship being hurriedly fitted out for sea. No sooner were these conditions removed, than the number of cholera cases considerably decreased. No man was attacked with cholera at the Ijora factories; women and children were subjected to the number of 102, the fatal terminations being 65. No other localities were marked by the appearance of cholera among the seamen of the navy, and by November 1 (13), 1858, cases of cholera had entirely ceased to be reported. Numerous facts have demonstrated that all epidemics, and cholera in particular, may be greatly arrested by a recourse to proper sanitary measures; the Medical department of the navy has again issued strict orders for punctual conformity to all prescribed sanitary regulations (a).

Total number of cases of cholera	492
Fatal cases	240

Intermittent Fever, indigenous mostly to the southern ports of the empire and to marshy localities, prevailed to a considerable extent in the Black Sea, especially at Sevastopol and Taganrog. In Astrakhan it exclusively formed the prevalent disease of the year; in other places it was rarely found, except at Riga, where its appearance was not infrequent. The phases of the disease were for the most part irregular. Malignant fevers (*intermittentes perniciosæ*) were rare, and the sequelæ, such as abdominal obstructions, dropsy, etc., were of more frequent occurrence than usual. Total number of cases of intermittent fever, 1218. No deaths.

Scurvy.—Particular attention has been directed to arrest the spread of this disease among the seamen of the navy, and the sanitary measures adopted, together with the absence of recruits, have conduced to reduce considerably the number of cases in comparison with former years. The Report for 1857 already showed a very great improvement under this head; but in comparison with 1857, the result of this year is as 1 to $2\frac{1}{3}$. It is scarcely possible to expect to eradicate this disease entirely, however the condition of the seamen may be ameliorated; for it cannot fail to be produced under an unavoidable pressure of labour, under the influence of cold and unfavourable weather, and particularly during long voyages, which are necessarily accompanied by various moral and physical deprivations. Scurvy will also arise in the cases of young recruits, unaccustomed to the hardships of a seafaring life; and grief at leaving their homes has been known to develop scorbutic tendencies amongst them, without any other apparent cause. The highest ratio of scorbutic cases this year occurred at Archangel, where it was $1{\cdot}19\frac{1}{2}$. At other places it was as follows:—

Factories on the Ijora River	$1{\cdot}38\frac{7}{8}$
Cronstadt	$1{\cdot}62\frac{1}{3}$
Revel	$1{\cdot}88\frac{1}{2}$
Astrakhan	$1{\cdot}92\frac{13}{16}$
Nikolaef	$1{\cdot}97\frac{4}{13}$

In other localities, scurvy was still less prevalent. The disease has only been found in a very light form, and, with the exception of a very few cases, has been easily amenable to

(a) It is remarkable that on the adoption of those measures, which consisted among others in allotting a separate part of the building to all cholera patients, and in more extensive use of chloride of lime for the disinfection of the evacuations of cholera sick, of their clothes, &c. &c., there has not for the last two years been a single case of cholera attacking other sick in Hospital.

treatment, particularly in summer. At Cronstadt, a remarkable case of a scorbutic affection of the heart and chief vessels occurred, attended with very considerable exudation of blood, etc., under the pectoral integuments, which required an incision for its removal, the patient subsequently regaining perfect health. Severe cases of scurvy occurred in some lighthouses, owing to communication with the land having been cut off for a considerable period; of these six terminated fatally. A village situated fourteen miles from one of these lighthouses was attacked by the disease, and carried off twenty men. Medical assistance having been sent to the spot in the middle of the month of June, forty-nine men were found to be suffering from it.

Total number of scorbutic cases	564
Deaths in lighthouses	6

Syphilis.—The sanitary measures recently adopted by the police for preventing the spread of this disease, have not yet been attended with the satisfactory results anticipated. Notwithstanding the reduction of the strength of the navy, the number of syphilitic cases exceeds that of last year by 8¾ per cent. In inquiring into the probable cause of such a considerable increase, it naturally occurs that the cause is partly attributable to the insufficiency of the measures adopted, partly to the now ameliorated physical condition of the seamen, who being better fed and less worked, have necessarily more time and inclination for sensual indulgence. Amongst the other measures adopted, a Commission was appointed and opened in the month of April, 1858, for the examination of vagrant women, one of the chief sources of the infection. A visible diminution in the number of cases has been observed since the month of August under the operation of that Commission.

The ratio of syphilitic cases to the total number of men in health was as follows:—

Revel	1·8	Nikolaef	1·26
Taganrog ..	1·10½	Astrakhan ..	1·30
Sevastopol ..	1·14	St. Petersburg ..	1·36
Cronstadt ..	1·14	Ijora Factories ..	1·46
Archangel ..	1·19	Sveaborg	1·74

Total number of syphilitic cases ..	2291
Fatal	3

Ocular Diseases were less prevalent this year; a great number of cases, however, occurred at Nikolaef, Cronstadt, and St. Petersburg, owing to atmospheric influences, and in some cases to the nature of the work. The disease was almost entirely confined to the catarrhal affection of the conjunctiva: granulations occurred in some cases, and, at Nikolaef, formed the exclusive phase of the disease. Acute inflammation was seldom met with, and only in cachectic cases, or where affections of the eye had already existed The treatment of ocular diseases has been very successful.

Total number of cases of ocular affections ..	1583

Natural Small-pox.—In the majority of the naval stations there were no cases of this complaint; in some places it occurred in a very sporadic form, and without anywhere attaining a malignant character.

Total number of cases of natural small-pox ..	18 cases.
Fatal termination	1 ,,
Vaccination has this year been performed in	3380 ,,
Successful in	3153 ,,

External Injuries occurred in the ports during the fitting out of vessels, and consisted chiefly in simple and compound fractures of the bones of the extremities; fractures of the clavicle being also not unfrequent. Dislocations were more rare. A considerable number of the cases of external injuries required important surgical operations.

Total number of cases of external injuries ..	697
Recovered by November 1, 1858	610
Fatal cases	13

(Signed) ROSELBERGER.

THE CHOLERA AT WICK.—The "John O'Groats Journal" states that since Wednesday week there have been six deaths, all of them occurring on the Wick side of the river. The deaths bear a large proportion to the number of people who have been ill. At present there are two serious cases of illness in Pulteney-town. The total number of deaths since the appearance of the disease is now 21, 18 of which have occurred in the town.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

TRACHEOTOMY PERFORMED FOR SUBACUTE LARYNGITIS.—THE TUBE WORN FOR TWO YEARS AFTERWARDS.

(Under the care of Dr. PEACOCK.)

THE following report contains further details of an interesting case which was recorded very briefly in our statistical summary. It is Case 14 in the table given this week:—

S. A. H., aged 26, a married woman, was admitted into Elizabeth's Ward, on July 16, 1857. She had then been suffering for a fortnight with cough and expectoration, and about a week before had begun to have a feeling of suffocation in the throat, and difficulty of breathing and of swallowing, but she had not had any medical advice. She stated that, in 1846 she had had inflammation of the kidneys, and in 1850 and 1853, attacks of inflammation of the chest.

When admitted into the Hospital she laboured under symptoms of subacute laryngitis; she breathed with great difficulty, and with a loud stridulous sound, and complained of pain in the region of the larynx, difficulty and pain in speaking and in swallowing. She spoke with a hoarse voice, and had a severe husky cough, but without material expectoration; she had also attacks of a suffocative character, which came on at frequent intervals. There was no appearance of recent or old ulceration in the fauces, and she denied having ever had any form of venereal disease. On the 17th, leeches were applied to the front of the throat, and a blister to the back of the neck, and small doses of calomel and Dover's powder, with the saline antimonial medicines, were given at intervals. On the 18th the leeches were repeated, and on the 19th a blister was applied to the front of the throat. Under these means she was greatly relieved; but having been exposed to the cold in leaving the ward, she was taken much worse, and on the 29th she was suffering from such urgent difficulty of breathing, that the trachea was directed to be opened should relief not be obtained, or should the symptoms become aggravated. The operation was performed at 4 a.m., on the 30th, by Mr. Williams, the House-Surgeon, and was attended by great relief to the dyspnœa. After four days she had improved so considerably that the tube was removed, and the wound was allowed to close. In two days, however, the symptoms again became so severe, that it was necessary to reintroduce the tube. On the 15th of August, she was directed to take the iodide of potassium in three-grain doses thrice daily, and the dose was gradually increased, till on the 14th of October she took nine grains three times daily. Under this treatment she very greatly improved; the difficulty of breathing subsided, and the secretion passed by the tube diminished greatly in quantity, and when the tube was closed she was capable of speaking in a full and tolerably clear voice. Whenever, however, the tube was removed, the difficulty of breathing returned and she was in the greatest dread of suffocation. The tubes were therefore gradually diminished in size, till she came to wear one of very small calibre, but still when the tube was removed the same difficulty occurred. The attempt to discontinue the use of the tube, therefore, was abandoned, and she was discharged from the Hospital in the month of March, 1858.

October 21, 1859.—Since her discharge from the Hospital she has worn the tube regularly; at present she seems in good health and has obviously gained flesh and strength. When the finger is placed on the mouth of the tube she speaks very distinctly, but her voice is still very slightly husky. She states that when the tube is removed to be cleansed she still suffers the difficulty of breathing and sense of suffocation. Ordinarily the tube only requires to be cleansed two or three times daily and sometimes once during the night, and it is removed once every week; but when she takes cold the secretion through the tube becomes much increased, and she has a troublesome cough and dyspnœa, sometimes difficulty also in swallowing. The secretion which passes by the tube is ordinarily only mucus, but it is occasionally bloody,

though the blood seems to be derived from the wound. She breathes freely, and has never any expectoration by the mouth. The chest is fairly developed and moves freely, and is apparently free from disease, but from the loud stridulous sound in the tube the respiratory murmur cannot be heard satisfactorily. The tube she wears is oval, and about 3-12ths of an inch in its largest diameter.

ST. BARTHOLOMEW'S HOSPITAL.

ANEURISM OF THE THORACIC AORTA—DEATH FROM RUPTURE—AUTOPSY.

For particulars of the following case we are indebted to Mr. R. Griffiths :—

J. G., aged 54, a muscular, well-developed man, temperate, and of healthy parentage, was admitted as an out-patient of St. Bartholomew's in the month of September last. He only attended a few times before his death, which occurred suddenly. His history was as follows :—With the exception of double inguinal hernia, of which he never complained, he had had "perfect" health until eighteen months prior to his decease. He had, however, been getting thinner for the last three years, having previously been corpulent. The first symptoms noticed referable to the disease which caused his death were first complained of in April, 1858, and were a constant, dull, aching pain under the sternum, which he attributed to "a cold," as he generally suffered more from the pain on such occasions. He suffered thus for two months, and then was free from pain, and apparently well until September, 1858, when he had pain on the right side of the chest about the nipple. It gradually increased, and remained until his death. It was described as often lancinating, and he would often assert that "there was something gathering there." He had, as attendant symptoms, giddiness and swimming in the head, coming on in slight attacks for about half-an-hour, during which he was compelled to sit down. Profuse perspiration of the head and face followed. The act of lying down was very difficult, from the increase of pain, but, when once recumbent, he was easy and slept well. The case was the same with rising in the morning. All these symptoms gradually increased, the giddiness becoming more frequent, and the unusual exertions difficult, especially sawing or planing, from the great increase of pain. He also mentioned a sensation "as if something was going to burst." He now sought advice at St. Bartholomew's Hospital, as a Physician's out-patient. The symptoms still increased, and especially the difficulty of assuming certain positions. When he wished to pick anything from the floor he studiously avoided bending the trunk, but flexed the knee and hip-joints. It is remarkable that during the whole of his illness he never complained of any difficulty in respiration, nor was any ever observed, either when lying or standing. On September 6, 1859, he died suddenly, while standing by his bench talking to his fellow-workmen. He expectorated once or twice a little mucus mixed with blood, sat down on a chair, saying, "I feel as if I were choking." Immediately a stream of blood came from his mouth and nose. He endeavoured to remove his neck-tie, but failed ; he then fell forwards on the floor. Mr. Marsh, of St. John's-street, Clerkenwell, was sent for, and his assistant (in Mr. Marsh's absence) arrived shortly, and found him quite dead. His shirt was saturated with blood, which had also streamed on to the floor. There was about one pint in all.

Autopsy.—Two days after Death.—Present, Mr. Marsh and Mr. Griffiths. The chest and the abdominal cavity were laid open. On the left side the lung was quite healthy, but on the right it was firmly adherent opposite the lower part of the superior lobe. There was a large bulging of the mass of the pericardial, etc. contents to the right side, but no appearance of hæmorrhage. The step next taken was to open the trachea. It was filled with coagulated blood. The whole thoracic contents were now removed together. On careful examination, the pericardium was found adherent throughout, and required a considerable degree of force to strip it off, which, however, was accomplished, leaving the heart clean and smooth. Both ventricles were dilated. On laying open the aorta, the valves were found to be thickened, and the internal surface of the aorta, as far as the commencement of the descending aorta, was roughened, injected, and marked by irregular patches, which seemed to be deposited between the coats of the vessel, as the internal coat was traversed by irregular fissures, and could be easily peeled off. At the commencement of the arch was a well-defined, circular, constricted orifice about the size of a half-crown, seeming as if a piece had been pushed out, the lining of the artery and that of the sac being continuous. The aneurism had obliterated the lower part of the superior lobe of the lung, and extended to the ribs, to the third of which, and also to the lung, it was firmly attached. This rib was so soft as to be broken by the least force. It was connected to the aorta by a kind of neck, which passed behind the superior vena-cava, and in front of the right bronchus, but apparently not pressing on these parts, as the distension was beyond. There was a considerable deposit of fibrin, which was in firm layers at the parietes, but soft, and indistinctly laminated in the centre. The rent in the wall of the aneurism was half-an-inch in length, and opened into the right bronchus. The head was not opened.

LIGATURE OF THE COMMON CAROTID ON ACCOUNT OF HÆMORRHAGE FOLLOWING THE PUNCTURE OF AN INFLAMED TONSIL.

(Under the care of Mr. STANLEY.)

On Wednesday last Mr. Stanley performed the operation of ligature of the common carotid under the following circumstances :—A delicate-looking man, aged 24, had been admitted on Monday night, with the history that on the previous Friday a Surgeon had made a puncture in his left tonsil, and that successive attacks of hæmorrhage had since occurred. It appeared that he had been subject to attacks of inflammation of the tonsil for some years. At the time of the incision the loss of blood had been considerable, but not so much as to prevent the man from walking to his home. He considered himself at the time to have been much relieved. All went on well up to Monday night, when the bleeding recurred. At the time of his admission he estimated his loss of blood at about a pint. The solid nitrate of silver was applied to the part with the effect of apparently arresting the bleeding for a time. Early in the morning, however, another hæmorrhage took place, and the nitrate of silver in solution was again resorted to. Between ten and two o'clock he had lost about a pint and a-half of florid blood. At two o'clock (the time of Mr. Stanley's visit), a consultation was held, and it was decided to try the application of ice, and should the bleeding still continue, to apply a ligature to the common carotid. From this time until about two o'clock in the afternoon of Wednesday, the loss of blood was very trifling. About the last-named hour, however, a relapse occurred, and about half-a-pint of florid blood was lost. A consultation was again held, and Mr. Stanley decided at once to resort to the operation. The operation was performed in the usual manner, and quickly accomplished.

On the morning following the operation, we were glad to learn that the subject of the above case was doing well in every respect. No cerebral symptoms had occurred, nor had there been any return of the hæmorrhage. We shall, of course, revert to this interesting case at some future time, and acquaint our readers with its further progress.

TESTIMONIAL TO MR. WALTER, OF BROADSTAIRS.—At a meeting of the inhabitants, held at the Parochial School-rooms, Broadstairs, on Wednesday week, at which the Rev. C. F. Turrell, the incumbent, presided, a testimonial was presented to Mr. O. C. Walter, Surgeon, of that place, consisting of a handsome time-piece, and a box containing 500 guineas. On the pedestal of the time-piece was the following inscription :—"Presented, with 500 guineas, to Odiarne C. Walter, Esq., as a token of sincere respect, esteem, and gratitude, from rich and poor in Broadstairs and the neighbourhood, for his generous and unwearied services, during a period of twenty-five years. October, 1859."

MR. STEPHENSON, the Engineer, has bequeathed by his will a sum amounting to £25,000 to various public institutions, located chiefly in Newcastle-upon-Tyne, in the vicinity of which he was born, and with which so great a portion of his life was so closely identified. To the Newcastle Infirmary he has given £10,000.

THE LONDON AND PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

COMMENTS ON THE SERIES OF TRACHEOTOMY FOR FOREIGN BODIES.

This Group includes 13 cases, with 8 recoveries and 5 deaths. We may conveniently divide the series into two groups—one including those in which the foreign body was got away by means of the operation, and the other those in which it was not. Cases 1 and 2 may perhaps be fairly eliminated from the rest, since in both these the patient died during the operation. In one of these the foreign body consisted of a quantity of saw-dust, which had almost filled the trachea, and in the second it was doubtful whether death was not due to the use of chloroform, since the child was not in an urgent condition when the operation was commenced, and died suddenly before it was completed. These cases set aside, we have remaining 11, with 8 recoveries and 3 deaths. Of the fatal cases (Cases 1, 6, and 11), in none had the foreign body been got away, and in two of them it was found at the autopsy firmly impacted in the glottis. In the third the foreign body (the end of a crab's claw) occupied the trachea, between the wound and the larynx (a). We have now remaining for consideration the eight case, which recovered. Of these, six were boys, and two were girls, their average age was 5½, their respective ages being, one 11, one 8, one 6, two 5, two 3, and one 2½. Of these eight cases, in six the foreign body was got away at the time of the operation, and in the other two it was never found. In these latter it is of course possible that it had been coughed up and swallowed; in one of them the persistence of symptoms for several months indicated that it still remained in the larynx, and at the last note of the case the child was still unable to dispense with the tube. In the other case, in which the foreign body was not got away, the child recovered perfectly, and the wound healed. Of the six cases, in which the foreign body was either removed at the time or coughed through the wound a few hours afterwards, in all the recovery appears to have been easy and rapid. The fact that it was so, is very valuable, and an indication of the small amount of intrinsic danger which attaches to the operation of tracheotomy in children above the tenderest age. In only one or two of them is any mention made of bronchitis having occurred; and in those in which it did so the attack appears to have been slight, and easily subdued.

With regard to the operation itself in these cases, it is clear from the details which have been recorded, that the importance of making an unusually free opening into the trachea can scarcely be overrated. At Guy's Hospital a practice, which we believe originated with Mr. Hilton, prevails of cutting a valvular flap in the front of the trachea, and appears to possess great advantages. Several of the cases illustrate the importance of holding the lips of the wound widely open, and then endeavouring to excite a paroxysm of cough; while in none was any advantage gained by the use of forceps, etc., introduced in the hope of seizing the intruded body. The fact, that in two of the fatal cases the foreign body was found after death, still impacted in the larynx, while in a third, which recovered, its remaining there caused serious subsequent symptoms, indicate the great importance of careful explorations of the upper part of the air-tube at the time of the operation.

COMMENTS ON THE SERIES FOR LARYNGEAL AFFECTIONS (EXCLUSIVE OF TRUE CROUP).

In this Series we have 37 cases, 17 of which resulted in recovery, and 20 in death. If we classify the whole of the cases with regard to the nature of the disease for which the operation was required, we shall find that in 18 the patients had suffered from *Syphilitic Laryngitis*. Of these 18, 8 recovered, and 10 died. In 3 of the 8 cases of recovery, and possibly in one or two others, respecting which our notes do not extend over a sufficient length of time, the patient was never able afterwards to dispense with the canula. Of the 19 non-syphilitic cases; in 7, the disease was acute laryngitis; in 2, it was inflammation of the pharynx and tonsils, probably complicated with œdema of the larynx; in 1, it was laryngitis occurring in the course of typhoid fever (b); in 6, it was chronic laryngitis; in 2, it was inflammatory œdema, complicating phthisis; and in 1, it was suppuration beneath the mucous membrane of the glottis. We will briefly consider each of these groups separately.

Acute Laryngitis.—In this Group we count Cases 2, 7, 9, 12, 25, 32, and 34, of which 3 recovered, and 4 died. Of the fatal cases, in the first (Case 7) death occurred suddenly in a fit of delirium, ten hours after the operation. The autopsy showed the epiglottis in a state of gangrene. In the second (Case 9), death occurred before the operation was completed. In this instance the symptoms of laryngitis had only been present a few hours. The autopsy showed œdema of the sub-mucous tissue of the glottis. In the third (Case 25) death occurred on the fourth day; but we have no particulars as to its cause, or respecting the post-mortem. In the fourth case (Case 32), an old man, the subject of albuminuria, died during the performance of tracheotomy for the relief of acute laryngitis. The patients in the three cases which resulted in recovery, were all able to dispense with the canula within ten days of the operation, and in all the wound subsequently healed well.

Inflammation of Pharynx, Tonsils, etc.—Of the two cases in which laryngotomy was necessitated by inflammation of the pharyngeal structures, one resulted in recovery and one in death. The fatal case was that of an old man (Case 4), in whom death occurred on the third day. The autopsy showed purulent œdema about the pharynx and glottis, and purulent infiltration of the lungs. The case which recovered was that of a girl in whom the right tonsil had become so much swollen that it occluded the pharynx. Deep punctures had been made, but no matter had been obtained. Laryngotomy was performed, but the canula was not introduced. The wound healed in about a week. Three weeks from the commencement of the symptoms the abscess in the tonsil gave way, and "about half-a-pint of greenish well-formed pus" was brought up.

Laryngitis Occurring in Typhoid Fever.—Our series presents only one instance (Case 5) which can be placed under this heading. Its particulars will be found at page 358 in this Journal for October 8. The man died twenty-seven hours after the operation.

Tracheotomy for Chronic Laryngitis.—This Group includes Cases 10, 17, 19, 23, 24, 30. In one of these (Case 24) the operation was performed twice within an interval of a month. We may thus count them as seven operations, and from six of these the patients recovered perfectly. The case which ended fatally was that of a delicate woman, in whom the disease had existed for six weeks, and in whose case reducing treatment had been employed. She did well for the first four days, but sank under profuse diarrhœa on the fifth. Extensive disease of the thoracic viscera was found at the autopsy. For further details see page 358 for October 8. Of the five cases which recovered, in two (if not in three) the patients were unable to dispense with the canula at the date of the last note. In one of them the laryngitis was probably connected with pulmonary mischief, as the patient subsequently died of phthisis, having, however, quite recovered as far as the operation was concerned.

Tracheotomy for Laryngitis Supervening during Phthisis.—In this Group we have two cases; in both the phthisis was advanced, in both the operation afforded great temporary relief, but both ended fatally within three days of its performance. (See Cases 20 and 22, page 359, October 8.)

Abscess Beneath the Mucous Membrane of the Glottis.—The subject of this case died on the third day after the performance of the operation. At the autopsy an abscess at the posterior part of the larynx was found which contained pus in which one of the arytenoid cartilages lay quite detached. (See Case 28, page 359.)

(a) Several interesting cases of operation for foreign body in the larynx have been recorded in our pages during the last year, and are not included in the above report. In one, under the care of Mr. Cooper Foster, in Guy's, the foreign body (a bean) could not be got away, and at the autopsy was found impacted in one bronchus. In a second, under the care of Mr. Skey, in St. Bartholomew's, the foreign body (a plum-stone) was removed, and the child recovered well.

(b) See some interesting remarks on this complication of typhoid fever by Dr. Wilks, in the report of the last meeting of the Pathological Society.

TABULAR STATEMENT OF THIRTEEN CASES OF TRACHEOTOMY FOR FOREIGN BODIES IN THE WINDPIPE.

No.	Hospital and Surgeon.	Age and Sex.	Length of Time the Foreign Body had been in the Trachea before the Operation.	Operation, etc.	Result.	Nature of Foreign Body.	Remarks.
67 1	St. Mary's.—House-Surgeon.	4 —	Nearly moribund before operation.	Foreign body not removed.	Death on the fourth day.	A crab's claw.	At the autopsy the foreign body was found in the trachea just above the incision; mucous membrane of trachea was thickened; extensive pleuro-pneumonia.
68 2	,, —	2 F	Twenty minutes; almost dead at time of operation.	Tracheotomy.	Death.	Saw-dust.	The trachea was found at the autopsy to be nearly filled with a plug of saw-dust at the bifurcation of the bronchi.
69 3	,, Mr. Lane.	8 M	Six days; urgent symptoms only appeared on the sixth day.	Tracheotomy. Foreign body not removed.	Death before completion of the operation.	A piece of nut-shell.	The foreign body was found sticking in the crico-thyroid membrane, just above the wound.
70 4	St. Bartholomew's.—House-Surgeon.	5 M	Twenty-four hours; livid, insensible, and almost pulseless.	Tracheotomy. Foreign body ejected through the wound.	Recovery.	Plum-stone.	A slight attack of bronchitis followed, otherwise the recovery was good.
71 5	,, Mr. Paget.	11 F	Fourteen days; symptoms decided but not urgent.	Tracheotomy in a few days, and again in fourteen days.	Recovered.	A mussel-plum.	The first operation (by Mr. Langdon, of Chobham,) relieved the symptoms for nearly a week.
72 6	Guy's.—	11 mths.	Four hours; suffocation imminent.	Tracheotomy. Much hæmorrhage. Foreign body not removed.	Died three hours after the operation.	A piece of bone.	At the autopsy a piece of bone was found firmly impacted in the rima glottidis.
73 7	,, Mr. Cooper Foster.	5 M	Shortly before operation great dyspnœa on movement, lividity, etc.	Tracheotomy. Foreign body ejected from the wound.	Recovered.	A plum-stone.	Recovered without ill symptoms.
74 8	,, Mr. Cooper Foster.	6 M	Five days; paroxysms of dyspnœa, with interval of apparent health.	Tracheotomy. Foreign body ejected from the wound.	Recovered.	A cherry-stone.	
75 9	,, Mr. Hilton.	8 F	Two days; symptoms never very severe, but increasingly so.	Tracheotomy, by valvular flap. Foreign body ejected through the wound.	Recovered.	A large oval glass bead.	The wound was healed in three weeks.
76 10	King's College.— House-Surgeon.	3 M	A quarter of an hour; cold, pulseless, and nearly suffocated.	Tracheotomy. Foreign body never found, though repeatedly searched for.	Recovered. He had two severe attacks of bronchitis.	Small round shoe button, with thread attached.	The thread came away in a few weeks. Three months after the operation he was still obliged to use the tube.
77 11	The London. — House-Surgeon.	16 mths. M	About ten hours; exhausted and much depressed.	Trachcotomy. No foreign body was detected by examination.	The child was much relieved by the operation, but died ultimately, in about five hours after the operation.	Two pieces of fish-bone.	The foreign body was found firmly fixed between the vocal cords.
78 12	Addenbrooke's, Cambridge.—Dr. Humphry.	3 M	To all appearance dead at the time of the operation.	Tracheotomy. After being recovered by artificial respiration, the foreign body was expelled.	Recovered.	A haw.	Left the Hospital in thirteen days.
79 13	Queen's, Birmingham.	2½ M	Fifteen minutes.	Tracheotomy. No foreign body to be found.	Recovered.	Said to have swallowed a plum-stone.	Liability to spasmodic cough; continued for a fortnight, and then gradually ceased.

TABULAR STATEMENT OF THIRTY-SEVEN CASES OF TRACHEOTOMY FOR LARYNGEAL AFFECTIONS.

No.	Hospital and Surgeon.	Sex.	Age, etc.	State.	Treatment.	Nature of Obstruction.	Operation.	Immediate Result.	Further Result.	Remarks.
1	St. Bartholomew's. —Mr. Stanley	F	44	—	—	Syphilitic disease of larynx two years.	Tracheotomy	Recovered.	Left the Hospital in three weeks.	
2	,, Mr. Stanley	M	32	Had ceased to breathe.	Free bleeding and leeching.	Œdema of the glottis supervening on tonsilitis.	Laryngotomy	Signs of life were not manifested until ten minutes after the operation, by artificial respiration, and this was continued for some time longer.	He continued in a precarious state for a fortnight, but ultimately recovered.	It is worthy of remark that two minutes elapsed from the total cessation of respiration to the performance of the operation.
3	,, Mr. Lloyd	M	Middle age	"All but asphyxiated."	—	Syphilitic disease of larynx.	Tracheotomy	Artificial respiration was used for two hours.	The relief to the respiration was perfect, but he died afterwards from exhaustion.	
4	,, House-Surgeon	M	66	—	Punctures were made previous to the operation, with some relief.	Acute inflammation of tonsils and œdema of the pharynx.	Laryngotomy	—	Death three days after the operation.	Purulent infiltration round the glottis and in the lung was found at the post-mortem.
5	,, House-Surgeon	M	A Boy	Extreme debility, with suffocative dyspnœa.	—	Laryngitis supervening in typhoid fever.	Tracheotomy	Relief was marked and immediate.	The difficulty of breathing returned, and he died in twenty-seven hours after the operation.	A slough in the mucous membrane of the larynx was found, the size of a fourpenny-piece.

TABULAR STATEMENT OF TRACHEOTOMY CASES—*continued.*

No.	Hospital and Surgeon.	Sex.	Age, etc.	State.	Treatment.	Nature of Obstruction.	Operation.	Immediate Result.	Further Result.	Remarks.
6	St. Bartholomew's, —House-Surgeon	F	A Prostitute	Suffocation seemed impending.	Mercurials and free deplotion.	Acute (syphilitic?) laryngitis.	Tracheotomy	Immediate rolief.	Breathing continued good, but at last note was stated not to be able to dispense with the canula.	
7	,, House-Surgeon	M	28 Sailor	Urgent dyspnœa.	Free bleeding gave temporary relief.	Laryngitis (idiopathic?).	Tracheotomy	Immediate relief.	Progressed most favourably for ten hours, and then expired in a state of delirium.	Post-mortem showed slough of the epiglottis, with serous effusion in the cellular tissue. Emphysema of the posterior mediastinum and compression of the lungs.
8	,, Mr. Paget	M	26	Paroxysms occurred occasionally. Operation was performed in an interval as a precautionary measure.	—	Syphilitic laryngitis.	Tracheotomy	Relieved for some days.	Died from broncho-pneumonia about the eleventh day.	No autopsy, but extensive tubercular disease of the lung was diagnosed.
9	,, Mr. Lloyd	M	55	—	—	Laryngitis.	Tracheotomy	Died before the completion of the operation. Artificial respiration was resorted to, but in vain.	—	At the autopsy great œdema of the submucous tissue of the glottis was found.
10	,, House-Surgeon	F	53	—	Previous to admission she had been well leeched and blistered.	Chronic laryngitis.	Tracheotomy	Relieved.	Diarrhœa supervened on the operation, and death followed on the fourth day.	See Case 10, in *Medical Times and Gazette*, p. 358, for post-mortem appearances.
11	,, House-Surgeon	F	31	Dyspnœa.	—	Syphilitic ulceration of larynx and pharynx.	Tracheotomy	—	Inability to swallow followed the operation, and the patient died in seven days from exhaustion, having been fed with the stomach-pump in the interval.	
12	St. Thomas's. — House-Surgeon	F	17	Dyspnœa.	—	Acute laryngitis.	Tracheotomy	—	Recovered.	Tube removed on eighth day.
13	,, House-Surgeon	M	Adult	—	—	Syphilitic disease of larynx.	Tracheotomy	Immediate relief.	Recovered, but when last reported (three weeks after the operation) he could not dispense with the tube.	
14	,, House-Surgeon	F	26	—	—	Syphilitic (?) disease of larynx.	Tracheotomy	—	Recovered well, but could not dispense with tube.	The tracheal tube is still required up to the present: it is two years since the operation.
15	King's College. — Dr. Todd and Mr. Forgusson	M	40	There had been no loss of voice for months, but the dyspnœa had increased for the last three days.	—	Syphilitic ulceration of larynx.	Tracheotomy	—	Recovered.	
16	,, House-Surgeon	F	42	Suffocative dyspnœa in a relapse.	—	Syphilitic laryngitis.	Tracheotomy	Great relief.	Died from exhaustion on the fourth day.	Pulmonary congestion.
17	The Middlesex. — House-Surgeon.	F	30	Suffocation imminent.	—	Chronic laryngitis.	Tracheotomy	Great relief.	Recovered, but at last report was unable to dispense with canula.	
18	The Westminster. —Dr. Fincham	F	39	Very cachectic, respiration rapid, and swallowing difficult. The operation was performed when she was apparently *in articulo mortis*.	—	Syphilitic disease of the larynx, with ulceration of pharynx.	Tracheotomy. Much mucopurulent fluid escaped at this operation.	Quickly rallied.	Recovered. She left the Hospital well in all respects.	Tube coughed out six days after the operation.
19	St. George's.—Mr. Tatum	M	Middle age	He was subject to attacks of dyspnœa. The operation was performed as a precautionary measure.	—	Chronic disease of the larynx.	Laryngotomy	—	Recovered.	The breathing reported to be "more comfortable."
20	The London. — House-Surgeon	M	12	Œdema glottidis occurred as a complication of phthisis	—	Inflammatory œdema of the glottis.	Tracheotomy	Immediate and great relief.	Death from exhaustion on the third day.	The autopsy showed extensive œdema of the glottis, pharynx, and soft palate, and tubercular disorganisation of the lungs.
21	,, House-Surgeon	M	40	"All but dead."	—	Extensive and syphilitic disease of larynx.	Tracheotomy Marshall Hall's "tracheotome" was used.	By artificial respiration he was completely rallied.	Death occurred from hæmorrhage into the trachea, caused by removal of the tracheotome.	He had been frequently admitted for syphilitic disease of the palate and pharynx.

TABULAR STATEMENT OF TRACHEOTOMY CASES—*continued.*

No.	Hospital and Surgeon.	Sex.	Age, etc.	State.	Treatment.	Nature of Obstruction.	Operation.	Immediate Result.	Further Result.	Remarks.
22	The London. — House-Surgeon	F	Adult	Death was threatened from laryngeal impediment.	—	Laryngitis with phthisis.	Tracheotomy An enormous quantity of semi-purulent fluid was brought up through the canula.	Some relief.	Death followed thirty six hours after the operation.	The autopsy revealed extensive disease of the lung. There was much inflammatory thickening of the mucous membrane of the larynx, and two small ulcers beneath the chordæ vocales.
23	St. Mary's — Mr. Lane	M	55	Dyspnœa.	—	Chronic laryngitis.	Laryngotomy by Mr. Lane.	—	Recovered well, but subsequently died of phthisis.	
24	,, Dr. Chambers House-Surgeon	—	—	Dyspnœa.	—	Chronic laryngitis.	Tracheotomy twice.	—	Recovered.	The second operation was performed a month after the first.
25	St. George's. — House-Surgeon	M	45	Dyspnœa.	—	Acute laryngitis.	Tracheotomy	Great relief.	Died on the fourth day after the operation.	
26	University College. —Mr. Erichsen.	M	32	Threatened suffocation	—	Chronic syphilitic laryngitis.	Tracheotomy	—	Recovered.	
27	Guy's Hospital.— House-Surgeon	F	26	—	—	Syphilitic ulceration of the larynx for two years.	Tracheotomy	Great relief.	Death from bronchitis in ten days.	The tube was retained throughout.
28	,, Mr. Callaway	M	30	The operation was performed under the most urgent circumstance of dyspnœa.	—	"Obstructive" (Syphilitic?) disease of larynx.	Tracheotomy by Mr. Callaway	—	Death from bronchitis on the third day.	The post-mortem examination showed extensive disease of the larynx, trachea, and bronchi. See Case 28, p. 359.
29	,, House - Surgeon	F	44	The operation was performed when the patient was apparently *in articulo mortis.*	—	Syphilitic.	Tracheotomy	Revived with difficulty, but did well.	Recovered.	
30	The Liverpool Royal Infirmary. House-Surgeon	M	33	Suffocative dyspnœa supervened on use of caustic.	—	Chronic laryngitis.	Tracheotomy	—	Recovered well, but unable to dispense with the canula when he left the Hospital.	
31	The Kent and Canterbury Hospital	F	17	Admitted for anæmia.	—	Swelling of the right tonsil.	Laryngotomy	Marked relief.	Recovered well.	The wound healed in a week, and, though the swelling decreased in size, it did not give way for three weeks. Then about half-a-pint of greenish well-formed pus was brought up.
32	,, ,,	M	66	The patient was suffering from albuminuria.	—	Laryngitis.	Laryngotomy	Death before the completion of the operation.	—	
33	The Derby. — Mr. Gisborne	F	22	Paroxysm of severe dyspnœa; cold and pulseless.	—	Syphilitic laryngitis.	Tracheotomy by the House-Surgeon	—	Died of bronchitis.	
34	Royal Berkshire Hospital, Reading.—Mr. Bulley	F	20	Sudden dyspnœa supervening on "sore-throat."	—	Laryngitis with œdema.	Laryngotomy	Great relief.	Recovered. The wound did not heal for ten weeks.	The canula was worn for ten days.
35	Staffordshire General Hospital— House-Surgeon	F	28	Paroxysms of dyspnœa.	—	Ulceration of the larynx, with warty growths (Syphilitic?)	Laryngotomy	Died before the completion of the operation.	—	A cluster of warts, with surrounding ulceration, were found in the trachea above the bifurcation of the bronchi.
36	Bristol General Hospital	F	25	Moribund.	—	Syphilitic ulceration of the larynx.	Tracheotomy	Died shortly after the operation, having never rallied.	—	A piece of carious bone was found at the autopsy in the laryngeal pouch.
37	The Dundee Infirmary	M	36	—	—	Syphilitic disease of larynx.	Tracheotomy	Temporary benefit.	Death took place in fourteen hours.	

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 374.—Cause of the Pulse.—Doctors Differ.

"For a long time there have existed among Physiologists and Physicians great differences of opinion concerning the cause of the pulse; and here, as in many other analogous cases, the disagreement has arisen in great part because each one maintained in an exclusive manner a portion only of the truth. Thus Galen and Harvey attributed the phenomenon solely to the *dilatation* of the arteries. Weitbrecht and Bichat maintained that it depended essentially upon *displacement* of the artery; while Arthaud explained it by an effort of the blood against the obstacle produced by the depression of the artery under the finger of the observer. Parry lastly saw in it only a *lengthening* of the artery. M. Flourens has shown that the phenomenon is made up of all the elements which can concur in the production of the beat of an artery—an opinion which was also that of Haller, and of Sæmmering. M. Marey has lastly experimentally demonstrated the part which is due to the depression of the vessel by the finger, and has explained in the clearest manner the mechanism of the movement."—Milne-Edwards.

No. 375.—An Ancient Dr. Jephson.

The Princess Anne had always been remarked for her devotion to the pleasures of the table: but as life advanced, her digestion weakened, and, very often, she suffered under the re-action of the stimulants she took to improve it; she then became low-spirited, and apprehensive regarding her

health. One evening she sent for the celebrated Dr. Radcliffe, at an inconvenient time, just as he had opened his second bottle of sack. He affected unbelief concerning the illness of the princess, and positively refused to prescribe any medicine for her, but bade her attendants put her to bed, declaring that she would be well in the morning. In a few days he was again summoned, at the same inconvenient time, but he refused to leave his bottle. "Pooh, pooh!" said he, "tell Her Royal Highness, nothing ails her but vapours, she needs neither physic nor Physician." The princess was, of course, very angry, and struck him off her list of Physicians, with which Dr. Radcliffe was much delighted; for, as he said, "he hated the Whig sovereigns so unfeignedly, that he should certainly have the credit of poisoning them; therefore he wanted none of their custom, not he." The hostility between the Princess Anne, and her Physician, had commenced as early as her flight from her father, in 1688; when the Bishop of London sent for him to come to Nottingham, to see after the health of the Princess, which showed some dangerous symptoms. Radcliffe indulged in much coarse vituperation on her conduct, and finished by assuring her messenger, "that he would not come." Radcliffe had been appointed Physician to the Princess Anne by the King her father, in 1686.

No. 376—A Problem.

Sir,—It has long been, as we are told, an admitted law in Physics, that the rigidity, dilatability, and elasticity of the walls of tubes, exercise little or no influence over the quantity of fluid which flows through them. If this be true, in what way does the rigidity of the walls of arteries bring about hypertrophy of the heart, as it is said to do? I have examined several authorities on this point, and have not been able to obtain any satisfactory answer to the question; perhaps some of your readers can enlighten on this point a

Physiological Student.

[Our correspondent has hit upon a very important point in physiology and pathology, which deserves more explanation from our teachers than it usually receives. What he says of the flow of fluids through tubes is correct, *provided the current is determined by a constant pressure;* but when the current is intermittent, as in the heart, it is found that the elasticity of the walls of the tubes augments the flow through the tube; or, in other words, rigidity of the great arteries lessens the quantity of blood which normally passes through them, and therefore is an obstacle to the circulation. The following is the explanation of the fact:—"The obstacle which opposes the flow of blood put in motion by the cardiac systole, results chiefly from the friction of this fluid against the walls of the vessels; and Physics teach us that the friction increases as the square of the rapidity of the current. Now the elasticity of the tube lessens the movement imparted to the blood by the ventricular systole, and continues the movement during the diastole. Consequently the displacement of a given quantity of liquid is effected in a period of time, about double that which would be required if the arteries were rigid tubes, and the speed of the current being reduced in like proportion, the resistance must be diminished as the squares of the numbers which represent the different speeds."]

No. 377.—Authors' Anachronisms.

Great literary men are apt to commit anachronisms. Perhaps you may think two modern slips of this kind, which I have not yet seen noticed by any one, worth recording among your "Notes and Queries:" In "Nicholas Nickleby," Mr. Squeers orders his poor victim out into the garden to weed the walks, in the middle of winter, and when ever so many inches of snow lay on the ground. In "Adam Bede," we read that "Bartle gave a climax to his speech by lighting a match furiously against the hob." The "Great Unknown" makes him do this at a time at least one generation earlier than the days when such a wondrous invention as lighting matches by friction was thought of.—I am, &c. Sic.

No. 378.—Montaigne—His Disease, and the Doctors.

"I am struggling," says Montaigne, "with the worst of all diseases, the most sudden, the most painful, the most deadly, and the most irremediable. Already I have suffered five or six long and painful attacks. Up to the age of 45 years I enjoyed good health. I would that of the many other presents which the liberality of age can bestow on a man, some more acceptable one might have been given to me; this one, from my childhood, I have always held in horror. It must be supposed that I owe this calculous quality to my father, for he died at 74, grievously afflicted with a large stone in his bladder." He adds, however, that he is, of his brothers and sisters, the only one afflicted with the gravel, or, as he usually calls it, the colic. Then he goes on:—"The Doctors must pardon me, but, together with that same fatal infusion and insinuation, I received also a hatred and a despisal of their doctrines. The antipathy which I have to their art is hereditary. Physic always turned the stomach of my ancestors; the very sight even of drugs was horrible to my father. It is probable that I had a prepension of this kind; but I have always supported and strengthened it by discourses, which have established the opinions I now hold." Here follows a long tirade against Physic and Physicians. A rolling fire of epigrams, jokes, and anecdotes, picked up anyhow from the Ancients and the Moderns. The diatribes of Molière are kindnesses by the side of them. But the whole and true anger of Montaigne lay in this, that Medicine could not cure him. Nevertheless, he tried numerous remedies, for he thought health of no slight value—all philosopher as he was:—"Health," he said, "is a precious thing, and, in truth, the only thing, which is worth all the trouble men take in its pursuit—not only sweat, and pain, and money, but even life itself. Without health, life is painful and injurious, and pleasure, wisdom, science, and virtue, are all tarnished and disappear." "It is not, therefore, through anger or vain-glory," that he refuses to try new methods of cure. It is because it is repugnant to him to admit that a medicine directed towards a suffering organ can take itself surely to its right address. "The promises of Physicians," he says, "are incredible. They would persuade you that, of their ingredients, this one will warm the stomach, this refresh the liver; one go straight to the kidneys, and thence to the bladder, without exercising elsewhere its powers; another dry up the brain; another moisten the lungs. Of all these a drink being compounded—is it not something like sheer folly to hope that their virtues should be divided and drawn out of this mixture and confusion, and execute charges so different? I fear most truly, that they must lose or change their addresses on the road, and excite trouble in the wrong quarters."

No. 379.—Hunter's Portrait.

When Sir Joshua Reynolds was attempting to paint Hunter's portrait, he had great difficulty in getting him either to sit still or place himself in a becoming attitude: his failures were numerous; but at last, when he had nearly finished an indifferent picture, Hunter one day fell into a deep reverie, which Reynolds immediately took advantage of; and having no other canvas at hand, he turned the picture upside down, and dashed in between the legs that sublimely thoughtful face of his genius sitter, which has been rendered immortal by the hand of the engraver Sharpe, although the precious original is decaying day by day.

The French Lunatic Asylums.—The decree of March, 1858, has worked a most salutary change in the position of the Medical officers of these establishments, whose proper remuneration and advancement were formerly impeded by all kinds of underhand procedures. A new classification of Directors and Physicians of Asylums has been declared, and the minimum remuneration is fixed at 3000 francs—preventing a recurrence of former deplorable instances of utterly insufficient payment. The Minister of the Interior also has issued instructions that, as far as possible, all the vacant posts of assistants shall be filled up by pupils who have officiated as *internes*, to which posts none but hard-working and capable students are to be appointed. The Assistant-Physicians must also serve three years before they can obtain promotion. A system of retiring pensions has also been organised. The attendants are also to be organised into a regular hierarchy, comprising the *surveillant en chef*, *surveillants*, *sous-surveillants*, *infirmièrs* of the first class and others of the second class, the pay varying from 400 to 200 francs. The female attendants, or *infirmières*, are divided into three classes, with a salary of from 250 to 150 francs, a small additional sum in all cases being given annually after five years' service in the Asylum.

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Medical Times & Gazette.

SATURDAY, OCTOBER 29.

SUBURBAN AND CITY HOSPITALS.

A considerable degree of uneasy apprehension has been awakened by the rumoured probability that St. Thomas's Hospital may be removed from its ancient site and erected on a spot some ten or fifteen miles distant from London. Those who have a conservative dread of all change can scarcely realise the idea of the Borough of Southwark deserving its name after it has lost the ancient foundation which has remained on its present site ever since the year 1215; while a few prudent and somewhat nervous subjects are a little uneasy at the notion that in case of accidents to themselves or others, the metropolis will be deprived of one of the valuable institutions now open for their relief. There may also be some apprehension that the establishment, if transferred to a new site, would lose some of the Professional advantages it now derives from, its situation in the heart of the metropolis. These objections whatever may be their value, are likely to be all overborne by those inexorable laws of growth and progress that distinguish the present age.

The authorities of St. Thomas's, though they have for a time lost the opportunity offered by the South Eastern Railway for making the great change, may be expected before very long to welcome with much satisfaction the opportunity afforded to them of securing for their in-patients advantages which are beyond their reach in the impure air of this vast metropolis. It may be expected that the funds the Hospital will receive in the form of compensation far more than enough to secure the purchase of a more eligible site, where the patients may have the benefit of pure air and water, and where advantage may be taken of our present experience in the construction of Hospitals on principles more favourable to the patients and to those under whose management they are placed.

It would, of course, be necessary for the Governors of the Hospital to provide a small establishment in town for the immediate reception of sufferers from accidents and attacks of acute disease, and for the transfer into the country of all cases that are likely to require lengthened treatment; so that the Metropolis may not lose the advantages to which it has been so long accustomed, and the patients may sustain no damage or inconvenience by their railway journeys to the country, performed in convenient ambulances. These cautious objections overcome by suitable means, would prove very small compared with the benefits that may be expected by a removal from the Borough to a healthy situation in the country.

The improvements derivable from the contemplated change will include, not only the difference between town and country lives, but the further difference between town and country Hospitals. It is now well known that small country Hospitals are more favourable to the patients than the overgrown structures of large towns. We have on a former occasion noticed the statistics by which Dr. W. Farr shows that the sanability of the sick is greater in country Hospitals than in those of large cities—that while in Salisbury the deaths per cent. were 3·1, in Salop they were 3·7; in Winchester, 3·8; in Chester, 4·2; in Liverpool, 5·6; in Manchester, 7·2; in seven Hospitals in London, 9·0; and in Bristol, 9·5. To these illustrations may be added the awful rate of mortality in the vast Kraukenhaus of Vienna, as shown in a report published last year, which gives the rate of mortality in December, 1857, for men, 11·0; for women, 13·8; 12·0 persons. The numbers are below the average of the ten years 1848—1857, when the mortality was at the rate of 12·6 men, 17·0 women; 14·5 total. These facts tell the more powerfully in favour of the country as the best site for Hospitals, especially when it is considered also that the larger cities necessarily furnish a higher degree of Professional skill than can be obtained in the rural districts and smaller towns.

The pure and invigorating air of the country is a benefit too obvious to require any comment. It will be equally obvious that the country Hospitals have derived a share of their superior advantage from the smallness of their wards as compared with those in the larger towns and the Metropolis. The utmost care and science applied to ventilation will not compensate for the damage sustained by the patient when the great ward in which he is placed contains some fifty sufferers, who are all contributing those deadly emanations which poison the air he has to inhale, and which, even with the best regulations, is loaded with the germs of new disease and death. The removal of St. Thomas's, or any other great London Hospital, into the country will afford the opportunity of securing the isolation of the various groups of patients as effectually as if they were in the smaller country Hospitals. Instead of one large block of buildings containing a dense sickly population—too dense for health even where disease has not set in—the establishment might be so constructed as to carry out the various improvements suggested in Miss Nightingale's valuable "Notes on the Construction and Administration of Hospitals."

In the selection of the new site, it is scarcely necessary to say that the utmost attention should be directed to the water supply, as to quality as well as quantity. There is too much science in St. Thomas's Hospital to admit the possibility of this desideratum being neglected, and we should not have ventured even this hint if it had not lately been shown how possible it is for men of great intelligence and public spirit to build not even "*near* a good site," and where everybody is constantly saying, "We have a noble building, but we are sadly off for want of water." Nor will it be sufficient to assume from geological indications that the water "must come" if an artesian well is bored to a moderate depth. In spite of geology and experienced well-sinkers, it may not come, or there may not be enough, or its quality may not be pure when it is obtained. These, however, are matters of detail which may be discussed when once the principle is established.

THE WEEK.

We are authorised to state that a paragraph which has been copied from the *Court Journal* into various newspapers, stating that Sir James Clark had retired from the post he has held for so many years, as Physician in Ordinary to the Queen and the Prince Consort, is quite incorrect. It is very true—as we stated on the 30th of April last—that Dr. Baly was recently appointed Physician Extraordinary to the Queen, because "Sir James Clark is now approaching an age when his regular attendance on Her Majesty and the Royal Family might, from various causes, be interrupted; and it was not unnatural that the Physician who might ultimately become his successor, should be selected at an age consi-

derably junior to Sir James, in order to prevent the Queen and Royal Family being subjected to frequent changes of the ordinary Medical attendant." This is the true explanation of Dr. Baly's appointment, and of the fact of his recent attendance in the North; but the statement that Sir James Clark has retired is altogether premature.

The following gentlemen were elected Fellows of the College of Physicians of London on the 22nd inst.:—Drs. Humphrey Sandwith, Henry Hunt, Somerville Scott Alison, Dennis Embleton, Charles John Hare, Robert Barnes, Robert Martin, Dayrell Jos. Thackwell Francis, John Russell Reynolds, John Charles Bucknill, William Marcet, Charles Murchison, John Jackson, Sir Andrew Smith, Henri Gueneau de Mussy, Henry Mapleton, John Birt Davies, James Bird, Daniel Noble, Sir James Lomax Bardsley, Alexander Fleming, and James Richard White Vose. A second election of Fellows will take place in the course of a few days, the above being only the first instalment of the Year of Grace Fellows.

The Stockport Magistrates have fined Mr. Israel Ward, of Heaton Norris, *sixpence!* for assuming the title of Doctor without legal qualification. The defence was, that the defendant was merely an assistant to his father, who had a right to practise, having done so before 1815. The Bench stated very plainly that the defendant was quite wrong in assuming the title, and the prosecution may be looked on as successful, for Mr. Ward promised "not to be guilty of similar conduct."

At the Quarter Sessions at Hastings, on the 11th inst., a Surgeon, so-called, and a Graduate of Cambridge, was convicted of horse-stealing, and sentenced to eight months' hard labour. His defence was that he suffered from congestion of brain, had become an opium-eater, had lost his practice, was at times half mad, had a sister in a lunatic asylum, had had more than twenty children, was sixty-two years of age, and three hundred miles from home, had come to Hastings to improve his health, and had given a lecture there. That the man was mad is evident; and his punishment therefore was absurd.

We remarked when the Builders' strike was announced, that our Profession would ere long have to bear a part in the consequences which would necessarily result from it if long persisted in, by our gratuitous services being put into extensive requisition. Our prophecy turns out true, for we find from the recent returns of the Registrar-General, that the mortality among the wives and families of the operatives in the building trades is excessive. In fact, there is too much reason for the painful reflection that scores of innocent persons and young children are perishing from sheer want.

We have received from a correspondent a number of papers in which the character of one who belongs to our Profession appears to us to be very seriously involved. The largest of these papers sets forth that Surgeon Colston, Member of the London Royal College of Surgeons, and Member of the Royal Society of Literature (?), has discovered some wonderful medicine by which all kinds of deafness may be rapidly and infallibly cured. The document goes on to state, that "if sufferers will give a correct statement of their case, and apply the treatment according to instructions only, Surgeon Colston will guarantee a speedy cure, in many instances in a few hours' time, and at only the cost price of the invaluable remedies used, as *fee for advice is not charged.*" The italics are in the original. "No matter in what state the ear may be," proceeds this veracious announcement, "by this treatment a cure or relief is certain, putting the person for ever beyond requiring further advice or expense. The remedies to be applied will be forwarded in secure packages, so that there will be no fear of injury in their transit to any part of the world, or by any conveyance." Then follows a long printed list of persons who have been cured of deafness by the use of the invaluable remedies. We copy the following, omitting the names, the notes of admiration being in the original. "Mr. G. G., Bag-lane, Hayes; fourteen years deaf, and cured in one night! Mr. F. S., Notting-hill; born deaf! &c." We confess, that notwithstanding our long acquaintance with such advertisements, we are puzzled by the perusal of these papers. We remember the late exposure of the Bennett and Watters gang, and it will not be forgotten that the "invaluable remedies" used by that notorious confederacy were proved to consist chiefly of human urine. We imagined at first that "Surgeon Colston, Member of the Royal Society of Literature," might be a person of the same class: but this cannot be the case, as we find that Mr. Henry Samuel Colston is a Member of the Royal College of Surgeons of England, of 1851, and we know that by a well-known bye-law of that Corporation, advertisements such as those to which we have just adverted would be promptly noticed by the College. The only conclusion we can draw is, that some designing person has improperly made use of Mr. Colston's name for the purpose of deluding the public, and we think that it is incumbent upon him, in vindication of his own character and the respectability of the College to which he belongs, immediately to denounce the imposture.

As a proof that recent regulations as to the preliminary education of Medical men are by no means uncalled for, we publish an exact copy of a letter received this week from a Practitioner in the North of England by a gentleman who has forwarded it to us. We may remark that, although the writer says he has the "Medson Licence," his name does not appear on the Register.

"Oct. 21, 1859.

"Dear Sirs, I received one of your Prescripton Books and after getting it to my surprise the Precriptons are nearly all Laten & as I am not well rearend if you have any of them all English Print I would like if you would exchange it for me or send me one all English Precriptons for I have the Medson Licence & I am for Trying the Medsons A little Sirs & By so doing you will Oblidge your Well Wisher, ——"

Royal College of Surgeons.—From a return just published, of the receipts and expenditure of the above institution from Midsummer-day, 1858, to Midsummer-day, 1859, it appears that the former amounted to £19,697 7s. 5d., derived from the following sources,—viz., court of examiners, £16,655 5s.; fellowship, £1449; *ad eundem* admission to membership, £88; certificate of membership, £5 5s.; midwifery examinations, £365 8s.; admission to council, £21; sale of lists of members, catalogues, etc., £20 13s. 9d.; and dividends on investments in Government securities, £1,092 15s. 8d. The disbursements amounted to £20,994 7s., divided under various heads, including a deposit of £350 on the purchase of a large house adjoining the College. From a summary of the whole, it appears that the incidental income of the College was £18,604 11s. 9d., and the incidental expenditure £17,305 12s. 2d. The permanent income of the College was only £1092 15s. 8d.; whereas the expenditure amounted to £3688 14s. 10d. From an analysis of the list of the College it appears there are at the present time 1226 fellows, of which number 233 have undergone the severe examinations, and 993 are honorary and elective fellows. Of members there are 13,000, making a total of fellows and members of 14,226; of this number 709 are licentiates in midwifery.

THE COLLEGE OF DENTISTS.

On Tuesday evening Mr. Erichsen commeneed a course of six Lectures on "The Surgery of the Mouth and Jaws," at the College of Dentists, and made some introductory observations on the relations of Surgery to Dentistry, which are well worth attention just now that it is proposed to give a special licence to Dentists by the College of Surgeons. The sentiments expressed by Mr. Erichsen, we feel certain, are those of the great majority of the Profession; and we trust that they will have their effect upon the Council at Lincoln's-inn-fields. He said that when he had been invited by the Council of that College to give them a short course of Lectures on the Diseases of the Mouth and Jaws, he had felt great pleasure in acceding to that request. From the first foundation of their College, he had taken a warm interest in the success of that Institution. Connected as he had been for many years with the teaching of Surgery in this metropolis, he could not but view with satisfaction the establishment of an Institution the object of which was to improve the education of those practising one branch of the Profession to which he belonged. In reflecting on the position of Dentists in this country, he had often been struck by one great anomaly connected with it. This anomaly was not that any man, educated or not, might establish himself in practice as a Dentist—for, monstrous as such a licence was, yet, in this respect, Dentists stood in exactly the same position as Surgeons up to the passing of the late Act. But the remarkable anomaly in the position of the Dentist was, that whilst every other branch of the Profession had its head and home, the Dentists had none. Whilst the Physicians possessed their time-honoured College; the Surgeons an Institution second to none in the country for scientific importance; the Apotheearies their Hall, which he believed had done more for the improvement of the edueation of the Practitioners of this country during the last five-and-forty years than both the other Institutions put together; and whilst the Chemists had more reeently established their Pharmaceutical Society; so numerous, so influential, so intelligent, and so wealthy a body as the Dentists possessed no Central Institution in whieh they could be ineorporated, and by which they might improve the education and status of their Profession. This appeared to him to be a great anomaly; and he was rejoiced to see it removed by the institution of such a College as this, in which the requirements he had just spoken of would be fulfilled. He knew that it was the opinion of many very eminent members of their Profession, that the College of Surgeons was the proper home for the Dentists; but he could not agree with those gentlemen who thought so, several of whom ranked among his intimate friends, for whose opinions he entertained a great regard. It was not his intention to enter upon this question at length—a *questio vexata* which was still under discussion, or to intrude himself into the politics of a body with which he was not directly connected,—but he must be allowed to say a few words upon the subject in explanation of the course of lectures he was about to commence. If you look to the education or the examination of a Surgeon, how do they fit him for, or test his competency in, the practice of dentistry, or what similarity is there between the praetiee of a Surgeon and that of a Dentist? When a young man intends becoming a Surgeon, he has to spend at least four years of the best and most active period of his life in the aequisition of professional knowledge. He has to dissect and study anatomy for three winters; he has to attend Hospital practice for a similarly lengthened period; he must attend to praetical Pharmacy, to Midwifery, to Medieine, and many collateral branches as well. During the whole period of his studies he scarcely hears the teeth mentioned,—certainly their diseases are never mentioned. The same is the ease when he presents himself at the College for examination. "I have never heard of the Examiners putting questions about the diseases and structure of the teeth, and I believe when they do so, that the probability is that they would find nine-tenths of the candidates unprepared to answer. However skilled a student may be in the anatomy of the perineum, in the coverings of hernia, in the distribution of the minutest arterial branch or nervous twig, I doubt whether there would be one in ten who could tell you how many milk-teeth there were, in what order they appeared, and when, how, or where the first permanent molar showed itself. If you look to the practice of a Surgeon, what is there in common between it and that of a Dentist? A Surgeon has to set broken limbs, to operate for hernia, to cut for stone, to extract eataracts, to be engaged daily in the performance of a multitude of duties of a similar kind. His time is never his own; he can never be sure of any hour. But look at the Dentist. He is engaged in the practice of a pure speciality—the purest of all specialities—the very type of a speciality. I have never heard of any Dentist, though he might be a Member or Fellow of the College of Surgeons, engaging in Surgical Practice. I feel sure that if such a gentleman were called up in the middle of the night to operate on a case of strangulated hernia, or to puncture an over-distended bladder, he would at once say, "No, that is not my business; I am a Dentist. You must send for a Surgeon." I do not, of course, mean that there are not men in your Profession who could not do these things. I know there are men who might be competent to undertake them on an emergency; but what I mean is, that the feeling of the public, and I may say of our Profession even, would compel a Dentist to confine himself exclusively to the practice of operations on the teeth. Now, in this respect Dentists differ from all other specialists. The most eminent occulists of the day have been, and are, General Hospital Surgeons, engaged in the practice of Surgery in all its branches; they will cut for stone, and operate for hernia as skilfully as they can extract a eataract. The same is the case with Orthopædic practitioners. The most eminent in London, the founder of Orthopædic Surgery in England, is a Physician to one of the largest Hospitals, and is extensively engaged in general Medical practice. But the Dentist, as I have already said, is a pure specialist; he does not, and cannot, consistently with his own duties, depart from the Surgery of the Teeth. Now, this being the case, why should a pupil be compelled to go through a course of study that has no bearing upon his practice in after life? What use can there be in teaching a young man the minute anatomy of the surgical regions and the mode of performing surgical operations, which he ean never be called upon to practise,—neglecting his own department of study—the teeth—in the cure of the diseases of which his after life will be spent? I believe it is not only useless, but positively injurious, to compel young men to a course of study whieh they know will lead to no practical result; to force them to aequire knowlege for the sole purpose of aequiring a professional title,—to learn what they can never be called upon to praetise. I have had several students attending my lectures at various times who were placed in this position, and those to whom I have spoken on the subject have always eomplained of the hardship and drudgery and loss of time attendant on such a course of study. It was only this day that I was speaking to one of the most intelligent young men with whom I am acquainted, who is qualifying for a Dentist, but is studying to pass the College of Surgeons, and he told me that he felt that all his studies would be useless to him in after-life, and that the time so spent was in a great measure lost. As then neither the education of a Surgeon fits a man for the practice of dentistry, nor the examinations for a Surgeon test his competency so to practise, I cannot look upon a connexion with the College of Surgeons as in any way necessary to the Dentist, and I do not think that he ought to be compelled to pass through the portals of that institution before he is allowed to practise his own art. But though I do not consider a connexion with the College of Surgeons as necessary, there can, of course, be no objection to a Dentist qualifying himself as a Surgeon, if he thinks it expedient to do so. I look upon it as in the highest degree creditable to his industry and perseverance that he should do so, but let him become a member of the College of Surgeons just as he would become a Master of Arts or a Doctor of Philosophy. There are many men among you who, having been educated for the Medical Profession, and having taken their Medieal Degrees, have found it more agreeable or more advantageous to practise as Dentists than as Surgeons or Physicians. Such men are an honour to both Professions, and to them my remarks necessarily do not apply. But though I do not think it at all necessary that every Dentist should be compelled to be a member of the College of Surgeons before he can be allowed to practise his art, I look upon it as equally, if not more, injurious that he should be allowed to practise that art without any special education to fit him for it, or any examination speeially to test his competency in it. I

look upon it as a very great evil that this should be allowed; and I would be glad to see it rendered compulsory in every young man who intends to enter the Dental Profession that he has followed out a certain course of education to fit him specially for it, and that he has passed through one examination that will test his qualifications to engage in its practice. I think it is of importance that he should be specially conversant with the anatomy, physiology, pathology, and surgery of all the parts connected with the teeth and mouth. Now, such a course of study is offered in an institution such as this, and it is my earnest advice that those who intend to become Dentists should take advantage of it. So far as my lectures are concerned, they will consist of a short course of six, on the "Malformations, Injuries, and Surgical Diseases of the Mouth and Jaws." To-night we shall commence with the subject of hare-lip and cleft-palate; and I may say, that addressing a body of gentlemen who should be made specially conversant with these subjects, I shall enter more minutely and fully into them than I should think it necessary to do if I were addressing an audience of Medical students or Medical men."

Mr. Erichsen then explained in a very clear manner the mode of normal development of the jaws, and showed how arrest of development at various stages produced the different varieties of hare-lip. After some general remarks on the principles of the treatment of the malformation, he concluded a very interesting lecture amid general marks of approbation.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ERGOT OF RYE IN HÆMORRHAGE OF THE UNIMPREGNATED UTERUS.

By Professor TROUSSEAU.

The patient who was the occasion of this clinical lecture suffered from carcinomatous metrorrhagia; and her case furnished a new proof of a fact which is more common than it is generally believed to be, that the most frightful cancers of the uterus may reach their last stage without causing pain; while in other cases, a cancerous affection that has made but little advance, may give rise to intolerable suffering. In the year 1832, M. Trousseau, together with M. Maisonneuve, tried a series of experiments with ergot on a large scale, in uterine hæmorrhage, whether resulting from delivery, abortion, cessation of menstruation, carcinoma, or the presence of polypus or tumour. The results were, that the hæmorrhages of women recently delivered were rapidly arrested, this medicine being the most rapid and the most certain in its effects. Even when it is powerless it is entirely harmless; but, in general, its efficacy is real from the moment when uterine contraction commences, the hæmorrhage being arrested, although the woman may lose blood for some hours. The contradiction is only apparent. Hæmorrhage, is, in fact, not constituted by the flow of blood from cavities into which it has been long since poured, but by its leaving the vessels in which it is circulating. Now, when after delivery, we give the ergot to combat the inertia of the uterus, the primary cause of the metrorrhagia, we provoke the issue of the blood contained within the uterine cavity; and such hæmorrhage, which is only apparent, only ceases after the entire expulsion of the blood extravasated within a certain time. As to the real hæmorrhage, it is arrested by the contraction of the muscular fibres of the uterus, and the occlusion of the gaping sinuses.

In the hæmorrhages arising from abortion, advantageous results were also obtained; but the loss of blood was not arrested so rapidly as in hæmorrhage after delivery, and in the hæmorrhages which occurred at the period of the menopausia, its operation was so slow and uncertain that preparations of rhatany or sulphuric acid were preferred.

The ergot was also tried in carcinomatous hæmorrhage, and to the great surprise of the experimenters, succeeded almost as rapidly as in post-partum hæmorrhage, and more rapidly than after abortion. Of course fungoid, or encephaloid cancers, from which a more or less sanguinolent sanies is always issuing, are not those meant, but cancer accompanied by hæmorrhage, which returns every ten or fifteen days, lasting three or four days. In seeking for an explanation of this occurrence, we may compare the state of the uterus, when the seat of cancer, to the organ in the impregnated state—a hypertrophoid state of the muscular fibres being present in both cases. Louis' researches have already shown us that in cancer of the stomach, there is hypertrophy of the muscular tunic, not only when the pylorus is the seat of the affection (which would be explained by the increased effort required to surmount the obstacle opposing the passage of the aliments into the duodenum), but also in cancer of the large curvature.

With respect to the influence of ergot on internal hæmorrhages in general, such as epistaxis, hæmatemesis, hæmoptysis, etc., the experiments were not attended with success, or success, when obtained, could not be positively attributed to the treatment employed. Nothing is more difficult, in fact, than to judge of the efficacy of a medicine in hæmorrhage, an accident which is so essentially temporary, and of such variable duration. It is not possible to determine upon the action of a hæmostatic, except when, in the same individual, the hæmorrhage, after being reproduced with its particular characters, is then suspended by the action of the remedy. A woman, for example, is the subject of metrorrhagia, which usually lasts four or five days; and if on giving her the ergot it continues only twenty-four hours, to return again in its ordinary manner on the suspension of the remedy, we may then decidedly assert that the medicine is of service. But the other varieties of hæmorrhage are essentially transitory, hæmoptysis, or hæmatemesis, occurring at near or distant intervals, never to be foreseen or determined. In the majority of cases, too, these bleedings stop spontaneously, and medicines that may have been administered, sometimes acquire a reputation which they have no right to. At all events ergot, or ergotine, has no advantage in these cases over any of the numerous other hæmostatic agents: and if it is more successful in the case of uterine hæmorrhage, it is not so because it acts upon the hæmorrhagic element itself, but because it exerts a special action upon the uterus, by virtue of which the fibres of this muscular organ undergo contraction.

Professor Trousseau concluded his lecture by referring to another case he had treated with large doses of digitalis, as recommended by Dr. Howship Dickinson. The hæmorrhage did not recur, but as it had already stopped prior to the administration of the medicine, the case proved nothing more than the innocuity of the medicine in infinitely higher doses than the Professor had ever before employed it. He thinks the method well deserves further investigation.—*L' Union Médicale*, 1859, No. 36.

ON THE RELATION OF FOOD AND RESISTANCE TO LOW TEMPERATURES.

By Dr. ISAAC HAYES.

The author was Surgeon on board the *Advance*, the vessel employed in the second Grinnell Arctic Expedition. "There is," he says, "a great misapprehension in the popular mind upon the subject of Arctic life. It is, I believe, pretty generally thought that Arctic travellers are necessarily subjected to great hardships in consequence of the lowness of the atmospheric temperatures, and that almost superhuman powers are required to resist it. This is, I can but think, a great mistake. The animal economy everywhere adapts itself to surrounding circumstances, and this power of adaptation is nowhere more strikingly exhibited than in the Arctic regions. The appetite and digestive powers are, doubtless, more intimately concerned than any other animal functions; and in the quantity and quality of the food consumed, we are led to look for an explanation of the cause which enables the inhabitants of Arctic countries so successfully to resist cold."

During the stay of the *Advance* at Reussellaer Harbour, on the west coast of Greenland, in 1853, the author was in frequent intercourse with a tribe of wandering Esquimaux, inhabiting the shores of the head-waters of Baffin's Bay. These people live almost without fire, so spare is their occasional supply of wood. Their huts are often built of snow, and the temperature, varying from zero to freezing point, is kept even thus elevated mainly by the radiation of heat from the bodies of the occupants. "Yet, with this seemingly unendurable temperature, they appear to live in comfort. The outside

temperature varies from 30° to 70° below zero. No matter how low, provided the air is calm, they do not hesitate to shift their quarters as occasion may require, and with their families and domestic furniture upon their sledges, they travel sometimes forty or fifty miles at a single march.....My object in dwelling thus minutely upon the habits of this people you will readily appreciate. Living virtually without fire, most meagrely dressed, dependent upon the hunt for every necessary of life, and almost daily exposed in the pursuit of game to the very lowest temperature, we are astonished at their complete indifference to the cold. They are, too, a strong, robust, and healthy race; scurvy is unknown amongst them, and I have never known or heard of an instance of tubercular disease."

It is the quantity and quality of the food consumed which supplies this power of resistance, the daily consumption of animal food (the walrus, seal, narwhal, and bear forming the chief supply) being from 12 to 15 lbs.—about a third part being fat. In proportion as the diet of the *Advance* approached that of the Esquimaux, did impunity on exposure to a low temperature increase. A craving was felt for animal food, and especially for fatty substances, which in other latitudes would be exceedingly distasteful. "Frozen blubber became quite palatable; and during the second winter, when the temperature of the cabin was rarely above 45°, and often as low as zero, it was found necessary by Dr. Kane, in order to protect his men against the bad effects of the salt, to guard the slush barrels by the strictest orders. The process of acclimatization with us was gradual. I remember well how, in the autumn of '53, we suffered intensely from temperatures, which, a year later, produced no impression upon us; and I am satisfied that this increased power of resistance was in direct proportion to our ability to eat and digest animal food. During a later period of the cruise, some of the party lived precisely the life of the Esquimaux during three winter months, entirely without fire for the purposes of warmth, without suffering any serious inconvenience or discomfort from low temperatures."

Speaking of the ill effects of salt meat, mischievous not only *per se*, but also because a sufficient quantity of it cannot be eaten, Dr. Hayes mentions a singular effect it had upon the dogs, which had never been accustomed to such diet:—"They could not eat it except in small quantities, and the salt of the meat, the cold and the darkness, operating together upon their feeble bodies, developed a singular epilepto-tetanoid disease, which ultimately destroyed nearly every animal which Dr. Kane took with him from South Greenland or afterwards procured." The same was, from time to time, observable among the men, and doubtless for the same reason.

The Esquimaux for the most part eat their meat raw, and the author strongly recommends this fact to notice, having often found the stomachs of scorbutic patients readily retain frozen, uncooked flesh, while they refused cooked meats. Freezing quite destroys the repulsiveness of raw meat; and the raw flesh of the seal and the walrus, especially if acidulated with a little vinegar or lime-juice, was very generally preferred by the sick. While fresh animal food, and especially fat, is essential in the Arctic regions, alcohol is not only useless, but positively injurious. "Circumstances may occur under which its administration seems necessary; such, for instance, as great prostration from long-continued exposure and exertion, or from getting wet; but then it should be avoided if possible, for the succeeding reaction is always to be dreaded. If given at all, it should be so in very small quantities, frequently repeated. I do not believe that it has a single useful property, not possessed in a ten-fold degree by other stimulants,—and under this head I rank tea and coffee. So valuable are both of these, that I am at a loss to say which is best. The English Arctic explorers almost invariably use tea, and so do the Russians; but Dr. Kane's party, after repeated trials, took most kindly to coffee in the morning and tea in the evening. The coffee seemed to last through the day, and the men seemed to grow hungry less rapidly, while tea soothed them after a day's hard labour, and enabled them to sleep better. They both operated upon fatigued and overtasked men like a charm, and their superiority over alcoholic stimulants was very marked. The virtue of coffee used under the above-named circumstances I cannot overpraise, the only drawback to its frequent administration being the difficulty of preparing it, when the atmospheric temperature is low, and the traveller is obliged to depend upon a lamp with which to melt and boil his water."—*American Journal of Medical Science*, July, pp. 114—118.

EXCERPTA MINORA.

Remarkable Course of a Urinary Fistula.—A patient recently entered the St. Antoine Hospital, under M. Morel-Lavallée, suffering from stricture, and having several urinary fistulæ in one of his thighs. Not a drop of urine was discharged by the urethra, and no instrument could be introduced. Although the attempt at catheterism was made with great precaution, an intermittent paroxysm followed, giving rise to the death of the patient in spite of the administration of quinine. At the autopsy, a vesical fistula was found traversing the horizontal ramus of the pubis, a true bony canal, in fact, existing, communicating with the fistulous tracts of the thigh, and with the point once occupied by the prostate, this gland being entirely destroyed. It is probable that in this case there was primary disease of the bone, the bladder becoming attached to it. The case is probably unique, although the examples of balls perforating the ramus, penetrating the bladder, and thus giving rise to a fistula, bear some analogy to it.—*Union Méd.* No. 114.

Applications in Acne.—When the affection is slight and recent, after removing all causes which seem to maintain it, we should always commence its treatment by stimulating, spirituous lotions, which may be employed tepid or even hot. When very slight, a large teaspoonful of the following solution, added to a glass of tepid water, may be applied night and morning:—℞ Hydr. bichlor. 1; alcohol, q. s.; aq. dest. 100 parts. In certain forms of acne, especially the punctuated and sebaceous, local astringents effect a certain cure. M. Ferrat especially recommends alum or peroxide of iron—℞ Alum, 30 parts; aquæ, 300 parts. ℞ Ferri perox. half-a-part; axung, 30 parts. It will be better to commence with half these strengths, increasing them afterwards. The lotion may be applied night and morning, and the ointment on going to bed. In severer cases, protoiodide of mercury should be substituted for the iron, viz. protoiod. half-a-part, and lard 30 parts. The dose of the protoiodide may be afterwards doubled; and if the cure is long delayed, or imperfect, the bi-iodide must be substituted, employing from one to seven grains every evening. In intense acne we may commence with the bi-iodide.—*Bulletin de Thérap.* Tome lvii., p. 270.

Cherry-Laurel Water in Burns.—M. Franchini states that he has found this application of great service, even in very severe burns, while, even when these have been of large extent, it has produced no ill effect. He combines eight parts with one hundred parts of gum syrup (a mixture of tragacanth mucilage and simple syrup), renewing the application every twelve hours, moistening the compress a few minutes before attempting to detach it.—*Ibid.* Tome lvii. p. 331.

Influence of Smoking in the Production of Cancer of the Lip.—M. Bouisson, of Montpellier, has rece ntlystated that the great increase of this affection is due to the practice of smoking; and the late M. Roux attributed also to this the fact of his having met with a larger proportion of cancerous affections of the lips during the latter than during the former half of his prolonged Surgical career. M. Fleury, of Clermont, is however, of a different opinion; for, deploring equally with M. Bouisson the pernicious practice of smoking, he doubts whether cancerous affections of the lips is one of its effects. Between 1845 and 1855, he has operated upon 86 patients, 71 being men, and 15 women, and not one of these being less than 43 years of age. They were all of the peasant class, chiefly from among the mountains of Puy-de-Dome and the vicinity, where smoking is almost wholly unpractised. It is a remarkable fact that the inhabitants of the surrounding plains, and of the towns, where smoking prevails much more, are almost completely free from the affection.—*Gazette Médicale*, No. 35.

Fetid Sweating of the Feet.—M. Gaffard recommends as a most effectual agent, the applying between the toes of a few drops of the following liquid. An application once a week is usually sufficient, but during summer it may sometimes be required to be made daily:—Red oxide of lead 1 part, and the liquor of the subacetate of lead of the French Codex (3 parts of acetate, and 1 of litharge, to 9 of distilled water) 29 parts; bruise the sesquioxide of lead in a porcelain mortar, and add the liquor gradually, directing the bottle to be well shaken whenever it is used.—*L'Union Méd.* No. 102.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, October 24, 1859.

In a recent number of the *Medical Times and Gazette* one of your distinguished correspondents expresses some doubts as to the efficacy of the sulphate of quinine in large doses in the treatment of some of the phlegmasiæ, and more especially in acute rheumatism and peritonitis; and, as he stated at the same time, that he would be glad to have some details as to the treatment of these affections by the above-mentioned agent, I have much pleasure in placing before him three cases selected from many others which have come under my notice. They will be found to exhibit in a pretty strong light the connection existing between deafness and other symptoms resulting from quinic intoxication and its therapeutical action. These three cases were treated at La Charité, by M. Beau, of whose practice I have already spoken pretty fully on more than one occasion. The notes were carefully taken at the bedside of the patient, and all the details may, consequently, be strictly relied on.

Case 1.—C. R. aged 30; employed at the Paris Telegraph Office, admitted into the Salle St. Felix, January 23, 1859. This patient is of middling stature and thin, with blue eyes, fair complexion, and lymphatic temperament; has inhabited Paris since the age of eighteen, and has generally enjoyed good health. At the age of ten, had a first attack of rheumatism which lasted six weeks, since which he has been subject to cardiac palpitations; had a second attack of the same disease at the age of twenty; he now suffers from a third attack, induced by exposure to cold about a fortnight ago. On the present occasion the knees were first affected, but other parts of the body soon became involved. No active treatment hitherto had recourse to. The patient is lying on his right side, and is quite unable to assume any other posture; the left knee is the seat of considerable tumefaction, attended with heat, redness, and intense pain; it remains half bent, and all movement is impossible. Although not so seriously affected, the right knee also is swollen, red, and painful; no fluid is perceptible in either of the two articulations; the left shoulder and elbow are also the seat of very considerable pain, and all the metacarpo-phalangeal articulations of the left hand are red, swollen, and painful. On auscultation, a rough murmur is found to accompany the second sound of the heart; it extends over a large space, but its maximum is observable at the base of the organ; there is considerable dulness over the precordial region; the pulse is strong, full and jerking, 80; skin hot, and covered with profuse perspiration; tongue furred, thirst, and loss of appetite; bowels regular. Diagnosis pronounced by M. Beau, "Acute rheumatism, with insufficiency of the semilunar valves." January 24.—Two grains of tart. antimon. are prescribed, which induce copious evacuations both from stomach and bowels. January 25.—The pulse remains at 80, though the patient is in other respects very feverish. M. Beau supposes that, in a state of health, this individual's pulse is naturally slow; the joints are swollen, painful, and stiff. Ordered sulph. quinæ, grs. xxvij., in a potion, to be given in three doses—at midday, eight in the evening, and four in the morning. January 26.—No marked effect produced by the quinine, the patient having been deaf only about half-an-hour; the articulations as painful as they were yesterday; pulse 80. Ordered quinæ sulph., grs. xxxvj. January 27.—Marked symptoms of quinic intoxication from noon until eight in the evening, the patient having been deaf all the time; the joints are much better; pulse 80. January 28.—The deafness is increased; pain and swelling of the joints diminished; pulse 72. January 29.—The pain, redness, and swelling of the joints have disappeared; pulse 64. The appetite is returning; ordered two soups. January 30.—Pulse 60; the patient doing well. February 3.—Pulse 56; patient continues in a very satisfactory state; the sulphate of quinine is reduced to grs. xxvij. February 5.—Pulse 52; patient no longer deaf; joints continue quite free from pain; the quinine is reduced to grs. xviij., and the patient is allowed one portion of solid food. February 6.—The quinine is now entirely discontinued. February 7.—Has been up all day, and feels remarkably well; appetite good. February 12.—Was to-day discharged cured.

Case 2.—P. M., married, aged 43, private coachman, admitted into the Salle St. Felix, January 28, 1859. This patient is stout, short, and thick-set, with dark eyes and black hair; face very pale; has lived in Paris for the last twenty years. Had a first attack of rheumatism about eleven years ago, which was slight, but which made a permanent impression on his heart, as evidenced by palpitations to which he has been subject ever since; in other respects has enjoyed good health. His present attack of rheumatism commenced six weeks ago. The left knee was first affected; but after a short time the right also became implicated. The patient lies on his back, and can with difficulty move; the palpitations are stronger than usual, accompanied with a little dyspnœa. The left knee is red, swollen, painful and stiff; the right knee, the ancles, and the left shoulder are also much affected; the passage of the extensors under the annular ligament of the tarsus is peculiarly painful; all extension of the feet or movement of the toes is impossible. Auscultation reveals a rough murmur, accompanying the first sound of the heart, which extends over the entire precordial region; but has its maximum of intensity at the apex; a soft murmur attends the second sound, exclusively at the base of the organ; considerable dulness exists over the cardiac region, and the heart's pulsations are excessively strong. Pulse, 92; full and rebounding; the carotids are also the seat of a rough murmur, which immediately precedes the second sound of the heart. Lungs healthy; tongue furred; loss of appetite and intense thirst; bowels regular, skin hot, and covered with a profuse perspiration exhaling an acid odour. *Diagnosis of M. Beau is Acute Rheumatism attended with Mitral Stricture and insufficiency of the Semilunar Valves.*—January 29.—Two grains of tart. antimon. are prescribed, to be followed, as soon as the vomiting shall have ceased, by thirty-six grains of the sulphate of quinine exhibited as in the preceding case. January 30.—The stomach has been relieved of a large amount of bile, and patient feels more comfortable; he is almost entirely deaf; the joints are less painful; pulse has fallen to 76. January 31.—Continues to do well and remains deaf; the pulse has, however, risen to 88. February 1.—The rheumatic pains have returned; he is no longer deaf; pulse, 92; sulphate of quinine increased to fifty-four grains. February 2.—He is quite deaf; pulse fallen to 76; the joints still a little painful. February 3.—Continues to improve; pulse, 72. February 4.—The patient is greatly agitated, having received bad news from home; tongue furred; constipation; pulse, 88; deafness continues; is ordered two grains of tartar emetic, while the quinine is to be continued. At five in the afternoon the patient had had copious evacuations; pulse, 100. February 6.—Feels relieved; deafness continues; pulse, 76; joints free from pain. February 7.—Continues to improve; deafness persists; pulse, 72; appetite returning; sulphate of quinine reduced to forty-five grains; two soups ordered. February 8.—Is much better; the joints are in their natural state; pulse has fallen to 68; appetite good; deafness continues; quinine reduced to thirty-six grains. February 12.—Quinine is entirely suppressed: ordered one portion of solid food. This patient remained in the ward until March 12, on account of his heart disease; but during the whole of this time he was quite free from rheumatism.

Case 3.—L. F., waiter, aged 23, admitted into the Salle St. Felix, September 18, 1859; small in stature, dark eyes and brown hair, complexion rather pale, and has the look of having been badly fed; has lived in Paris since the age of 18. Three years ago had a first attack of rheumatism, which lasted three months; had a second attack in January last, and is now suffering from a third attack, which commenced yesterday. Both knee-joints invaded at once. Patient is sitting up in bed; the lower limbs alone being affected. The knees are red, hot, swollen, and painful, more especially the left one; all movement of which is impossible; both limbs are extended. On auscultation a very slight murmur is heard to accompany the first sound of the heart, heard only, however, over a very limited space over the apex; skin hot and dry; pulse 100, strong and full; tongue furred; loss of appetite; intense thirst; bowels regular. *Diagnosis: Acute Rheumatism attended with very slight Mitral Stricture.*—September 19.—Two grains of the tart. antimon. prescribed which produced free evacuations. September 20.—Patient

feels relieved; pulse, 92; joints still very stiff and painful; ordered twenty-seven grains of sulph. quinæ. September 21.—Is quite deaf; pulse, 76; joints still painful. September 22.—Pulse fallen to 60; complete deafness; swelling of joints much diminished. September 23.—Pulse, 60; deafness continues; joints no longer painful; the murmur attending the first sound of the heart is now very faint. September 24.—Pulse, 56; continues to improve. September 26.—Pulse, 52; the joints now in their natural condition; the quinine reduced to eighteen grains per day; two soups ordered. September 27.—Pulse, 52; patient feels a little giddy; deafness continues. September 28.—Pulse, 54; no pains in the joint; deafness persists; quinine is reduced to nine grains daily; one portion of solid food ordered. September 30.—The quinine is entirely suppressed. October 8.—Patient quite free from every symptom of rheumatism, and the sounds of the heart being all but perfectly normal, he is transferred to the Convalescent Asylum.

GENERAL CORRESPONDENCE.

ON FŒTAL AUSCULTATION.

Letter from Dr. Alfred Meadows.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your impression of last week a most interesting "Case of Aortic Aneurism occurring in a Pregnant Woman" is recorded, to which is appended some "Remarks on Fœtal Auscultation," which I venture to predict will be received with no little surprise by any at all acquainted with the present state of obstetric science. That we should be asked to give up all the well-recorded observations and experience which have been made in uterine auscultation during the last forty years, and to denounce the valuable information which the stethoscope affords in many very important points in midwifery practice, is a demand which, however sincerely made, will, I am confident, be most stoutly rejected.

It seems to me that the theory which Dr. Adams has set up to explain away this most critical subject, affords some insight to the "mental phenomena" of which he is the victim, and I doubt not there are many who will believe that he does not hear the sounds which he might hear, simply because he "has an intense persuasion" that he shall not hear them. Doubtless, cases do now and then occur in which great difficulty is experienced in detecting either the uterine or fœtal sounds, in others they may be thought present when in reality absent, mistakes of both kinds may and do occur with the most practised ears; but surely these exceptional cases are not to imperil the general results. Dr. Adams seems to have been very unfortunate in his experience; but there are a thousand others who have met with very much greater success, and one cannot help thinking that if Dr. Adams would listen more patiently and with an unbiassed mind, he, too, might more frequently hear, not one only, but both sounds, provided, of course, that pregnancy exists, and is far enough advanced.

With regard to the frequency of the fœtal pulse, I have counted it at 28 and at 35 the quarter minute. Why the note of exclamation is affixed by Dr. Adams when remarking upon this frequency I cannot quite understand; for surely he must often have met with a pulse in acute disease in the adult very nearly if not quite as frequent as this; and in such cases he will find it much easier to count with the stethoscope applied to the chest, than with the finger on the wrist. That the fœtal heart may sometimes beat as slowly as 80 per minute I can quite imagine, though I have never met with it, and should certainly doubt it as a general rule. The uterine *soufflet* may be much more constantly heard, at least it is more easy of detection; and at the seventh month I have never failed to find it; that it should be more frequently heard than the fœtal sound can easily be explained, for while the seat of the one is constantly within reach, that of the other, from the freedom of the fœtus to move in utero, may sometimes be beyond the reach of the ear.

But even Dr. Adams admits that "pulsatory sounds" and "*soufflets*" may be "occasionally detected," and if he will not then admit the explanation which is given of them, why does he not offer some other solution of the fact? and when sounds are heard to proceed from the gravid uterus, which in frequency, rhythm, and character, exactly resemble those heard in the new-born infant, where is the extraordinary gullibility in the man who believes that they are identical? That the *soufflets* are placental is a much more doubtful affair; indeed, I believe it is now more than generally believed that they are not; but, whatever may be the cause, that they do really exist, and may most frequently be detected, no one whose ears are not morbidly dull or voluntarily closed can deny. As to the ghost-stories which Dr. Adams cites, many others equally curious and exciting might be related; but I am not disposed to adduce them either to prove or disprove such important points as are here discussed; these are facts which are as surely attested as any which the stethoscope has ever revealed, to deny which is only to add another proof to the saying that "There are none so deaf as those who won't hear."

I am, &c. A. Meadows, M.D.
Physician-Accoucheur to St. George's and St. James's Dispensary.

Cavendish-place, Cavendish-square, Oct. 24.

LOSS OF BLOOD IN FEVER.

Letter from Dr. Markham.

[To the Editor of the Medical Times and Gazette.]

Sir,—M. Trousseau calls attention, in a lecture lately delivered by him on the subject of Typhoid Fever, to the fact, that those cases of the fever in which hæmorrhage from the bowels occurs are rarely fatal. Dr. Graves, he says, long ago pointed out this circumstance; but in those days M. Trousseau could not believe in its correctness, so imbued was he with the long and generally-accepted proposition, that the symptom in question is a most serious and fatal indication of the progress of the disease. Later, and more extended experience, however, has convinced him of the truth of the remark; and he gives the results of his own observation, which certainly fully corroborate the statement of Dr. Graves. My own less extended observation also agrees with it. I here refer to the point, because in a few cases of intestinal hæmorrhage in fever, which have occurred under my own observation in St. Mary's Hospital, I have called the attention of the students to the fact that large quantities of blood may be lost under such circumstances without producing any remarkably depressing influence upon the patient. I think the fact is of much interest in reference to the subject of "Bleeding in Diseases;" and may assist in giving us some hint or clue to the unravelling of this mysterious, and all-disputed subject of therapeutics. Indeed, it was in reference to the question of "Bleeding," that I called attention to the cases above spoken of.

Here, then, is a disease—if any may be called so—of a purely adynamic type; and one whose treatment, at the present day, about the last thing which would enter into the head of the Physician would be the abstraction of blood. The taking of blood, indeed, in typhoid fever would be looked upon as something approaching to the destruction of the patient. And yet, notwithstanding, we observe patients suffering large losses of blood from the bowels in this disease—in its somewhat advanced stages, too—without suffering any corresponding depressing symptoms, such as we anticipate would result from a formularised venesection. How are we to reconcile the discrepancy between theory and fact? Theoretically, bleeding should be a most prejudicial symptom in this disease. Practically, the very large majority of those who suffer from intestinal hæmorrhage during its progress recover; and, according to M. Trousseau and Dr. Graves, are relieved by the hæmorrhage.

If there be no mistake in the correctness of the view held by these gentlemen, it follows clearly, that we over-estimate greatly the injurious effects of loss of blood in fever and many other diseases; the loss of blood may be of no service therapeutically, but it is not so baneful as heretofore supposed. Everyone who attended the practice of Dr. Craigie, some years gone by, in the fever-wards of the Edinburgh Hospital, will recollect the continual abstractions of blood which were going on in those wards; and yet there has never been any proof given that the results of Dr. Craigie's practice, as shown

by the bills of mortality of the Hospital, were more unfavourable than the results of the Port-wine treatment adopted in the wards beneath his own.

I have elsewhere stated, and I venture to think the statement is corroborated by the fact above alluded to, that large losses of blood are most especially dangerous in those cases in which the function of the lungs is seriously and extensively arrested by disease. In such case the prime or chief blood-making agent of the body is stopped in its work, and according to the extent of the disease. So long as the lungs are thus impeded, and in proportion to the amount of them diseased, is the sanguificating process arrested. Loss of blood under such circumstances is, therefore, an irreparable loss. In fever, so long as the lungs remain unaffected, the blood lost may be replaced, if not by food, at all events by the waste of the tissues carried to them through the absorbents in the shape of lymph.

I am, &c. W. O. Markham.

SOME SUGGESTIONS FOR DIMINISHING THE ABUSES OF MEDICAL CHARITIES.

Letter from Mr. Knaggs.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced by a leading article in a late number of your Journal to make you acquainted with some suggestions contained in a Paper on the "Abuse of Medical Charity," which I was accidentally prevented, from reading at the late Social Science Congress at Bradford; and in this place I confine myself to a simple statement of the propositions themselves, without any reference to the information and arguments upon which they are based.

1st Proposition.—Societies should be organised throughout the country for the insurance of Medical relief to the poor and working classes, and to others of limited means, and that these societies should be established upon the principle of graduated payment according to income, as suggested by Dr. Ogle.

2nd.—Out-door paupers, *i. e.*, those receiving relief out of Union houses, might at option be insured in, and admitted to, the privileges of other members of such institutions at a fixed rate.

3rd.—A charitable fund should be formed in connexion with these insurance societies, to provide for the admission of necessitous cases.

4th.—Every qualified Medical man practising regularly should be permitted to attach himself to these societies, and to attend, under proper regulations, those members who choose him as their doctor.

5th.—Members of benefit clubs should not be admitted to the privileges of these societies at any fixed rate; the payment of each club member should depend, as in other cases, upon the amount of his individual income.

6th.—No out-patients should be admitted to the benefits of our public Hospital charities, unless they bring with them a letter of recommendation either from the Medical officers or the working committee of these insurance societies.

I wish particularly to invite your attention to the last proposition, because it appears to me to be the only effectual way of sifting the out-patients and diminishing the gigantic abuses of our out-patient charity. No doubt it would greatly diminish the numbers of the out-patients of our charities, and send a more proper stamp of cases, while it would enable the poor man, in fit and proper cases, to obtain gratuitously (but not as now indiscriminately) the services of the highest grades of the Profession.

I am, &c.

Huddersfield, Oct. 18, 1859. Samuel Knaggs.

THE "FELL" TREATMENT OF CANCER.

[To the Editor of the Medical Times and Gazette.]

Sir,—In 1856 I was requested by a valued friend to examine his wife's breast. I found a tumour, which I conceived to be malignant. The glands in the axilla were unaffected, the skin healthy, the nipple normal. My friend, at my request, took his wife to a most able Surgeon, who confirmed the opinion I had given as to the nature of the disease, and as to the advisability of its removal by the knife.

Circumstances placed her under Dr. Fell's care, and the details of treatment I derived from her husband. Dr. Fell informed the husband that under his treatment only 20 per cent. suffered recurrence of the disease, whereas, in ordinary surgical treatment, 80 per cent. relapsed.

On May 12, 1856, Dr. Fell commenced efforts to disperse the tumour, the means being various ointments, used alternately. This lasted till August.

One of the applications was followed by a "gnawing or aching in the breast, which at times was scarcely supportable."

In September she went to the sea, furnished with Dr. Fell's applications, which produced such "drawing" pain that it was "a time of much suffering."

In October she again saw Dr. Fell, who advised the removal of the tumour, which had greatly increased in size. She was led to believe that the "pain of the process was not worth speaking of."

On October 11, the skin of the breast was destroyed by nitric acid to the extent of a circle four inches in diameter. The "smart was very trying; went on augmenting for several hours exactly like a severe burn."

On the 12th, the raw surface was "scored" with a scalpel. These scores were deepened day by day, till they were capacious enough to receive strips of linen rag, covered with a "purple mucilage." About an hour after these were inserted, "the breast began to be the seat of an aching, piercing pain," which compelled the poor sufferer to "wander up and down her narrow room, unable from her agony, to lie, sit, or stand." This continued several hours!

When the incision had reached an inch and a-quarter in depth, Dr. Fell declared he had reached the bottom of the growth. He then applied a "girdle" (of caustic, I suppose,) round its base, and in four weeks (November 22) the dead mass tumbled out, "in size and shape like a penny bun," only black.

The patient and her husband exulted.

Two days afterwards, Dr. Fell decided that there remained a portion, which, though he "could not say it was cancerous, he deemed it prudent to take away."

On December 17, the interval having been filled with a repetition of the former agonies, a lump as large as a hen's egg was detached. "Pimples" were forming under the arm, and though Dr. Fell thought lightly of them, the patient and her husband were not quite so confiding as they had been in his opinion.

On December 22, Dr. Fell proposed to "take out another piece from under the arm." "What then?" inquired the patient. "Then I must treat the other part on the inner side of the breast." "But how do you account for the spreading of the disease?" "Oh, it is in your blood."

Poor thing! she calmly went home. During this season of protracted torment, her general health had entirely given way, and in February, 1857, she died hectic.

I am, &c. L.R.C.P. Eng.

Social Science Association. — Department of Public Health.—Friday, October 14th.—C. Baker: "Vital Statistics, and Distribution of Deafness and Dumbness in England and France." Rev. J. Fawcett: "The Use of Intoxicating Drinks not necessary to Workmen engaged in Mines and at Forges." C. H. Bracebridge: "The Ventilation of Ships." M. A. Baines: "The Practice of Hiring Wet-nurses—especially those from the 'fallen'—considered as it affects Public Health and Public Morals." G. V. Vernon: "The Meteorology of Scarlatina." The foregoing papers were on the list for Friday, but, for want of time, were not read.

Western Medical and Surgical Society of London. —On Tuesday last the fourteenth session was commenced at the rooms in Sloane-street, on which occasion a *soirée* was given to the members and their friends by the President and Council of the Society. Various objects of interest were exhibited on the tables, Mr. Pillischer lending his valuable microscopes for the occasion. The interesting collection of scientific portraits by Messrs. Maull and Polyblank also excited much attention, as did a collection of drawings by Sir Charles Bell, which was kindly lent by University College. This was a very pleasant scientific re-union.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, OCTOBER 8, 1859.

A Paper, by HENRY THOMPSON, F.R.C.S., M.B., was read—

ON THE VALUE OF INTERNAL INCISION IN THE TREATMENT OF OBSTINATE STRICTURES OF THE URETHRA.

Mr. Thompson commenced by observing that it was not his object to advocate any particular method of treating stricture as the exclusive one, or even as of very general application. In no complaint was there more necessity for exercising a sound discrimination as to which of the various methods sanctioned by experience should be adopted in each individual case. He introduced the subject of internal division of stricture as a mode of treatment which, when properly applied, is one of extreme utility in some of those exceptional cases which had been found not amenable to dilatation. He was prepared to substantiate this statement by the records of a considerable experience. He thought that the many hazardous modes of performing the operation which had been practised at various times and places, but especially on the Continent, had by their bad results naturally raised some prejudice against internal incision altogether. But it would be his endeavour to discriminate between these modes, and to point out one which had been proved safe and satisfactory in a very high degree. There are two classes of cases to which the author conceived internal incisions to be applicable:—1. Those in which the stricture is so unyielding that no dilatation, simple or continuous, materially enlarges the passage or ameliorates the symptoms; such examples usually occurring in patients who have been subject to the complaint for twenty years or more, and who have undergone repeated and long-continued courses of treatment. 2. There is a class of cases for some of which, severe and obstinate stricture having occurred in comparatively early life, internal division appeared to be the most appropriate treatment. For these, the object of the operation is not only to remedy present difficulties (as in the preceding class), but also to anticipate future ones, since it is almost absolutely certain that serious, if not fatal injury will result long before the term of life is past, where during the early part of it a severe stricture is established and merely palliative treatment is applied. He believed it to be a question which we are bound seriously to consider, whether it may not be more desirable to cure the patient if possible before extensive urethral disease has been set up, or organic complaints in the bladder or kidneys have been established, than to postpone the attempt until such changes either threaten or have taken place, and the effect of palliative measures has been well nigh exhausted. This is a view of the subject which, in the author's opinion, has not been sufficiently considered. The manner of performing internal division of the stricture was next described. During the last few years Mr. Thompson had studied the modes generally adopted both at home and abroad, especially the latter, and had made it his business personally to examine and estimate them; the consequence of which was that he had employed the method about to be considered, and with a success, which gave him a high opinion of its utility. For the successful practice of the operation the three following conditions must be complied with:—1. The cutting instrument must be passed through the stricture, and the incision be made from behind forwards, that is towards the orifice of the urethra, not from before backwards. 2. The limits of the stricture being first accurately defined, the whole of the contracted part should be divided. 3. The borders of the incision should be maintained apart by catheterism subsequently performed, and healing of the incision by first intention be thus prevented. After dwelling on each of these points at some little length, Mr. Thompson invited particular attention to an important point in connexion with the kind of stricture to which incisions are applicable. He was anxious to combat a very generally-received opinion that the narrowness of a stricture is the measure of its severity, an opinion which is wholly erroneous and productive of grave error in practice. The truth is that a very narrow stricture, for example, one admitting only an instrument of the size of No. 1, sometimes produces comparatively slight symptoms, and is easily amenable to dilatation, while there are exceptional cases in which a stricture is by no means narrow, admitting say No. 4 or 5, but which is quite non-dilatable, and is accompanied by most severe symptoms. Narrowness, *per se*, is not therefore the gauge of severity. The most important characters of organic stricture, whatever may be its calibre, are non-dilatability and contractility; the former denoting a condition in which the tissue constituting the stricture is so unyielding that dilatation, however carefully employed, does but slightly enlarge its calibre, or improve the symptoms; the latter denoting a quality, through the agency of which, whatever temporary effect may be produced by dilatation, the original degree of narrowing reappears almost immediately after ceasing to employ the instrument. The erroneous belief referred to is exemplified in the remark so frequently met with, that if a No. 4 or 5 can be passed, any incision must be unnecessary. The fact, however, is that not merely the calibre, but many other conditions of the stricture, and also system at large, must be considered before it is possible to come to a conclusion respecting the kind of treatment which should be adopted. These points were discussed in detail by the author. There was one important fact in relation to non-dilatability, viz., that this particular quality of the stricture appears generally to be developed in proportion to its proximity to the external meatus; so that those cases for which incision is most indicated, are precisely those in which the incision is rarely accompanied by any risk whatever. The instrument which Mr. Thompson considers to supply the best method of fulfilling all the indications required in the majority of cases, is the urethrotome employed by Civiale for fifteen years past, and now slightly modified from the original pattern. The mode of employing it was minutely detailed, and the after-treatment described. For cases in which the stricture is too narrow to be treated by this instrument, Mr. Thompson employs a simple urethrotome of his own design. The accidents which might happen after internal incisions were then discussed and considered from the facts presented in the careful observation of forty-two cases treated by the especial form of urethrotomy described. These accidents were proved to be slight, and in no single instance had led to a fatal, or even threatened a dangerous result. The important fact, said the author, is this, that, in most cases it is in our power by internal urethrotomy to replace a confirmed non-dilatable stricture by a condition of the urethra, in which the occasional use of an instrument maintains the normal calibre. In this manner we may confer upon the patient a benefit of no ordinary value, not only in relation to the removal of present symptoms (which may be accomplished equally by other methods); but in the prevention of those more serious evils, which with certainly arise in the course of advancing age. It is this which has long been an important desideratum in practice; unhappily it has been the custom to regard too much the present results, and too little the future difficulties in our treatment. Most triumphant is dilatation in regard to the present in the great majority of cases, but in a certain proportion of them it does but postpone the evil day. He claimed for internal urethrotomy, when properly applied to appropriate cases, the position of an admirable adjunct or supplement to dilatation. It was on no account to be regarded as a treatment antagonistic to or competitive with dilatation, but as often rendering wholly amenable to that process a stricture which had been completely rebellious to it before. Finally, Mr. Thompson presented the details of eight cases, which he had taken from his own practice as illustrations, each one of which had been treated by him either in the public wards of University College Hospital, or in connection with some Medical man, whose name was given as corroborative of the statements made. The results were of the most satisfactory nature.

SPANISH DOCTORS.—Several Professors of the town of Murcia have been deprived of their offices in consequence of their having left the town during the time in which the cholera was there.

QUARANTINE.

At the reeent Meeting of the National Assoeiation for the Promotion of Social Scienee at Bradford, in the Section of Public Health, presided over by the Right Hon. W. Cowper, a preliminary Report from the Sub-eommittee on Quarantine, whieh had been appointed by the Association last year at Liverpool, was read by Dr. Milroy, the Honorary Seeretary of the Sub-eommittee.

The Queries, which had been drawn up with mueh eare for the purpose of elieiting authentic and exact information on the divers topics connected with this intricate subject, have been extensively circulated. The Earl of Shaftesbury, the then President of the Seetion, brought them under the attention of the Foreign and the Colonial Secretaries of State, with the view of having them sent to all British Consuls abroad, and to the Governors of our different Colonies. Lord Malmesbury and Sir E. B. Lytton cordially approved of the scheme, and immediately took the neeessary steps to earry into effeet the wishes of the Sub-eommittee.

Already a large amount of valuable material has been obtained through these ehannels, the replies of upwards of seventy Consuls in almost every part of the world, and of at least twenty Colonial Governors, having come to hand. Many of these replies are aceompanied with important illustrative doeuments.

The Directors-General of the Army and Navy Medical Departments also, both of whom are members of the Sub-eommittee, eaused eopies of the queries to be forwarded to their prineipal Medieal offieers serving abroad, inviting the eo-operation of these gentlemen in the inquiry. A good many answers from both services have been received.

Application was likewise made to the Medieal officers of the Royal Mail-paeket steamers, which leave Southampton for the Mediterranean, the West Indies, and South Ameriea; but as yet no replies have eome in from this ehannel.

Dr. Foote, of Constantinople, who, from having aeted as Medieal Inspeetor under the General Board of Health, and subsequently served in the Crimea, has long had his attention drawn to sanitary inquiries, has, in conjunetion with other gentlemen in that city, formed a eommittee there to earry out a local examination of the working of Quarantine in Turkey, and has undertaken to communieate the results of their labours to the Assoeiation.

By means of the information from these various ehannels, the Sub-committee will be enabled, it is believed, to draw up for the meeting of the Assoeiation next year a report which will materially elucidate the system that has hitherto been pursued, and thus aid in the solution of one of the vexed social problems of the day in whieh the publie generally, as well as the Medical Profession, are deeply interested.

As the results of the International Quarantine Conference, which was held in Paris in 1851, and at which Medieal and eonsular delegates from most of the European States attended, have never been made publiely known, it was deemed advisable that an aeeount of their proeeedings, and of the principal eonelusions at which they arrived, should be prepared. The offieial minutes of their meetings (which were printed by the Freneh Government, but not published) were accordingly carefully examined, and a summary of their contents drawn out. This formed the subjeet of a seeond paper read by Dr. Milroy at the Bradford meeting.

It was the more necessary that the proceedings of the Conferenee should be aseertained, as it had transpired that the majority of the Powers, including this eountry, represented by their delegates, had deelined to adopt and ratify the Convention that was drawn up, several of the articles being considered very objeetionable. It is understood that at the present time the subject is again under the consideration of the different Governments, and that meetings are now being held in Paris among the eonsular delegates, in the hope of arriving at some uniform and reasonable line of praetice. The existing state of things is, in many respeets, acknowledged to be inconsistent with common sense as well as with Medieal scienee, while it is felt to be most vexatious and oppressive to commeree and international intereourse.

We are indebted to Dr. Milroy, the Secretary of the Committee, for the above statement.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Seience and Praetiee of Medicine, and reeeived Certifieates to Practise, on Thursday, the 20th October:—

Barrett, Alfred Edward, Eton, Bucks
Gordon, Peter, East Indies
Grabham, Charles
Griffith, John, Bangor, North Wales
Jones, John, Cliftonville, Brighton
Lawson, John Edward Spence, Egremont, Cumberland
Thornhill, David Clarke, Stratford, Essex

The following gentleman also on the same day passed his First Examination:—

Browne, Frank Harvey, Stowe Maries, Essex

University of St. Andrews.—List of Gentlemen on whom the Degree of Doetor of Medieine was conferred, 21st and 22nd Oetober, 1859:—

Adams, James, M.R.C.S., Farmingham
Allen, John, M.R.C.S., L.A.C., and L.M., Longton, Staffordshire
Andrews, Onslow, M.R.C.S. and L.A.C., Monmouth
Blake, Robert H., M.R.C.S. and L.A.C., London
Bloxam, William, M.R.C.S., London
Bogge, Edward B., M.R.C.S., L.A.C., and L.M., Newthorpe, near Nottingham
Buchanan, John H., Lanarkshire
Buckmaster, William, M.R.C.S., L.A.C., and L.M., Co. Cork
Chappell, John James, M.R.C.S., L.A.C., and L.M., Axmouth, Devon
Clarke, John, L.R.C.P. and M.R.C.S., London
Cockcroft, Midgley, M.R.C.S. and L.A.C., Masham, Yorkshire
Coghlan, John J., M.R.C.S., London
Davis, Henry, F.R.C.S. by Exam. and L.A.C., London
Downs, Peter, M.R.C.S. and L.A.C., Stockport, Cheshire
Dyer, William George T., M.R.C.S., London
Eagland, Wm. H., M.R.C.S., L.A.C., and L.M., Guisboro', Yorkshire
Emanuel, Leonard, M.R.C.S., London
Evans, Nicholl, M.R.C.S., Stoke Newington
Foreman, William, Wigan, Lancashire
Fox, Luther O., F.R.C.S., L.R.C.P. Ed. and L.A.C., Broughton, Hants
Goldsmith, John, M.R.C.S. and L.A.C, Hambledon
Graves, Frederich G., M.R.C.S. and L.A.C., Southam, Warwickshire
Harris, William H., M.R.C.S. and L.A.C., H.M.E.I.S.
Heginbotham, Edmund, M.R.C.S., L.A.C., and L.M., Calcutta
Hembrough, John, F.R.C.S. and L.A.C., Waltham, Grimsby
Hepworth, W. B., M.R.C.S., and L.A.C., Armley, near Leeds, Yorks.
Hodgson, James B., M.R.C.S. and L.A.C., Preston
Hurt, Samuel, M.R.C.S. and L.A.C., Mansfield
Jones, W. G., M.R.C.S., L.A.C., and L.M., St. Ann's Dispensary, Liverpool
Kitchener, Thomas, London
Lake, William C., M.R.C.S. and L.A.C., Teignmouth, Devon
Leach, James, M.R.C.S., L.A.C., and L.M., Shaw, near Oldham
Lynes, Edward, M.R.C.S., L.A.C, and L.M., Coventry
M'Keever, John, M.R.C.S., Guy's Hospital
Morris, John P., M.R.C.S. and L.A.C, Lewes, Sussex
Morris, William, M.R.C S., London
Murphy, Joseph, B., M.R.C.S., R.N., West Ella, Yorkshire
Ogden, James, M.R.C.P., Manchester
Pattullo, William, L.R.C.S. Ed., Alyth, Perthshire
Rattray, John, L.R.C.S. Ed., Lanarkshire
Rawdon, Henry G., M.R.C.S., L.A.C., and L.M., Liverpool
Ridings, James S., M.R.C.S., Assistant-Surgeon H.M.I.A.
Ridley, Joseph S., M.R.C.S., and L.M., Heywood, Lancashire
Rowdon, Henry M., M.R.C.S., London
Sedgwick, Leonard W., M.R.C.S., and L.A.C., Boro'-bridge, Yorkshire
Spencer, Henry B., M.R.C.S., and L.A.C., Wantage, Berkshire
Taylor, Henry M., L.A.C., Manchester
Thomas, John L., M.R.C.S., and L.A.C., Pwllheli, Carnarvonshire
Ward, Henry D., M.R.C.S., L.A.C., and L.M., Blyth, Northumberland
White, Francis T., M.R.C.S., and L.A.C., Rawreth, Essex
Wiglesworth, Thomas, M.R.C.S., and L.M., Blakeney, Gloucestershire

Marischal College and University.—At the late Graduation Term, Medieal Degrees were eonferred on the following gentlemen after the usual Examinations, viz., the Degree of M.D. on

Hilditch, Edward
Polson, John
Wades, John Wade Brown

and the Degree of M.B. on James Bronislas Jasdowski.

At the same time John Ogilvy, M.B., of this University, was promoted to the Degree of M.D.

APPOINTMENTS.

Byrne.—J. A. Byrne, Esq., M B., Trinity College, Dublin, Senior Assistant-Physician to the Rotunda Hospital, Dublin, has been appointed Professor of the Theory and Practice of Midwifery to the Catholic University of Ireland.

MOORE.—William Moore, M.B. M.R.I.A. has been appointed Physician Extraordinary to Sir P. Dun's Hospital, Dublin.

QUINLAN.—Francis B. Quinlan, Esq., M.B., Trinity College, Dublin, Surgeon to St. Vincent's Hospital, Dublin, has been appointed Professor of Materia Medica to the Catholic University of Ireland in the room of the late Dr. Robert MacDermott.

DEATHS.

DUFTON.—October 17, at his house in Temple-street, Birmingham, William Dufton, M.R.C.S., aged 53.

BARBER.—September 15, at his residence in the citadel of Lahore, Dr. James Barber, Senior Surgeon, aged 57.

DOW.—September 28, at Ellington, N.S., suddenly, Horatio Dow, M.D., aged 67.

ELLIOT.—October 18, near Leeds, whither he had gone for the benefit of his health, of typhoid fever, Thomas Elliot, of Carlisle, M.R.C.S. Eng., 1839, aged 42.

EVERIES.—On board the *Eglintoun*, while on his passage from Bombay to the Cape, Dr. Everies, R.N.

FERGUSON.—October —, at No. 8, Clinton-street, Brooklyn, New York, John T. Ferguson, Physician.

GILETTE.—Dr. Gilette, Physician to the Hôpital des Enfans, and one of the most distinguished of the Parisian Practitioners, has just died of diphtheritis, after a brief illness. He contracted it from a child suffering from the disease, whom he brought from the country to Paris, being for several hours in the same vehicle with him.

HEIGHWAY.—October 14, Richard Clee Heighway, of Clun, Salop, L.F.P.S. Glasg.; M.D. St. Andrews; L.S.A. Lond.; only son of the late Dr. Heighway, of Strefford.

KIRK.—October 17, at Lower Leeson-street, Dublin, Thomas Kirk, formerly of Shanghai, M.R.C.S.I., aged 54.

MANSELL.—October 23, Dr. Fitzwilliam Mansell, Deputy Inspector-General, R.N., aged 51.

PALEY.—October 16, at Bishopton Grange, near Ripon, Robert Paley, M.D., University of Glasgow; L.R.C.S., Edin.; a magistrate for the Liberty of Ripon and West Riding of Yorkshire, aged 79.

WYMAN.—October 18, at Kettering, Northamptonshire, suddenly, William Sandeman Wyman, M.R.C.S., Eng.; L.S.A., Lond., aged 53.

THE Sanitary Condition of Windsor is again made the subject of a correspondence between the local authorities and high officials.

M. LANGLAIS affirms that the vesicles of clouds and fogs contain watery vapour in their interior, not air, as is usually supposed.

CHARLATANISM is so rampant in Portugal that the daily journals have begun to call upon the Government to apply to the Charlatans the laws against the illegal practice of Medicine.

THIS present month of October stands remarkable in the annals of temperature. On the 4th inst. the thermometer reached 80°, and on the 24th Mr. Lowe (of Highfield Observatory) informs us that it fell to 22·4 degrees.

A MEDICAL REGISTRATION ASSOCIATION has been established in connection with the Bath and Bristol Branch of the British Medical Association; and we are happy to learn that the same Branch has set on foot an inquiry respecting the cases of Diphtheria which have occurred in the district.

UNIVERSITY OF LONDON.—At a meeting of the Senate held on Wednesday the 19th, the name of Mr. J. Hughlings Jackson was placed on the list of those who had passed the first examination for the Degree of Bachelor of Medicine in the first division, it having been omitted from the first list published after the examination.

A PRESENT TO THE FRANCO-SARDINIAN ARMY.—Dr. Genuari, the director of a Surgical mechanical establishment at Milan, has generously offered to provide artificial limbs for all the soldiers of the Franco-Sardinian Army (up to the rank of sergeants), who have undergone amputation of the leg or thigh during the war for Italian independence.

GUY'S HOSPITAL.—Voluntary Examination at entrance in Classics, Mathematics, and Ancient and Modern History. First and Second Prizes £22 10s. each: W. Murdock, T. D. Welch—equal. Third Prize £15: A. G. P. Wilks. Honorary Certificates (N.B. the following names are arranged alphabetically): J. St. T. Clarke, T. Stevenson, J. Willes, F. Woodman.

PRIZE QUESTIONS.—The Medico-Chirurgical Academy of Ferrara offers the prize of 200 Roman scudi and thirty copies of the essay, to the successful competitor upon the question: "Mental Diseases in Relation to Legal Medicine." The essays to be written in Latin, Italian, or French, and delivered, post-free, to the Secretary of the Academy by March 31, 1862.

AN ARISTOCRATIC RECIPE FOR THE ITCH.—M. Bourguignon, its inventor, states that the ointment has a pleasant odour, and effects a certain cure after a single friction:—Yolk of eggs, 2; essences of lavender, citron and mint, of each, 5 grammes; essences of canella and clove, of each 8 grammes; gum-dragon, 2 grammes; sulphur, well pounded, 100 grammes; glycerine, 200. Mix well the essences with the yolks, add the gum-dragon; then to the mucilage add very gradually the glycerine and sulphur.

THE PARIS SOCIETY OF SURGERY.—This body has just been recognised officially by the French Government as an "establishment of public utility,"—a proceeding equivalent to that of granting a Royal Charter to one of our own bodies. The Society was founded in 1843 by 17 Hospital Surgeons, having M. Bérard, jun. as its first President. At the present time it consists of 35 titular members; 7 honorary members, among whom are MM. Velpeau and Cloquet; 11 members of the Academy of Medicine; 46 national correspondents, almost all of whom are at the head of the principal civil and military hospitals; 16 foreign associates; and 28 foreign correspondents—making in all 143 members. During the fifteen years of its existence, the Society, in spite of the various events which have occurred, has never suspended its meetings, and has always continued to labour zealously. It has published four and a-half volumes in 4to of valuable Memoirs, and eight volumes in 8vo of "Proceedings." It has also established prizes; and has succeeded in inducing the most illustrious names of modern Surgery to participate in its labours.

HYDROPHOBIA AT TURIN.—At Turin and at Paris every dog ought to be muzzled, according to law, and to bear on his collar the name of his owner. In 1847, at Turin, all hotel and coffee-house and coffee-house keepers, etc., were ordered to place little drinking-troughs before their houses for the benefit of these animals; but this last measure naturally fell into disuse—the municipals having forgotten that dogs lap their drink, and therefore, as *muzzled* dogs, could derive no use from the troughs. In 1854 a tax of about 15 francs was put on each dog, excepting the dog of the blind, of house-guard dogs in the country, and the dog who only remained fifteen days in the city. On each dog also was to be affixed a metal ticket, delivered by the police, signifying that his tax had been duly paid. All dogs without muzzle, collar, or ticket, are at once *sequestered*, and destroyed if not reclaimed, or if they present any premonitory, or positive signs of hydrophobia. Some of the Academicians of Turin attribute hydrophobia in dogs to their forced habits of continence, and therefore recommend municipalities to reduce the tax on *female* dogs.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·490 in.
Mean temperature	48·3
Highest point of thermometer	64·5
Lowest point of thermometer	28·0
Mean dew-point temperature	45·0
General direction of wind	S.W.
Whole amount of rain in the week	0·53
Amount of horizontal movement of air in the week	475 miles.

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 22, 1859.

BIRTHS.

Births of Boys, 872; Girls, 918; Total, 1790.
Average of 10 corresponding weeks, 1849–58, 1533·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	459	451	910
Average of the ten years 1849–58	516·3	515·5	1031·8
Average corrected to increased population	..	..	..
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	17	14	31

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	7	8	..	..	4	7
North ..	490,396	3	7	17	5	..	1	10
Central ..	393,256	1	7	11	3	2	5	7
East	485,522	10	6	23	1	..	12	12
South ..	616,635	11	5	26	5	2	3	6
Total . ..	2,362,236	29	32	85	14	4	31	42

TO CORRESPONDENTS.

The proof of Dr. Cuthbert's Paper on the Prominent Features of the Ulster Revival has not been received.

Obs.—Another triple birth is announced as having occurred last week at Portsea.

O.A.—The Chinese reckon twenty-four varieties of the pulse, each variety of course, aiding prognosis and diagnosis.

D.W.—The charge for pauper lunatics has been lately increased at Colney Hatch Asylum, from 9s. 11d. to 10s. 6d. per week.

Les Huguenots.—The Act is very plain. Any one falsely assuming a Medical title incurs a penalty, and Certificates are only received from registered Practitioners.

B. Thornbury.—According to the statement received, A has acted very improperly. We think he is bound to submit the matter to the arbitration of mutual friends.

S. S.—Upwards of £53,000,000 are spent yearly by the working classes alone of this country, on spirits, beer, and tobacco! This we give on the authority of "Social Science."

A. Med.—It has been decided to erect at Woolwich a New General Military Hospital, near Dundas-terrace, the Army Sanitary Commissioner being of opinion that the present Royal Ordnance Hospital is unfit for the purposes for which it was intended.

M.D.—Garrick said of Sir John Hill, the Physician and Author: "The worse I wish the Doctor is that he may be compelled to take his own physic and read his own verses." "You must reverse the punishment," said a wag, "any man who takes the Doctor's physic won't live to read his rhymes."

Psyche.—If the late researches of M.M. Poisuille and Gobley are correctly interpreted by them, it results: that the whole of the urea which is brought to the kidneys by the arterial blood is not thrown off from it, but that the greater part of it enters again into the circulation; and that this principle arises and is transformed at different points of the organism, and is, therefore, not a mere excrementitious substance.

Oxon.—"Learned Grecians" are to be found amongst our French brethren. Dr. Petrequin, ex-Chirurgeon in Chief of the Hôtel Dieu of Lyons, is at this moment engaged in a profound study of the Surgery of Hippocrates. M. Damont, Professor of Medicine at Angers, often shows his philological powers and knowledge of Greek literature in the journals; a few years ago he wrote a letter in Greek to M. Villemain, in capital style. D. Girard, of Rouen, also indulges his leisure hours in the study of Greek literature. And Dr. Prosper Yvaren has just published a translation of the Odes of Anacreon in French verse.

Dr. Barker and Mr. Chavasse.—Mr. Chavasse has sent us some further instances of appropriation, and a copy of a letter from Dr. Barker: but as we stated last week, we cannot afford space for a further continuance of this discussion. We feel bound, however, to insert the following Protest from the Medical men of Birmingham against Dr. T. Herbert Barker, for his conduct towards Mr. Pye H. Chavasse.

"We, the undersigned Medical men of Birmingham, hereby enter our protest against Dr. T. Herbert Barker, of Bedford, for his conduct towards Mr. Pye H. Chavasse in extracting numerous passages from Mr. Pye H. Chavasse's 'Advice to a Mother,' and appropriating the same in his (Dr. Barker's) 'Hygienic Management of Infants and Children,' without due acknowledgment to Mr. Chavasse.

"We are also of opinion that Dr. Barker has offered an insult to Mr. Chavasse, and to the Medical Profession of Birmingham, in a letter addressed by him to Mr. Chavasse, Oct. 1, 1859.

Alfred Baker, F.R.C.S., Surgeon to the Birmingham General Hospital.
John Bassett, M.R.C.S. Eng., Lecturer on Materia Medica at Sydenham College, Birmingham.
Samuel Berry, Professor of Midwifery, Queen's College, Birmingham.
S. A. Bradley, F.R.C.S. Eng.
V. W. Blake, F.R.C.S., Surgeon, Lying-in Hospital, Birmingham; Lecturer on Midwifery at Sydenham College.
Francis T. Bond, M.B., Physician to Queen's Hospital; Dean of the Faculty, and Professor of Chemistry in Queen's College.
David Bolton, F.R.C.S., Surgeon to the Birmingham General Hospital; late Professor of Anatomy, Queen's College.
Charles Bracey, M.R.C.S.
Samuel Winter Burbury, M.D., M.R.C.S.
Samuel Chavasse, M.R.C.S.L.
Thomas Chavasse, F.R.C.S.L.
M. H. Clayton, M.R.C.S.
Dickinson W. Crompton, Senior Surgeon, General Hospital, Birmingham.
John Birt Davies, M.D., Coroner of Birmingham.
Redfern Davies, M.R.C.S., Surgeon to the Birmingham Workhouse Infirmary.
George F. Evans, M.D., F.R.C.P.L., Physician to the General Hospital, Birmingham.
Richard Farncombe, M.R.C.S.
Alexander Fleming, M.D., L.R.C.P., Senior Physician to the Queen's Hospital, Birmingham.
Bell Fletcher, M.D., Physician to the General Hospital, Birmingham.
Walter Carless Freer, M.R.C.S., late Surgeon to the Dispensary, Birmingham.
W. Preston Goodall, House-Surgeon to Birmingham General Hospital.
John Joseph Hadley, M.R.C.S., L.S.A.
James Harmar, M.R.C.S., late Senior Surgeon to Birmingham General Dispensary.
Thomas P. Heslop, M.D., L.R.C.P., Physician to the General Dispensary.
Walter Jauncey, L.R.C.S., Ed., Fellow of the Geological Society.
David Johnson, M.R.C.S., L.S.A., Lecturer on Anatomy in Sydenham College.
J. Johnstone, M.D., F.R.C.P.L., Senior Physician to the General Hospital, Birmingham.
George Jones, M.R.C.S., L.M.
T. Furneaux Jordan, Professor of Anatomy, Queen's College, and Assistant-Surgeon to the Queen's Hospital, Birmingham.
John White Keyworth, M.D., Lecturer on Physiology in Sydenham College, Birmingham.
G. H. Marshall, M.D., F.R.C.S.
James L. Maxwell, M.D., House-Physician to Birmingham General Hospital.
William C. Orford, M.R.C.S., L.S.A., Hon. Medical Officer to the Birmingham and Midland Counties Lying-in Hospital and Dispensary; Lecturer on Forensic Medicine at Sydenham College.
Langston Parker, Surgeon to the Queen's Hospital, etc.
Oliver Pemberton, Surgeon to the Birmingham General Hospital.
James Russell, M.D., Physician to the Birmingham General Hospital.
James Vose Solomon, F.R.C.S., Surgeon to the Birmingham Eye Institution.
Samuel Spratly, M.R.C.S., L.M., L.S.A., Senior Resident Surgeon to the Birmingham General Dispensary.
Thomas Swain, L.S.A.
William Tarleton, F.R.C.S. England.
Thomas Taylor, M.R.C.S.
Richard Thomason, Surgeon to the Birmingham General Dispensary.
Charles Townsend, M.R.C.S. England, Surgeon to the Birmingham and Midland Counties Eye Institution.
W. F. Wade, M.B., Physician to the General Dispensary, Professor of the Practice of Medicine in Queen's College.
Augustus Waller, M.D., F.R.S., Member of the Royal College of Physicians, London; Physician to the Queen's Hospital; Professor of Physiology, Queen's College.
James F. West, Surgeon to the Queen's Hospital, Birmingham.
Thomas Watkin Williams, M.R.C.S. Eng., and L.A.S.
George Yates, M.R.C.S., Senior Surgeon to the Birmingham General Dispensary.

The Breant Prize.

We are requested to state that the *Dr.* Pickering mentioned in the last letter of our French correspondent, is *Mr.* Arthur Pickering, *Printer and Stationer*, of York.

Intra-Uterine Amputation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Thinking it well to place on record an extraordinary case of arrest of development in the fœtus, I have sent you the particulars, the mother and child being still under my care. I am, &c.

W. R. F. Lane, M.R.C.S. and L.S.A.

2, Bethnal-green, Oct. 20, 1859.

Oct. 13. — Mrs. C., of Temple-street, Hackney-road, gave birth to a daughter without forearms, hands, and legs, giving the appearance of having been amputated at the elbow-joints, and the left leg above the knee—there is a short prolongation from the right knee, about two inches in length, with a small foot and one toe. The child is otherwise well formed and likely to live. The mother says her sympathy was much excited in the early period of pregnancy by the sight of some cripples, soliciting alms, whose arms had been amputated, and were also deformed.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg leave to make a remark on the communication of your correspondent, J. E. Smyth, B.A. and L.R.C.P.E., in your last number. This gentleman appears to think that although a man cannot be registered as a Doctor of Medicine under the late Act who is not *bond fide* such by graduation; he may still call himself Doctor, and be called so by others, who like to do so, on the ground of his possessing the Edinburgh Licentiateship. All this I grant,—the Army Surgeon is called Doctor in his regiment, the Navy Surgeon in his ship, the Country Surgeon in his practice; but this is a matter of courtesy, and also useful on many occasions to distinguish one individual from another. Any man may, doubtless, call himself Doctor, or be called Doctor; but let me ask, if a Medical man sets up this cognomen for himself, are we not to understand by it that he means he is a Doctor of Medicine, and wishes to be classed with men holding, legitimately, that title?—and if not, I cannot look upon the assumption as other than empirical.

I am, &c. Thomas Stokes.

Nailsworth.

The Naval Medical Service.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to corroborate in every particular the statements of your Correspondent "R. N." respecting the want of faith shown by the present Admiralty, in the carrying out the provisions of the "Naval Medical Warrant." I would earnestly caution Students not to be deluded by what appears on paper, but to believe in the *facts* stated by your Correspondent, and to pause before they enter the Service,—the governing body of which has recourse to every petty low subterfuge, to evade the fulfilment of what is now the law of the land, as laid down by Her Majesty in Council, and is at best but simple justice.

I have reason to know that the widow in question is about to appeal to the legal tribunals of the country, for that amount of pension which their Lordships of the Admiralty so unjustly withhold, and at the forthcoming Parliament, I feel certain that the noble-minded Sir John Pakington, and our many friends in the House of Commons, will not fail to represent the mean, unjust and impolitic conduct of the present Board of Admiralty; and I trust that you, Sir, in your editorial capacity, will, as you have always done, state the facts as they really are, to the Medical Students, and not allow them to enter the Service under the impression that the provisions of Her Majesty's Warrant of May last are carried out.

I am, &c.

Dublin, October 28th. SURGEON, R.N.

ABERNETHY AND LEA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Mr. G. Lea confers a boon upon the gentry and commonalty of North Lancashire, Westmoreland and Yorkshire by inserting the subjoined modest paragraph, week after week, in one of the most highly respectable newspapers published at Lancaster. It is to be regretted that the Medical Council cannot adopt means to become familiar with the effectual and speedy yet secret cure so unfortunate for the name of Mr. Abernethy, so fortunate for Mr. G. Lea. I am, &c.

SALUS POPULI.

"THE LATE MR. ABERNETHY.—The great skill and experience of this eminent Medical practitioner, and his unremitting exertions to relieve suffering humanity, are proverbial throughout the world; the public, however, are not generally aware, that in the course of his useful life, he discovered an effectual and speedy cure for hooping cough, that distressing and destructive malady which few children ever escape. Fortunately for the rising generation, the secret did not die with him, and it is therefore by no means surprising that the medicine prepared from this invaluable recipe, should be in such good request. It may be obtained, etc. etc."

VACCINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I must again trouble you to insert a few remarks on Mr. Griffin's letter of the 22nd inst.

Mr. Griffin regrets that I have not made the return as by law appointed, to the Registrar, and couples it with his testimony as to my worthiness, for which I feel truly obliged. I am sorry to say that I am case-hardened enough not to regret my non-compliance with the law. I have frankly avowed my delinquency, and am ready to take the consequences. I do not, as Coleridge did, hate "a *cui bono* man;" being indeed one of the genus, I only wish our legislators, amateurs as well as professional, belonged to the same class.

It may be well for you to know what a public vaccinator is expected to do for (let us take Mr. Griffin's scale) 2s. 6d. per case for the first hundred cases and all the pretty gradations down that scale.

1st. He must give a certificate to the parent or guardian of the child and keep a duplicate of the same. 2nd. He must send a certificate to the registrar and keep a duplicate of the same. 3rd. He must make a monthly return to the Board of Guardians of the number vaccinated, with the parish and expense annexed. 4th. He must make a quarterly return to the Board of Guardians, with the number of cases, their individual expense, and sex. Last of all (everything, even red tape, must have an end), the Privy Council require, through the Board of Guardians, a yearly return of successful and unsuccessful cases, tabulated as to age. Mr. Griffin would, in addition, make it our duty, on receiving a notice from the Registrar, to call on recalcitrant parents,—if it involve a breach of Professional etiquette no matter, and in case bullying or soothing should not avail, to report the same to the registrar (who might withhold our half-crowns) as worthy of condign punishment.

At the risk of occupying too much of your valuable space, I must proceed to show how entirely my plan meets the present difficulty, and how, instead of bringing in a new Act, the 32nd clause of which I am now suffering from, we only require a slight amendment of that now existing. It is evident that there are three parties concerned in the matter. 1st. The State, whose business it is to take care of the health of the general body politic, and, if possible, to ward off disease. 2nd. The parent, whose duty it is to preserve the health of the child. 3rd. The Medical man whose business and interest it is to perform a certain operation, give one certificate to the parent as to its having been efficiently performed, and receive his pay. The State, represented by the registrar, has a simple routine to perform, viz. on birth registration to inform the parent of his duty, and upon the non-performance of that duty to enforce it as the law directs. The parent must come to regard the registrar as very similar to those unpleasant people called tax-collectors, and bow to a disagreeable but inevitable necessity, whilst the Medical man will be called upon to do what he knows how to do, and what will not entail any self-degradation.

I am sorry to be obliged to intrude my own personal matters into this communication, but as I sympathise with Mr. Griffin's sorrow at my not having made any returns to the Registrar, I feel I shall be relieving his mind by informing him that only two deaths from small-pox have occurred in my district, containing nearly 5000 inhabitants, during the last ten years. If he find any more satisfactory statistics in the Registrar General's returns I shall be surprised.

In conclusion I must say that the law which requires Medical men, as a part of their duty, to pry into the affairs and houses of other men's patients, necessarily disqualifies every gentleman from being a public vaccinator. I am, &c.

Great Ilford. E. W. SULLIVAN, M.D.

"THE MIXTURE TO BE TAKEN AS BEFORE."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If the mere prevalence of a custom could be considered any proof of its excellence, then might the practice of labelling as above be pronounced quite unobjectionable; for it is one which is adopted by every Druggist who makes up prescriptions, as well as in the surgery of every Medical Practitioner who sends out his own medicines. But the very universality of a bad practice renders it more highly objectionable, and affords a stronger argument for its disuse.

I will presently show that this mode of labelling is open to grave objection, because it may lead to much perplexity and risk, if not to positive mistakes.

We will suppose a case, which will illustrate my meaning:—

A family of children are under Medical care for one or other of those numerous infantile disorders, viz., scarlet fever, measles, or something of a similar description. As children under the same roof are generally attacked one after the other by any prevailing illness, they will each be in a different condition, and each will require distinct treatment, to suit the peculiar symptoms belonging to the particular stage of the disorder present in each case.

Now, imagine the various medicines when requiring to be repeated, all coming labelled "To be taken as before." What a stretch of memory would be necessary to recollect the precise directions for each, viz., which the "quarter part every six hours," or the "table-spoonful night and morning," the "tea-spoonful three or four times a-day," or "the draught to be taken at bed-time."

It may be thought that no harm could happen if a little more of any medicine were to be given than the precise quantity ordered. But that is a great mistake. It must be remembered that some of the most deadly poisons form an ingredient in many medicines—prussic acid for instance—and although these are prescribed in very minute quantities, a double dose, administered four times a-day, instead of the smaller portion once or twice, might produce serious mischief. Again,—laudanum and other opiates are often given as sedatives in cough-mixtures, over-doses of which would change them into deadly narcotics. In the lying-in room, also, mistakes are likely to occur; monthly nurses in general, from their age and want of mental culture, have very bad memories, and it is not an uncommon occurrence for the old nurse to say to her patient, upon a fresh arrival of medicine, *as before*, "Please, mum, can you tell whether you was to take most of the pink mixture or the yaller?" and the lady being either unable or unwilling to give an opinion, the medicine most probably is taken at a guess, or not taken at all, the latter certainly the more prudent course under the circumstances. I have named this subject to two or three Medical men, who have been struck with the probability of such a perplexing position as related above, and more than one of them determined at once upon giving orders to their assistants in the Surgery to destroy all labels bearing the inscription "To be taken as before," saying that in future every medicine, when repeated, should have its full directions upon it. I hope many who see these suggestions will follow so good an example as the foregoing.

There is so much carelessness in general by nurses and attendants on the sick in administering medicine, that it is the more necessary, in order to throw some protection around the patient, for medicines to be dispensed and labelled with more circumspection than heretofore.

I am, &c. MATER.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. WEST; Dr. G. JOHNSON; Dr. OGILVIE, Aberdeen; Dr. MILROY; Dr. DAY, St. Andrews; Dr. G. HEWITT; Dr. MEADOWS; Mr. WAITE; Dr. BARNES; Dr. J. BIRD; Dr. DYSTON; Dr. GIBB; Dr. TRIPE; Mr. STOKES; Dr. DEVENISH; Mr. HOPLEY; Mr. SULLIVAN; Mr. MILNE; Mr. LEMON; Mr. WALLER; Mr. PITT; Mr. CLARKE; Mr. BERNARD; REGISTRAR-GENERAL; Mr. LEONARD; Mr. FOSTER; Mr. PARKS; Mr. EVANS; Mr. STOCKER; Mr. HAY; Dr. STEWART; Mr. BROWNING; Mr. HAMILTON; Messrs. LEGGATT, HAYWARD, and LEGGATT; Mr. IRVINE; Mr. LONG; Dr. WILLIAMSON, Aberdeen; Mr. ROBERTS.

APPOINTMENTS FOR THE WEEK.

October 29. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

31. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. J. Bishop, Esq., F.R.S., "On the Strength, Flexibility, and Curvatures of the Vertebral Column."

November 1. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

2. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. (Council Meeting, 7½ p.m.) Mr. N. Ward "On Cases of Injury to the Head."

OBSTETRICAL SOCIETY OF LONDON, 8 p.m. Mr. Dunn "On the Statistics of Midwifery, from Private Practice."

3. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council Meeting, 7½.) Dr. C. T. Coote "On Intercostal Neuralgia."

4. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. (Council Meeting at 7.) Dr. Fuller "On Treatment of Renal Anasarca."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

Mr. Fergusson.—Encysted Tumour; Necrosis of Humerus; Stricture of Urethra. Mr. Wood.—Ligature of Nævus.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Mr. Holt—Stricture of the Urethra. Mr. Hillman—Removal of Diseased Breast.

Struve's Seltzer, Marienbad, Vichy,

KISSINGEN, and other MINERAL WATERS.—Under her Majesty's especial Patronage.—ROYAL GERMAN SPA, BRIGHTON, STRUVE'S PUMP-ROOM and PROMENADES, offering every facility for a Course of Mineral Waters, as perfect and beneficial as at the natural springs, are NOW OPEN, for the Thirty-fifth Season. A prospectus, with the highest Medical testimonials, may be obtained gratis, at the Pump-room, or from George Waugh and Co. Chemists to the Queen, 177, Regent-street (west side), London, and other respectable houses in London and the provincial towns, where orders for Struve's Bottled Mineral Waters continue to be executed.

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The Medical Circular.
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6 & 8 oz., any shape, plain or graduated	clear	8s.	per gross.
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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIII.—*continued.*

ON OVARIAN DROPSY.

It might appear to you an unpardonable omission were I to quit this branch of the subject without saying a word or two in regard to the

Nature of the Fluid Contained

ordinarily in the cavities of a cystic tumour of the ovary. But it is in reality a subject on which I need say but little. There are no deductions of any practical import, so far as I know, to be drawn from the contained or evacuated fluid, except, 1. That when we see the fluid mixed with pus, lymph, or other inflammatory products, we form a much less favourable prognosis as to the result of the operation of tapping; and, 2. Where it is thick and gelatiniform, we may fail altogether in drawing it off; otherwise I think you will find that the treatment of ovarian dropsy is but little influenced by the nature of the cystic contents. These contents consist, in general, of a watery or viscous fluid, holding in solution varying quantities of albumen, salt and fatty, and extractive matters. In some cases, also, there is more or less colouring matter; but probably this is never present except where there has at some time occurred an extravasation of blood into the sac. Glistening scales of cholesterine are sometimes seen floating on the surface of the evacuated fluid, and fatty particles and crystals, and degenerated epithelial cells are often found suspended in the contents of ovarian cysts, when these contents are examined by the microscope. According to the greater or less quantity of albumen and other solid matters contained in solution, the fluid is found more or less dense and viscous. It coagulates when heated; and often feels viscid and glucy when rubbed between the fingers, as it escapes through the canal. The density thus varies from 1006 or 1007 to 1035 and upwards; but even in the least dense the quantity of solid residue is greater than in the fluid of ascites or any other form of dropsy. In the case of multilocular ovarian tumours, the contents of all the different cysts are not by any means always equally fluid; for while that of the larger ones may be so thin and watery as to flow readily through a common canula, that in the smaller ones may, and indeed often is, still of a viscid or gelatiniform consistence and character.

But let me now proceed to say something as to the

History and Prognosis of the Disease.

The remarks I am now about to make relate almost entirely to the multilocular form of ovarian dropsy; for it is, I repeat, that form of the disease which meets us most frequently in practice, and is made the subject of the most various modes of treatment. The course which it seems usually to follow is somewhat of this kind. It begins at first as a small enlargement of an ovary, or of a part of one, and presents the appearance of a small tumour made up of an areolar or cellular tissue, containing a number of cysts or sacs of varying size, filled with a simple serous fluid. In proof that the cysts forming the first stage of multilocular ovarian dropsy are, sometimes at least, nothing but the normal Graafian vesicles of the ovary enlarged and distended by fluid, it has been latterly averred in Germany that a true ovulum has been found in them in one or two instances, when they were carefully examined at an early stage of the disease. As the development of a dropsical ovary goes on, and the tumour enlarges, the cysts, and more especially those at the periphery, become more and more distended with fluid, and the septa between the different cells become thinner and thinner, till they finally degenerate and are destroyed, and then the contiguous cells come to communicate and to be fused into the one large cyst or cysts which are, as I have already explained, usually found at the upper part of the mass. The walls surrounding some of the cells, however, always resist the process of degeneration and destruction; and thus there are usually found to be a number of smaller cysts, with strong walls, projecting into the cavity of the larger cell, and appearing like new tumours growing from the interior of its wall; so that the growth of these tumours has sometimes been erroneously described as taking place by the development of small cysts in the interior of a larger mother-cyst. I have spoken of the contents of the cysts as being fluid from the first, but such is probably not the case in the majority of instances; but recent investigations appear to show that in many, if not in most cases, at least, the matter with which the several cysts are filled is not primarily fluid, but more of a gelatinous nature, resembling the contents of the cyst in cases of colloid ovarian tumours. According to this view, indeed, the colloid type of tumour must be regarded simply as usually the earliest stage in the development of the ordinary multilocular dropsy of the ovary, the tumour subsequently attaining its large size by the equable enlargement of an immense number of cysts or cavities filled with a glairy, jelly-like matter, and divided by septa, which, after a time, undergo a kind of fatty degeneration, lacerate, and thus allow of the more or less free intercommunication of several contiguous cysts with each other. The whole tumour, according to this view, retains its semi-solid character, and continues to be elastic to the touch, till a process of softening sets in in the contents of the cavities, which ends in their becoming quite fluid; and as the already altered septa soon give way, one or two large and fluctuating cysts come to be formed, with some smaller ones projecting into their interior. We do occasionally find that an ovarian tumour, into which a trocar and canula have been introduced without bringing away any fluid, have afterwards been tapped, and found filled with fluid, and the explanation of such cases may sometimes depend on such a transformation as that to which I have referred; but it will not always do to wait in every case of colloid tumour of the ovary for the chance of its becoming fluid; and practically, therefore, we must regard them as forming in general two separate kinds of tumour, demanding different kinds of treatment. The manner in which a case of ovarian dropsy may terminate is a subject of much more practical import than the manner in which the tumour originates and grows; and the question of greatest moment in regard to the natural termination of the disease is, whether it is ever cured spontaneously, and if so, whether we have it in our power to imitate the natural process of cure, and produce such a cure artificially. Let me, therefore, discuss with you, for a little, the manner in which Nature sometimes brings about,

1. *Spontaneous Cure of the Disease.*—That spontaneous cures do sometimes occur, is a matter, I would first beg to remark, as to which there can be no doubt. You will occasionally, though very rarely indeed, find patients getting well who have enormous ovarian tumours in the abdomen, and who are apparently in the most desperate condition, with the tumour compressing all the abdominal viscera, and interfering with their functions, and causing obstruction even to the organs of circulation and respiration. Such patients sometimes obtain sudden relief from their sufferings, and the ovarian tumour becomes rapidly diminished in size, from its opening at some weak point, and discharging its contents into the abdominal cavity or on some mucous canal having an external outlet. It has been found even, that while the tumour is still very small, it may be completely cured by its passing between and expanding the layers of the broad ligament till it reaches the Fallopian tube, when it bursts, and its contents escape along the tube, and are discharged through the uterus and vagina. This is a mode of cure which has only begun of late years to be understood and appreciated; and it is not long since a student in Paris obtained a prize for pointing out the frequency with which it actually occurs. He obtained his proofs of its frequency by a series of careful dissections on the dead body; cases in which the smaller forms of ovarian tumours are found not being very rare in the anatomical rooms. Sometimes, but very rarely, an ovarian cyst empties itself by opening into some part of the bowel or the bladder. Before such an evacuation can occur, a degree of adhesive inflammation must first have been set up in the peritoneum, leading to a

union of the wall of the tumour with the wall of the hollow organ with which it is to communicate; and then the communication is produced by an ulcerative process subsequently occurring in this intermediate wall of union. Cases of this kind are from time to time recorded, but they are of very rare occurrence indeed; and it is a process of cure which we have no certain means of imitating artificially. We can only reach an ovarian cyst through the vagina or the abdominal wall; and I know of no authenticated case where an ovarian tumour emptied itself by perforation of the vaginal walls themselves; while evacuation through the abdominal walls has seldom or never occurred except as a result of violence exerted from without. The manner in which Nature most frequently effects a cure is altogether different. The cyst ruptures simply into the abdominal or peritoneal cavity, where fortunately, if its contents are not of an irritating kind, they do not give rise to inflammation of the peritoneum, but are speedily absorbed by that membrane. There is a patient living in the immediate neighbourhood of this city, who had been the subject of ovarian dropsy for many years, and had been tapped about forty times, great quantities of fluid having been drawn off in the course of her long-continuing disease. Six or eight years ago, she went out to feed some birds on a frosty day, when there was ice upon the ground; and having stepped incautiously upon the ice, her feet slipped and she fell suddenly forward, bringing the abdomen violently into contact with the ground. Not having been tapped for some time previously, the dropsical swelling was large at the time, and the cyst being burst by the concussion of the fall, its contents were discharged into the abdominal cavity. From that time to this the tumour in that patient has remained in such a state as to preclude all further necessity for tapping, and it becomes an interesting and important subject of investigation to determine what changes have been produced in such a case. What has happened in this patient is, I believe, this—the cyst having ruptured, its contents escaped in part into the abdominal cavity, and this effused portion became absorbed from the peritoneal surface. The walls of the cyst, however, continued to furnish forth a new quantity of fluid, some of which escaped through the enclosed opening and was likewise absorbed, and the lacerated orifice being thus kept open by the fluid that escaped through it, it was prevented from healing entirely, and a communication has come finally to be established between the interior of the cyst and the abdominal cavity, by which the fluid that continues to be secreted in the former passes on to be absorbed in the latter. The internal surface of an ovarian cyst, in short, is to be regarded as a surface with a great power of secretion, while the peritoneum presents an extensive surface, possessed of a great power of absorption; and when a free and permanent orifice of communication is established between them, a balance is kept up—of secretion on the part of the interior lining of the cyst, and of absorption on the part of the serous lining of the abdominal cavity—which prevents the further accumulation of the fluid, keeps the patient in a state of comparative good health, and renders unnecessary all kinds of surgical interference. A similar result to that which we have found to occur in this patient has been seen in other cases also, where the cyst has been ruptured as the result of an injury; and such an explanation as I have attempted to give of the process of cure in this case is no doubt applicable to the great majority of instances of spontaneous cure of ovarian disease that have been put upon record.

2. *Death from Rupture of an Inflamed Cyst.*—Rupture of an ovarian cyst, however, is not always such a simple and innocent accident, and it does not always lead to a cure of the disease as its necessary result. On the contrary, it is sometimes followed by an immediate attack of acute peritonitis, and a speedy death may be the consequence. Whence comes the difference? How is it, that in one patient rupture of an ovarian cyst and the effusion of its contents into the abdominal cavity leads to simple absorption of the fluid and a rapid recovery from all the symptoms of the disease; while, in another patient the same accident brings on an attack of peritonitis and proves quickly fatal? The solution of the enigma is to be sought for, I believe, in the character and constitution of the contents of the cyst at the date of the laceration. If the sac be filled with a simple, bland, albuminous fluid, pure and unirritating—if, more particularly, the interior of the sac have never previously been the seat of an inflammatory process, and no inflammatory products have become mixed with its contents, then, when rupture of the walls occurs, these contents may flow out, but no bad consequences may ensue, because the fluid causes no appreciable amount of irritation, but merely becomes absorbed by the peritoneal surface. But if, on the contrary, the lining membrane of the sac be inflamed at the time, or have been the seat of inflammation, or hæmorrhage, or other pathological changes, at any previous period—if, more especially, pus or other morbid products have been thrown out as a result of the inflammatory changes and become mingled with the dropsical fluid,—then when such a deteriorated fluid is discharged into the abdominal cavity in consequence of a rupture of the cyst, it infallibly causes a high degree of irritation in the peritoneal membrane, and lights up an inflammation there that is almost certainly fatal. So that the final issue of any accident to a dropsical patient, which leads to rupture of the ovarian sac and effusion of its contents into the abdominal cavity, depends entirely on the condition of these contents; whether, namely, they be simple and innocuous, or altered and irritating from the admixture in them of inflammatory, or, it may be, of other morbid products.

3. *Death from Exhaustion and the Effects of Pressure.*—Such cases as I have been describing, may perhaps be regarded as exemplifying terminations of the disease, which it is but seldom that we have occasion to witness in practice: for the cases where a spontaneous cure is effected by a laceration, or succession of lacerations, of the sac, which enables nature to reduce and keep reduced the watery collection, are of rare occurrence; and nearly equally rare are those in which death results from the spontaneous or accidental bursting of an inflamed cyst. There is no evidence, at all events so far as I know, that any favourable termination is ever put to the progress of this disease by any change that may take place in the interior of an unruptured cyst; and there is certainly no evidence to show that the dropsical fluid is ever absorbed from the interior of the cyst by the agency of its own lining membrane. We know that that membrane is possessed so far of the power of absorption, that when tincture of iodine is injected into the cavity, it becomes absorbed, and may be excreted by the kidneys and the skin, and exhaled at the lungs. But with relation to its own fluid, it seems to be possessed only of a secreting power; and the law holds good as regards every case of ovarian dropsy that I have ever seen, that no degree of absorption occurs spontaneously under any circumstances, or can be excited artificially by any means at our command. Diuretics or drastics, even the most powerful, are of no avail in this form of dropsy, and never lead to the absorption of the fluid in the interior of an unruptured cyst. In cases of ascites we know that these remedies are often of the greatest value; and when a cyst has been torn, and its contents have escaped into the abdominal cavity, their action may be made use of for the purpose of aiding the absorption of the fluid from the peritoneal surface by procuring and promoting its speedy and steady elimination; but even then their effect is only indirect, and is not the immediate exciting cause of the absorption of the dropsical fluid. Resorption of the fluid by the walls of the ovarian cyst or cysts does not occur naturally, and cannot be excited artificially, and therefore a simple reduction in the size of the tumour is an event that we cannot rationally look for. In the vast majority of cases of the disease its progress is very different. If left to take their own course, the cysts go on filling and enlarging, pressing on the abdominal organs and interfering with their function, so that the patient's strength becomes gradually exhausted, and she at length dies of inanition or atrophy; or of inanition and irritative fever combined; or from the effects of the pressure of the tumour upon the diaphragm, and the abdominal blood-vessels. The obstruction thus caused to the circulation leads to anasarcous effusions into the lower extremities, which we generally in vain try to reduce by exciting the action of the kidneys, for their own excretory function is greatly impeded and impaired; and respiration at last becomes almost impossible, because the gradually diminished action of the diaphragm cannot be compensated for by the action of the thoracic walls, which are themselves altered in form, and distended at the base to their uttermost. In a patient thus emaciated and exhausted, death may at any time ensue from the slightest disturbance of any of the ordinary functions of the body, and it is sometimes ushered in by a certain degree

of hectic fever. For we do sometimes see patients die in this way from the effects of the growth of the tumour, which has gone on enlarging in spite of all treatment. But we almost never in practice see an ovarian tumour go on growing in this manner, distressing the patient by its pressure on the abdominal organs, and tending to her destruction by the consequent impairment of their functions, without attempting to do something to afford her, at least, temporary relief, and to prevent her immediate death. And, as a result of such artificial interference, we find a frequent termination of the disease in

4. *Death from, and in despite of, Paracentesis.*—An ovarian tumour, like the gravid uterus, as it enlarges and expands, pushes the bowels on before it, and presses them upwards and to either side, keeping itself always in immediate contact with the internal surface of the abdominal wall, so that when the effects of its pressure have come to be so great as to produce much distress or even to threaten death, it seems but a slight matter to push a trocar and canula into it, and so to evacuate the accumulated fluid. The patient is accordingly tapped, and it may be with immediate relief, and sometimes, though very, very rarely, with final cure; but, as a result of this apparently simple operation, we may also, sometimes, unfortunately find that inflammation of the sac supervenes, and leads to more speedy death. Even when no untoward symptoms are developed, the good effect is usually only of very short duration, for the fluid more or less rapidly reaccumulates and calls betimes for a repetition of the operation. As this alternation of accumulation and evacuation of the fluid continues, the patient becomes more and more emaciated, and the face assumes a peculiar, drawn expression from the atrophy of the fatty tissues, and the development of the facial muscles, more particularly of those around the mouth, so that at last you can almost tell the nature of the disease from looking at the patient's countenance. The tapping requires to be repeated again and again; more or less frequently in different cases; but always as a general rule with shorter and shorter intervals as the disease lingers on, till finally the patient dies exhausted. The immediate cause of death may thus be found, though that is rare, in a form of hectic fever; more frequently it is a low type of inflammation set up in the cyst from the irritation of the oft-repeated operation; but usually it is to be found in the slow and gradual, but at last complete, prostration of all the powers of nature. This final fatal result ensues in the great majority of cases within five years from the date of the first tapping. Sometimes the patient lingers on for eight years; very rarely, indeed, does she live beyond that period; and the number of those who die in less than five years is far greater than the number of those who live beyond it. A large number sink within the first year after tapping is first begun. A considerable proportion die of the immediate consequences of the first paracentesis—that is, within a few days after that event.

M. Geoffroy St. Hilaire on the 10th of May of last year announced to the French Academy the birth of a hippopotamus. We are now told, that a few days after its birth—on the 16th and 18th of May, 1858—intercourse took place between the parent hippopotami, male and female. And M. St. Hilaire now again informs the Academy of the consequence, viz., of the birth of another little hippopotamus on the 18th of July, 1859—fourteen months after conception. "As on the previous occasion, the birth took place in the water. Everyone was surprised to see the little one swimming about by the side of its mother. The mother several times manifested a desire to get out of her house, and when she was allowed to do so, rushed into the water, and a few minutes afterwards a little hippopotamus was seen swimming by her side. As on the previous occasion, the mother destroyed her offspring, seizing and biting it in the belly and thorax."

Charing-Cross Hospital Medical Society.—The following gentlemen were elected by ballot as the Society's staff for the ensuing session on October 13, 1859:—Hon. President—W. D. Chowne, M.D. President—J. R. Shorto, Esq. Vice-President—Gordon Smith, L.S.A. Council—Messrs. F. Agyett, J. Belcher, Edgar Browne, and T. Dobson. Hon. Sec. and Treasurer—Mr. Frank W. Cooper. The Society will meet every alternate Thursday evening at half-past eight.

ORIGINAL COMMUNICATIONS.

ON THE PROMINENT FEATURES OF THE ULSTER REVIVAL.

By A. CUTHBERT, M.D.

In attempting to direct the attention of the Profession to some of the prominent features of what is now extensively known as the Ulster Revival, I would desire to premise a few observations in reference to its general character and results. Looking over the surface of society from the stand-point of philanthropy and benevolence, I must express my conviction that a work deep in its springs of action, powerful in the agencies employed, and beneficent in its tendencies, is alone sufficient to account for the results produced. It is the opinion of men of close observation and sound judgment, that more has been done during the last few months towards the solution of difficult social problems, than the earnest benevolent effort of many years had accomplished. "Ubi tres medici duo athei," was the opprobrium of a past age; but there are those who seem to think that the atheism has been succeeded by a materialism hardly less repulsive in its features. I am far indeed from believing this. I have sufficient faith in the Profession of Medicine to believe that where results have been obtained, towards which its own efforts have been long directed, even though accomplished by means little, if at all, anticipated, its members will be willing to rejoice at those results, and as they look over the wide field still left for the exercise of Christian philanthropy, "to thank God, and take courage."

It is a prevalent opinion, but a very erroneous one, that the physical manifestations form a necessary part of the Revival. So far from this, there are many localities in which these "physiological accidents" (as Dr. McCosh has well termed them) have been altogether wanting, where nevertheless a most remarkable improvement is perceptible in the morals of the people. I have been told by clergymen and others, from different localities, that the number of those physically prostrated bears but a fractional proportion to that of those who have been the subjects of serious religious impressions. No one who ignores this fact can form any adequate conception of the extent and character of the movement. I mention this as a fact, without wishing to enter more fully into such cases. I desire to remember that I am writing in a Medical Journal, where religious subjects, especially such as are open to controversy, would be sadly out of place. It is necessary to bear in mind besides, that we are by no means an excitable race in the North of Ireland. We have a dash of the cool calculation of the Scotchman infused into our lively Irish temperament, which makes us not the best possible subjects for hysteria. We have also been somewhat notorious for an abhorrence of cant and hypocrisy of every form. Yet side by side with these facts we have to place these others, that an affection bearing certain points of resemblance to hysteria has been prevalent among us, and that religious subjects have latterly assumed such importance as to be forced in the most prominent way upon the public attention. It is maintained by many that the affection alluded to is hysteria; but if we grant that hysteria is sufficient to account for the physical manifestations, how are we to account for the moral results? While we believe disease to have been intended for good and benevolent purposes, we cannot overlook the fact that hysteria, involving as it does to a large extent, the perversion of our mental and moral nature, is one of the least likely of all diseases to produce healthy moral action. The hysteric hypothesis fails us here. But it fails us elsewhere. The action and reaction of mind on matter is a subject involved in much obscurity. We know enough, however, to be aware that deep mental distress will cause certain physical effects, of which the most common are excitement and subsequent depression or exhaustion. Surely we have here at once the most natural and the simplest explanation of a large class of the physical phenomena observed in connection with the revival. I have been much surprised to find gentlemen of ability and standing ignoring this well-known fact altogether, and substituting a seemingly elaborate but most faulty physical explanation of these cases. That there

have been many cases of hysteria I freely admit, because I have seen such cases and heard of them from the most trustworthy sources; but I believe that any man who has witnesssed much of the physical excitement and prostration, which was so prevalent in many parts of Ulster a short time since, will be ready to acknowledge that in very many of such cases the hysteric hypothesis is untenable unless we are willing to admit that every physical effect of mental emotion, beyond mere expression, is hysteric—an admission which, I presume, none of us are prepared to make. Is the mother hysteric, who in the deep agony of her resistless grief sinks prostrate beside the lifeless form she had so long loved and cherished? Was it hysteria in Belshazzar when in the graphic words of Scripture, "the king's countenance was changed, and his thoughts troubled him, so that the joints of his loins were loosed, and his knees smote one against another"? Every one of us will explain such cases on well-known natural laws, and when in other instances I find a similar cause producing similar effects, I adopt the same explanation,—the simple explanation of the action of natural laws instead of the difficult one of perverted functional action.

1. There was a large class of cases (in my experience by far the most numerous) where the physical prostration was readily explainable by the mental distress. These cases occurred among the poor and ignorant for the most part, and many of their subjects had been living notoriously wicked lives. In these the intensity of the mental suffering, the bitter remorse, the terrible despair, the appalling sense of danger, so clouded the bodily affection, that one little thought of employing such remedies as our laboratories could afford. We recognised at once the mind diseased; and, like Shakspeare's Physician, it was not our province to minister to it. In such circumstances, the consolations of religion were eagerly sought, and under their influence peace was gradually restored to the troubled mind. The chief complaint, apart from the distress of mind, was of a sense of "constriction of the chest," "weight on the heart," "oppression of breathing," etc., as it was variously expressed by those who suffered from it. This appeared to engender an inability to expand the chest to its proper dimensions, so that the breathing was hurried and irregular, and the heart's action somewhat increased in frequency. Conjoined with this there was a sense of weakness or exhaustion varying from what we significantly call *malaise* to the most extreme prostration. This state was very variable in its duration, some remaining in it only a few hours, others for two, three, or even seven days, refusing food, and apparently absorbed in their own mental sufferings. During this period there was nothing to remark beyond the symptoms already alluded to. There was not the multiplying and exaggeration of petty ailments, nor the globus, nor the copious diuresis of hysteria. On the contrary, there was an evident disinclination to make complaints, and even to answer questions in reference to functional derangement, etc. In fact, the mental condition appeared to regulate altogether the bodily state, and with returning calmness and quietude of mind, there returned also the normal health of the body. The majority of persons so affected were females, but many instances have occurred of similar effects in the male subject. Such cases I believe to be little within the province and less under the control of Medicine. Indeed, whatever opinion we may form on this subject, it is certain that our aid is little sought, and in most cases declined; although I have heard of instances in which the effect of cold water was pretty assiduously tried and without any good result. The great majority of persons passed through this state but once; but,

2, There were others in whom the same phenomena recurred many times, who seemed indeed to have learned the habit of producing them, and in whom the very same symptoms became the expression of depraved action. These were persons of a nervous excitable temperament, whose systems had been strained by a kind of excitement altogether novel to them, and in whom perverted mental and physical action was speedily observable. This action was no doubt hysteric, but it was not hysteria in its commoner forms. It was among this class that the visions and trances occurred of which so much has been said and written. Cases of deafness, paralysis, loss of sight and speech, were common among these patients. One of their most remarkable endowments was the power of producing sleep, and of awaking at a specified time. These things were all very wonderful; but, unfortunately for the miracle-mongers, admit readily of explanation on well-known and acknowledged pathological principles. The name of "cataleptic hysteria" appears the most suitable for such cases. Tending very much to perpetuate these manifestations was the amount of sympathy expressed for them by the numerous visitors who flocked from all parts to witness these strange results, and who sometimes added to their sympathy, the expression of their belief in all the foolish and extravagant statements of the patients. It would have been remarkable if, under such circumstances, there had not been,

3, A third class, in whom hysteria existed without any reference to religious impressions, but arising altogether from the force of sympathy and imitation. These cases were not numerous in this locality, but in other places where the hysteric manifestations were encouraged they were; and I am afraid I must instance Belfast as an illustration of this statement. In this class we again meet with visions, trances, *et hoc genus omne*, which it is not difficult to recognise as the result of disease. These are the cases which those who are opposed to the movement produce as an argument against it. Follow such cases through convalescence into active life, and you will certainly find no moral improvement. It would have been hard to have expected it, yet the over-sanguine are disappointed. For my part, I see in this only an argument in favour of a genuine and good work. Hysteria will produce no good results; but we have been privileged to witness results good and glorious, and while I believe that drunkenness, and blasphemy, and lying, and malice, are the sin and shame of our country, I will welcome the blessed agent that has discarded these crimes from whole districts in Ulster.

Londonderry.

ON CHRONIC INVERSION OF THE UTERUS.

By FRANCIS H. RAMSBOTHAM, M.D.

Obstetric Physician to the London Hospital, etc. etc.

In the last number of the *Medical Times and Gazette* there is a case published by my friend, Dr. West, of chronic inversion of the uterus, in which he succeeded in restoring the organ to its natural position, nearly a year after the accident had occurred, by means of Dr. Tyler Smith's ingenious method, the introduction of an air-pessary.

Dr. West reports that the woman sought admission into the London Hospital for *phlegmasia dolens*, in October, 1858, seven weeks after her second labour (which had been complicated with retained placenta and great flooding), and a fortnight after the affection of the leg began to show itself; that she remained there a month and was discharged, "much benefited as far as that ailment was concerned;" but that on August 16, 1859, she applied as an out-patient at St. Bartholomew's Hospital, extremely exhausted by uterine hæmorrhage and leucorrhœa, so as to afford "the aspect of a patient suffering from advanced malignant disease." Dr. West at once detected an inverted uterus, which he proceeded to treat. We cannot but suppose that the uterus became inverted at her last labour; consequently it follows that it was in that abnormal position while she was a patient in the London Hospital, and the natural inference is, that this serious derangement had been there overlooked.

I think it necessary to offer the following explanation:—The woman was admitted into that Institution on October 8, 1858, under the care of one of the Surgeons for "inflamed leg," and was discharged on November 2, said to be cured. I understand that, during the time she was in the Hospital not a single morbid symptom appeared to call attention to the state of the uterus, and I never saw her. The case was frequently pointed out to the class as an excellent illustration of *phlegmasia dolens*.

The mode of treatment that was here successful in restoring the uterus must be regarded as a great triumph of Surgery, and I am persuaded that most similar cases would yield to the same plan, if properly directed and persistently prosecuted; because in some few instances the inverted uterus, even of longer standing, has *spontaneously* righted itself, without any Surgical manipulation whatever having been had recourse to.

Thus Dr. Meigs, of Philadelphia ("Treatise on Obstetrics," Second Edition, p. 697) gives a case of inverted uterus of two years' standing, which he himself saw, as well as Drs. Hodge,

of Pennsylvania, and Warrington, where a spontaneous restoration took place, as was proved by the woman becoming afterwards pregnant; another which he attended with Dr. Lewis, where pregnancy occurred after the womb had been inverted many months; and a third, in a letter from Dr. Hatch, of Kent, Connecticut, seen by him, Professor Beers, Dr. St. John, and Dr. Beardsley, where also pregnancy subsequently took place. Boivin and Dugès, "On Diseases of the Uterus" say, "It is very remarkable that this cure is sometimes affected spontaneously, after a long continuance of the disease" (Heming's Translation, p. 123); and Dailliez (Précis des Leçons de Baudelocque sur le Renversement de la Matrice, Paris, 1803, p. 35) gives two cases seen by Baudelocque, and one by Leroux, in which chronic inversion of some continuance was spontaneously reduced; so that we cannot doubt the fact of its having occasionally happened. But a more extraordinary case than either of the preceding occurred under my own eye. I have published it at length in the fourth edition of my work "On Obstetric Medicine and Surgery," and I repeat it here for the purpose of giving it a more extended circulation:—I was sent for on the evening of July 20, 1839, to a young lady of relaxed fibre and cachectic habit, who had been delivered of her first child after a severe labour twelve hours before, and whom I found suffering from violent forcing pain and great hæmorrhage. She was exceedingly depressed. I detected a tumour occupying the vagina, as large as a man's closed fist, entirely covered by a layer of coagulum. It was sensitive, though not painfully so, possessed a doughy feel, and became harder when compressed. The uterus could not be felt in the abdomen; but above the pubes there was a sensation of a most unusual want or void. As she had passed no urine since delivery I relieved the bladder, and having no doubt that the tumour was the uterus inverted, I made some strenuous efforts to restore it, without effect, but not without putting her to considerable pain. After some time I desisted in despair, fearing that I should lacerate the upper part of the vagina; for the tumour had become very hard while I was making these efforts, and in the same proportion the circle of the mouth became closed around it in the form of a forcibly constricted ring. She passed a quiet night under the influence of morphia, and in the morning voided urine naturally, with some coagula. She was confined to bed for two, and to the house for three, months with severe lumbar pains, and copious irregular hæmorrhages. From the middle of October till the end of December she was free from flooding, but still annoyed by bearing-down pains, attended by a profuse, glairy, leucorrhœal discharge. The hæmorrhage returned, and continued for two months, after which she was moved into the country, and I did not see her again till May 22nd. She was then in such imminent danger that, in consultation with Mr. Hamilton, at that time Assistant-Surgeon to the London Hospital, and with her general attendant, it was agreed to remove the tumour by ligature as soon as she was a little recruited. It was at this time the size of an ordinary nonpariel apple, and had every characteristic of an inverted uterus. On June 5, with the assistance of the gentlemen mentioned above, I placed a ligature round its upper part by means of the double canula. The application gave but little pain at the moment, and the bleeding, which had been going on almost uninterruptedly, ceased immediately. In three or four hours, however, a violent rigor supervened; this was followed by symptoms of intense peritoneal inflammation, and the ligature was removed twenty-four hours after its application. The pain and other inflammatory symptoms gradually subsided; in a few days she was able to leave her room; she menstruated on July 13th less profusely than she had been accustomed to do, and continued regular in that respect; she regained her flesh, colour, and appetite, was able to take a long walk, had no bearing down, nor difficulty in passing water; and when I saw her in January, 1841, she told me that she enjoyed better health than she had done for many years. Nothing solid had ever passed from the vagina since the operation. Early in this year, symptoms of pregnancy manifested themselves; and I attended her of a six months' fœtus on July 7th, in the same year, 1841. Since then I have also attended her with four other children. On one occasion the placenta adhered, and I had to introduce my hand to remove it. I sought for a polypus in the cavity, but there was nothing like one. On another occasion, after the placenta had been expelled naturally, she was harassed with violent spasmodic bearing-down pains, which induced me to pass my hand into the uterus; I then found the fundus and posterior part of the body protruded considerably downwards and forwards, there existing evidently a disposition for inversion to occur again: this, however, was obviated by the introduction of the hand.

This case for years puzzled me more than any one I ever attended. I had no doubt at any time that the case was one of inverted uterus; but I did not think it possible that the organ could restore itself spontaneously after having been turned inside outwards for nearly a year, and after having been surrounded for twenty-four hours by a ligature which had occasioned such severe peritoneal symptoms as to require its removal to save the patient's life; and yet, the cases given by Dr. Meigs and others would lead us to believe such an occurrence not without the range of possibility; and it ought to give us additional confidence in any effort we may undertake for the purpose of remedying, by manipulation, this serious accident.

8, Portman-square.

ON THE RECENTLY PREVALENT MALARIOUS AFFECTIONS.

By THOMAS B. PEACOCK, M.D., F.R.C.P.

Assistant-Physician to St. Thomas's Hospital, and Physician to the Hospital for Diseases of the Chest, Victoria-park.

(Continued from p. 400.)

It has been said that young children do not suffer from ague; this, however, is incorrect. I have repeatedly seen infants at the breast presenting all the characteristic symptoms of the disease, which have yielded to the employment of the ordinary means. The following table gives the age and sex of 77 patients treated by myself in the out-practice within the last twelve months:—

Years	Males	Females	Total.
1 to 2	1	1	2
2 to 3	4	0	4
3 to 5	0	0	0
5 to 10	4	1	5
10 to 20	4	9	13
20 to 30	9	4	13
30 to 40	8	17	25
40 to 50	9	4	13
50 to 60	1	0	1
60 to 70	0	1	1
	40	37	77

Since my communication on the Relations of Phthisis and Ague was read to this Society last year, I have met with several other instances of the co-existence of the two diseases; a coincidence, which, being thus shown to be by no means rare, is strongly opposed to the idea that there is any opposition or antagonism between them.

The following table gives the forms assumed by the disease in 76 of the above cases:—

	Males	Females	Total.
Quotidian	4	9	13
Tertian	26	18	44
Irregular and Imperfect	10	9	19
	40	36	76

2nd. The forms of remittent fever which have been observed, have been very similar to those which I described in my former paper. The patients when admitted into the Hospital, generally state that they have been indisposed for a considerable period, but occasionally they are reported to have been recently and suddenly seized with rigors, followed by heat and sweating, and the ordinary incursive febrile symptoms. They present the usual symptoms of fever, but with peculiarities which indicate their origin in malarious influence, in contradistinction to true typhus, or, what they more closely resemble, typhoid fever. The face is pallid and puffy; the tongue coated with a thick whitey-brown fur, but generally moist and indented; the breath offensive; the pulse quick, but not feeble; the skin hot, or warm and moist, sometimes profusely perspiring. There is no eruption on the skin, except occasionally

small petechial spots, and the surface has usually a peculiar pallor. The intellectual functions are generally unimpaired; but there is very often distressing restlessness and inability to sleep at night, occasionally with delirium; there is also pain in the head, especially in the forehead, often of a somewhat remittent or intermittent character; with severe pains in the back, loins, and limbs. There is great distaste for food, and sometimes obstinate retching and vomiting, continuing for many days. The bowels are ordinarily confined, but diarrhœa may be a troublesome symptom throughout the attack. With these symptoms there is usually great prostration of strength, and the spleen will be found to be very generally enlarged.

After the patient has been confined to bed for a few days, during which the disease has maintained its continuous form, or with very slight indications of a remittent character,—exacerbations occurring at night, and remissions with increased prostration in the morning, or one day having more marked fever and prostration than another,—it frequently happens that after apparent improvement he has a severe paroxysm resembling an ordinary attack of ague. This attack may have a distinct cold, hot, and sweating stage, but very frequently the first stage is indicated only by some slight chillness, perceptible to the patient himself, by a sense of cold down the back, or by greater prostration of strength. Sometimes there is decided collapse or syncope, distressing pains in the head, trunk, and limbs, or violent retching and vomiting. The hot stage may immediately follow on these symptoms, or they may continue for some hours. Most generally, during the hot stage, the heat of skin becomes very intense; but it is usually only of short duration, and is followed by profuse perspiration, during or after which the patient becomes very much prostrated, the pulse is weak, faltering, or intermittent; the skin cool; and occasionally he appears to be sinking. During the exacerbation, diarrhœa, if it have been previously present, is generally aggravated, or it may then appear in cases in which the bowels were before confined. Paroxysms of this kind, when they have once occurred, may recur at certain intervals—daily, or twice in the day, on alternate days, or at less frequent periods.

This form of disease, though very threatening in its aspect, is sometimes readily relieved by treatment; more frequently, however, the attacks are very prolonged, and often but little improvement takes place in the patient's condition from day to day. I have not been able to trace any regularity either in the course or duration of the attacks. Sometimes they are peculiarly characterised by the tendency to retching and vomiting, or by excessive restlessness at night, and these symptoms often long resist the measures employed for their relief. When the disease proves fatal, it may be by rapid prostration of strength, by exhaustion consequent on the frequently repeated paroxysms, by cerebral symptoms probably dependant on the unhealthy condition of blood, or by combination with organic disease of the lungs, heart, or kidneys.

In other cases the disease takes a less active form. The patients manifest slight feverish symptoms, and it is often difficult to ascertain the precise period at which their indisposition commenced. They are generally listless and inactive; sometimes they are restless, especially at night; in other cases there is great torpidity and undue tendency to sleep. They often experience headache or soreness in the trunk and limbs, or colicky pains in the abdomen. The appetite is defective, or altogether absent, and often there is nausea or sickness. The tongue is furred, and the bowels are confined. The skin is not usually hotter than natural, and it is generally moist. The pulse is somewhat accelerated; not unfrequently there is a troublesome cough, and some rhonchus in the chest. Often there is a slight bilious tinge of the conjunctivæ and surface, and the aspect is malarious; and generally increased dulness is detectable in the splenic region. Sometimes with these symptoms slight remissions and exacerbations can be detected,—the patients may be less feverish, restless, and prostrated in the morning, and worse again at night,—but in other cases there is very little change in their condition at any period. Usually they continue their occupations, though feeling very indisposed both to bodily and mental exertion, and the affection will hang about them for three weeks or a month, or even longer, till they remove from the locality in which they have been residing, or, the nature of their indisposition being suspected, recourse is had to the proper treatment.

This form of affection I have chiefly seen in children and young persons, and especially in persons residing in the eastern suburbs of the metropolis; and both on the north and south sides of the Thames.

3rd. In the third class of cases there has been marked and rapidly-increasing anæmia, sometimes combined with purpura and jaundice, and occasionally with paroxysms bearing a more or less close resemblance to any ordinary attack of ague, or of an epileptic or syncopic character, and recurring at regular periods. In the latter class of cases there could be little doubt that the disease was malarious in its origin. In other instances where the paroxysms were absent, very imperfectly marked or irregular, the connection of the disease with malarious poisoning could only be suspected from the well-known aguish character of the district in which the patient was living, or the obviously unwholesome condition of his residence; and from the absence of any other cause,—large loss of blood or organic disease of any organ—to which his state could be ascribed. Such cases are of course open to the doubt as to whether the cause assigned for their production be the true one.

In the fatal cases of this and the last form of disease the only peculiarities detected on post-mortem examination have been the extreme paleness and thinness of the blood, bloodlessness of the different organs and all parts of the body, and considerable enlargement of the spleen.

The following cases afford examples of this form of disease:—

Case 1.—*Rapidly fatal Anæmia with tertian syncopic attacks, murmur at the heart and purpurous spots on the skin in a person who resided in a very damp and unhealthy house.*

I was requested to see Mrs. P., aged 61, residing in the neighbourhood of Hertford, on the 29th May, 1857. It appeared that she had enjoyed her usual good health till about the 8th of May, when she became slightly indisposed, and she continued to get gradually worse till the 28th, when she was brought up to town. When I saw her she was sallow and thin, her tongue was furred, and the breath very offensive; she had great distaste for food, the bowels were confined, and she was much prostrated. From her symptoms I inferred that she was labouring under hepatic derangement, and suspected the existence of renal disease; but a specimen of the water examined presented no traces of albumen—but was scanty, high coloured, and loaded with the lithates. I directed her to have some mild alterative medicine with salines.

When she was seen the following day I was informed, that after my former visit, she was suddenly seized, while sitting up in a chair, with a kind of fit, and fell down, and on her recovery was not conscious of what had occurred; and it then appeared that she had had a somewhat similar attack the day before she was brought to town. On the 30th she was much in the state which has been described, though more prostrated; and on the 31st she had another seizure similar to those which had occurred on the 27th and 29th. On inquiry I now learnt that the house in which she had been residing, though in a healthy situation on the side of a high hill and with a sandy soil, had for a considerable length of time been very much out of repair. The water of a well, situated in the cellar, percolated through the brick-work, so that the whole house was made excessively damp, and its evident unhealthy condition had attracted the attention and remonstrance of relatives who had visited at the house some time previously. The fits which have been mentioned were not attended by rigors, but were rather syncopic. She was cold at the time, but she was hot and feverish after them, suffered from sickness and vomiting, and became extremely prostrated. Suspecting the origin of her affection in malarious poisoning, I now ordered her to take two grains of quinine in a mixture containing also tincture and decoction of bark, three times daily; to have stimulants freely given, and aromatic spirits of ammonia and compound spirits of ether administered immediately there was any appearance of the occurrence of an attack.

There was not, however, any improvement in her condition. She became daily more prostrated; had almost constant sickness and vomiting, and on the alternate days had two other attacks similar to those described. Though quite rational when addressed, her mind was very drivelling, and she was extremely timid, suspicious, and depressed. The tongue

was coated with a thick, brownish fur in the centre, and white at the sides, and somewhat dry; the breath was very offensive; the bowels confined; the urine was scanty and high coloured, and though frequently examined was always found free from albumen, but loaded with lithates. Petechial spots made their appearance on all parts of the body, and a loud systolic murmur became audible at the base of the heart, but without any increased dulness in the region of the heart, or sign of effusion in the pericardium. The exhaustion rapidly advanced, she became insensible, and died on the 6th of June—twenty-seven days from the commencement of the symptoms, and nine from the time at which they had assumed an alarming appearance. I was unable to procure a post-mortem examination.

(To be continued.)

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

BRONZED SKIN.—DEATH.—BOTH SUPRA-RENAL CAPSULES DISORGANISED.

(Under the care of Dr. PAVY.)

A WOMAN, aged 26, was admitted into Lydia's ward, under the care of Dr. Pavy, on July 27. Her skin presented a marked example of the appearances characteristic of the morbus Addisonii, and was at once recognised as such by several independent observers. She had been engaged in service, and brought with her a letter of recommendation from a gentleman in whose house she had formerly lived. He used the expression,—"She seems to have been overworked, and is now suffering either from heart-disease, or impaired digestive powers." We cite this in order to show the impression which her constitutional symptoms had conveyed to an intelligent but non-Medical observer.

It appeared that the change of colour had been noticed as gradually increasing for eight months past. There had been no jaundice, and the sclerotics were of a pearly whiteness. Her face, neck, and shoulders were of a peculiar dirty olive tint. On other parts of the body the colour was not specially remarkable. She was not much emaciated. While being questioned certain twitchings were noticed resembling those of chorea. She had been more or less ill for about a year, feeling weak and ailing, but without being able to specify any particular complaint. She attributed her ailments to overwork. Soon after her admission vomiting set in, which persisted in spite of remedies, and produced great prostration. Stimulants were freely used, but death took place on the 30th July, four days after admission. At the autopsy no morbid appearances were found, except in the supra-renal capsules. The following are the particulars of it as taken by Mr. Moxon, the Demonstrator of Anatomy.

Autopsy, thirty-two hours after death.—External appearances—The hair and eyes dark; the complexion very dark; brown as bistre about the neck; axillæ; flexures of elbow-joints; elsewhere, in parts, irregularly so, especially on the forehead, which was patched irregularly with darker parts on a sufficiently dark ground. The patient's body was very well developed, and in good condition, with plump and muscular limbs. The lungs were dark, like all the organs, which showed much the colour of the blood, and there was static engorgement of the posterior parts, but the tissue was healthy. The heart was very soft and dark coloured, but its membrane and valves were free from evidence of disease. The cavities contained clots. The peritoneum was healthy. The mucous membrane of the stomach was normal, except a slight degree of ecchymosis at the cardiac end of the stomach. Intestines were healthy. The liver, except that it was dark in colour and flabby, presented nothing abnormal. To its inner surface was adherent the right supra-renal capsule, which, like its fellow, was embedded and lost in a mass which was bounded externally by lymph, which occupied the cellular tissue originally surrounding the capsule, and infiltrated the muscular structures behind, the whole being a mass of about the size of three segments of an ordinary-sized orange, and roughly of the same shape. In section, the interior presented here and there patches of a yellowish-buff tint, isolated by lymph, in a more or less softened state, in the centre of the capsule. A quantity of encysted puriform fluid was found in the left capsule. They were about equally affected. The kidneys, even when closely in contact with the diseased capsules, were quite unaffected and healthy, their containing fibrous tissues being non-adherent.

KING'S COLLEGE HOSPITAL.

The following are brief notices of the principal operations which were performed at King's College Hospital on Saturday last. We have appended short notes of the observations made by the Surgeon in each case.

EXCISION OF THE HEAD OF THE SHOULDER-JOINT.

A woman, a patient of Mr. Fergusson's, was admitted for long-standing disease of the parts about the shoulder-joint. She had had abscesses or chronic sinuses fourteen years. Mr. Fergusson first saw her a few days ago, and then diagnosed dead bone, but waited until she was placed under the influence of chloroform before he decided on the exact position of the disease, and the steps to be taken for its removal. On then moving the joint, grating was distinctly felt. Having thus ascertained that the disease involved the joint, Mr. Fergusson removed the head of the humerus. He next applied the gouge to the glenoid cavity of the scapula, and removed several pieces of dead bone. During the operation there was for a time rather quick hæmorrhage (at once controlled, however); this Mr. Fergusson remarked was from wound of the posterior circumflex, which was nearly always divided in this operation. He stated that some persons were in the habit of contrasting this operation with that of excision of the hip, to the disadvantage of the latter, on the ground that carious bone could be easily gouged out from the glenoid cavity, but not from the acetabulum. His experience, however, convinced him that it was just as easy to expose and apply the gouge to the acetabulum as to the glenoid cavity.

Mr. Fergusson added some remarks respecting the management of the long head by the biceps in excision of the shoulder-joint. He had, he said, often been asked what became of this tendon, and had been compelled to reply that he did not accurately know, but supposed that, as is the case with the ligamentum teres, in disease of the hip-joint, this tendon is usually destroyed by the disease of the articulation. At any rate he could speak from experience that it was never seen during the operation. In the part of the humerus which he had just excised, the tendon in question was found passing up into the bicipital groove, where it became closely united to the periosteum. Above the extremity of this groove the tendon could not be traced, and had evidently been destroyed by ulceration. Cases of compound fracture, requiring excision of the humeral head, differed, as Mr. Fergusson remarked, from those of disease, inasmuch as in the former the tendon might often be turned aside, and preserved uncut. He did not, however, deem its preservation a point of any great importance.

EXTENSIVE NÆVUS IN THE CHEEK OF AN INFANT.—LIGATURE.

In this case Mr. Fergusson applied a ligature to the chief mass of a nævus on the right cheek of an infant. It was very large, involving most of the cheek, the lower eyelid, and in isolated patches the right side of the nose. He applied two ligatures by the subcutaneous method, and remarked that in a case of this kind it would require several operations to completely extirpate the disease.

ENCYSTED TUMOUR OVER THE CAROTID SHEATH.—REMOVAL.

A young man was admitted with a large fluctuating tumour on the side of the neck, extending from about the angle of the jaw midway to the clavicle, and bulging considerably. It had been punctured a few day before, when bloody fluid escaped. Mr. Fergusson evacuated the contents, which were apparently a mixture of pus and serum, with flakes of lymph. He next dissected out the sac. There was scarcely any hæmorrhage, which he ascribed to his having used the knife

as little as possible, rather trying to tear it away from the tissues.

LONG-STANDING STRICTURE OF THE URETHRA.—PERINEAL SECTION.

The following case illustrates well the mode in which Mr. Fergusson performs the operation of perineal section:—

The patient had been often under the care of Mr. Fergusson during several years. Cure by dilatation had been frequently attempted, but the irritation caused by the instruments was so great that it could not be persevered with, and little benefit was obtained. Perineal section was therefore determined on. Mr. Fergusson first passed into the bladder a small catheter, about No. 2, grooved on its lower convex surface, and then over it, and down to the stricture, a flexible catheter open at the end. After dividing the stricture he easily passed a catheter through the wound into the bladder; but was unable to pass onwards the flexible one introduced by the penis. On removing the instruments, however, he easily introduced a large silver catheter into the bladder, directing it to be kept in for two or three days. Mr. Fergusson, in his remarks after the operation, stated that the difficulty experienced in passing the elastic catheter over the grooved guide, was owing to his not having divided the stricture sufficiently high. He was anxious to divide the spongy portion of the urethra as little as possible, as he felt convinced that the great source of danger in the operation was from the too free incision of this part of the urethra.

CHRONIC DISEASE OF THE BURSA OVER THE LIGAMENTUM PATELLÆ.—ABSCESS.—REMOVAL.

A woman was admitted, under the care of Mr. Bowman, for abscess in the bursa over the patella. She had had enlargement of it for five or six years, with occasional acute attacks. On admission, the matter contained in it was evacuated; but as its walls were very much thickened, it was determined to remove it. Mr. Bowman made a crucial incision over it, and then dissected back the four flaps of skin, and removed the mass. After the operation, Mr. Bowman remarked that the crucial incision was to be preferred to a single linear incision, as it gave more free vent for the escape of matter, etc., thus reducing the risk of erysipelas, which frequently followed this operation. He explained that the tumour consisted of a thickened part, the result of the repeated and continued irritation, but interiorly of a softer, lymph-like substance more recently deposited, and which presented signs of commencing organisation.

WOOD'S OPERATION FOR THE RADICAL CURE OF INGUINAL HERNIA.

Mr. Wood brought forward to the notice of the gentlemen in the theatre, a boy on whom he had performed his operation for the radical cure of hernia fourteen days ago (a). The patient was a boy, aged 15, and had been ruptured for nine months. There was scarcely any difference between the two sides to be seen; but, on examination, the tissues about the rings could be plainly felt, like a hardened mass, completely preventing any escape of intestines. The patient had recovered without any drawback, and had now no pain or uneasiness, not even on jumping, etc. On account of the patient's restless habits, Mr. Wood considered it wise to apply a truss as a precautionary measure. He stated that this was the fourteenth case in which he had now performed the operation, and in all with success. In one only was there any permanent drawback. In this case variocele had followed the operation. In another case variocele had followed, but disappeared again after a short time.

ST. BARTHOLOMEW'S AND THE VICTORIA PARK HOSPITALS.

The following notes are copied verbatim from the *Medical Times and Gazette* for January 7, 1854, p. 11:—

"*Latent Pleurisy with Effusion.—Non-absorption at the End of Nine Months—(Still under treatment).*

"T. M., aged 15, a healthy-looking, stout lad, of rather fair complexion, was admitted under Mr. Lloyd's care into St. Bartholomew's Hospital on April 23, 1853. That the right pleural cavity was quite full of fluid was rendered evident by the usual physical signs. He stated that he had done no work for nine weeks on account of shortness of breath, and that the complaint had been attended at first by a very slight pain in the back. He had, however, slept well, and enjoyed an excellent appetite. There was no feverishness whatever present, and, when quiet, he suffered no dyspnœa. There was a slight duskiness of complexion. The right side had the appearance of bulging considerably, but it measured only one inch more than the left. The intercostal spaces were flattened.

"The boy remained under treatment in the Hospital for three months, during which he was repeatedly blistered, and took for a considerable time diuretics, with small doses of the hydr. c. cretâ. Within a week of his admission he had a mild attack of scarlet fever; and while recovering from that disease, he looked ill, and complained frequently of feeling chilly. Afterwards, however, he regained his health; and for some weeks before his discharge, although the effusion continued as before, yet there had been no general symptom whatever; he could go up and down the Hospital stairs without material inconvenience. Since his discharge he has been frequently seen as an out-patient; and Mr. Lloyd informs us, that on the last occasion there was no evidence of decrease in the amount of effusion. He has returned to light work, and his general health not appearing in any way to be suffering, Mr. Lloyd does not think himself warranted in urging the operation of paracentesis."

A second notice of the same case appeared in our Hospital Reports for December 27, 1856, p. 643:—

"*Empyema and Puncture of Chest.*

"There is a case (a lad named M——) under Mr. Lloyd's care in St. Bartholomew's well worthy of attention, as an example of some of the events of empyema. He has been under our observation in different Hospitals for nearly three years. In the first instance, he was a remarkable example of immunity from constitutional disturbance, while one pleura was full of pus. Admitted into St. Bartholomew's Hospital within a few weeks of the original pleurisy (the symptoms of which had been very slight indeed), he was so well as to be able to go up and down stairs, and assist the nurses in carrying things for the other patients. His left chest was perfectly dull, but a large majority of those who saw him expressed the most confident opinion that the fluid could not be other than serum, or he must show greater signs of ill-health. While in the Hospital matters continued *in statu quo* as regards the chest, and he at length returned home to assist his father in work as a bricklayer! About six months later, however,—a proof of the correctness of the diagnosis held from the first by Mr. Lloyd and some others,—he suddenly began to expectorate pus freely. This continued, and afterwards the matter made its way through an intercostal space, and an external opening was made. This repeatedly healed up, and was repeatedly reopened, he remaining throughout, in spite of the profuse discharge, in fair health. He was under Dr. Peacock's care in the City Hospital for Chest Diseases for some months. A week or two ago Mr. Lloyd made a free opening into the chest, and there seems a fair chance of the cavity being emptied, should he have strength to survive the process."

The case to which the above extracts refer was one which excited great interest among those who watched its course. The boy was repeatedly under the care of Mr. Lloyd, in St. Bartholomew's Hospital, and more than once was an inmate of the Victoria Park Hospital, under that of Dr. Peacock. His death occurred unexpectedly from profuse hæmoptysis about a fortnight ago, and we were fortunate enough to obtain an opportunity of making a post-mortem examination. Before stating the conditions found at the autopsy, it may be well to introduce a few details respecting the lad's progress subsequent to the last published statement above given. He was at that time under the care of Mr. Lloyd, in St. Bartholomew's, and a free opening had been made into the pleural cavity, between the seventh and eighth ribs, a little posterior to the lateral region. From this opening a free discharge of fœtid pus continued for some time, and he was reduced to a state of extreme debility. The discharge, however, subsequently, slowly diminished, and he left the Hospital after a stay of several months, the fistula being

(a) For an account of Mr. Wood's method of operating, see *Medical Times and Gazette*, June 25, 1859.

still open. Some little time after his return home, the fistula healed, and as far as could be gathered from his mother's statement, the expectoration of pus ceased also about the same time. He now resumed his occupation as a bricklayer. He had grown very tall, and was moderately well fleshed.

In October, 1858, an attack of most profuse hæmoptysis occurred. This, with the exception of a very slight spitting of blood in the first week of his illness, was a symptom which was wholly new to him. After a few days it entirely ceased, and he regained his usual state of health and returned to work. In Easter week of 1859, however, a second attack of what his mother called "vomiting of blood," occurred. His mother stated that in the course of a day or two, he must have "brought up a pailful;" and although this, no doubt, was a great exaggeration, it may be taken for certain that the quantity was very large. From this attack he also recovered after a few weeks. From this date until within a week of his death, he was regularly engaged in assisting his father. It should be stated that his parents were in comfortable circumstances, and that he was always well cared for in every respect. The fatal illness commenced on October the 16th. He had been feeling some oppression on his chest, and on Monday, the 18th, walked up to St. Bartholomew's, to see Mr. Lloyd. He returned home considerably fatigued, and in the night was again seized with profuse hæmoptysis. The expectoration of blood continued to recur in large quantities, and at frequent intervals, until Thursday, when death took place. His mother stated that a fit of violent convulsions immediately preceded death.

Briefly to resume the facts of this case, we have, then, an attack of latent pleurisy, with copious effusion, occurring in a healthy boy of 15. The pleura having remained full, without any relief, for about nine months, the fluid found its way through the bronchial tubes, and on expectoration, proved to be thin pus. From this time forwards, for about three years, the empyema continued to find its canal of exit through the lungs. Subsequently, however, an abscess forms externally, and is opened, making a free communication with the lowest part of the pleural sac. After a time the empyema appear to have been wholly emptied, both the external and pulmonary fistulæ heal, and the patient recovers, with, however, evidence that the affected lung has become collapsed and useless. Then at length occur, at long intervals, three attacks of most profuse hæmoptysis, after the last of which, caused apparently directly by the loss of blood, death takes place.

Autopsy.—The post-mortem was performed at the boy's own home by Mr. Hutchinson, and Mr. Hughlings Jackson, on October 23. The ends of the fingers were somewhat clubbed, but not in extreme degree. On exposing the corpse it was seen to be well nourished, and fairly muscular. The right side of the chest was greatly contracted, and, as measured by the eye, did not appear to have half the capacity of the opposite side. On percussion a clear resonant note was elicited over every part of the left side, and also over the whole of the sternum, extending, even at the lower part, to the cartilages of the right ribs. Between the right nipple and the right border of the sternum was a space which was quite dull on percussion; but the right side in front, with the exception of this part, gave a box-like tympanitic sound. It was judged that the dulness referred to was occasioned by the displacement of the heart. On raising the sternum this surmise proved to be correct, as the heart lay wholly to the right. The left lung was very large, emphysematous on its surface and its edges, and did not collapse at all when the chest was opened. On its posterior and depending part were some small spots of ecchymosed tissue, resembling those of pulmonary apoplexy, but with these exceptions, the lung was everywhere crepitant and healthy. The right lung was collapsed, and excepting at its apex and down its anterior surface, where a small layer of crepitant and in parts emphysematous tissue existed, it was solid throughout. The adhesions which everywhere united it to the ribs were firm, but not very thick, and excepting over a small space posteriorly nowhere of that densely indurated character (fibro-cartilaginous) often seen after old-standing empyema. No fluid was present in any part of the pleural sac. Indeed, the sac was everywhere obliterated by the adhesions. A collection of thick pus, about as large as a hen's egg and evidently in process of absorption, was found in the lower lobe of the lung close to its external surface. No fistula communicated with this cavity. The bronchial tubes were not dilated. The tissue of the consolidated lung was densely carnified, and in many parts much congested. There was nothing, however, at any particular part denoting the exact spot from which the fatal hæmorrhage had proceeded. The heart was large, but without disease, not a single trace of adhesion or inflammatory thickening existing either in the pericardium or in the left pleural sac. A cluster of bronchial glands on the right side of the trachea had been disorganized and converted into a dense tissue, in the centre of which a mass of cretaceous material was encapsuled. In the apex of the right lung also was an irregular piece of dry chalk, about the size of a small hazel-nut, which had evidently resulted from the absorption of tuberculous deposit. There was not, however, in any part a single trace of recent tubercle. The stomach was opened and found perfectly free from blood.

THE LONDON AND PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

COMMENTS ON CASES OF TRACHEOTOMY FOR CAUSES NOT INCLUDED IN THE PREVIOUS REPORTS.

The nine cases which we have to notice in this Group (see p. 383, Oct. 15) are so dissimilar among themselves, that the reader's convenience would be in no way served by our placing them in the tabular form. Of the nine cases all, excepting one, ended fatally. The case which recovered is the one to which the subjoined note, etc. refer, and in which the operation was performed on account of rupture of the trachea by violence. Of the eight fatal cases, in two, death occurred immediately after the completion of the operation. In one of these the patient was a boy, aged 3, and the cause of obstruction was a post pharyngeal abscess connected with the spine; and in the other the operation was performed on account of most urgent dyspnœa, consequent on acute œdema of the tissues of the neck. Of the remaining six cases, in one the disease was a mass of medullary cancer, which almost surrounded the trachea. In this instance some relief followed from the operation, but the patient survived only eighteen hours. In one the disease was malignant stricture of the œsophagus, and in this although the operation afforded temporary relief; death occurred shortly afterwards. In one repeated attacks of spasmodic dyspnœa had occurred during the course of malignant disease of the larynx. The operation in this instance afforded complete relief, but death from pleuro-pneumonia followed on the third day. In the sixth case, the trachea was opened in order to relieve the alarming symptoms caused by spasm of the glottis in a woman, who was the subject of idiopathic tetanus. The operation afforded great relief, but the tetanus persisted, and death ensued two days afterwards. In the seventh, a boy was admitted into the London Hospital, having been suspended from a crane by his handkerchief. His neck had been severely crushed. Tracheotomy afforded complete relief, but death occurred suddenly twenty-four hours afterwards with all the symptoms of asphyxia. In the eighth and last case laryngotomy was resorted to in order to relieve the dyspnœa caused by the pressure of a large bronchocele. It did no good, and the patient died twelve hours afterwards. At the autopsy the trachea was found compressed laterally to a mere chink.

ADDITIONAL PARTICULARS TO CASE No. 86.

We have been favoured by a correspondent, who sends both his name and address, with the following additional particulars respecting one of the cases of tracheotomy recently published in our pages.

The case to which they refer was that of a labourer, aged 20, who had been admitted into a provincial Hospital, having had his neck crushed between the buffers of two railway carriages. His trachea had been ruptured, and emphysema of the neck and numbness of the arms followed the injury. In the course of a few days his dyspnœa had become so urgent as to threaten life. Tracheotomy was then resorted to. Our correspondent's letter mentions several facts respecting the operation and its sequences which were not in our possession previously, and which we think our readers will

agree with us in considering of much too great practical importance to be passed over in silence. For reasons which will be understood, we omit names.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last week's impression I noticed the report of a successful case of tracheotomy, at which I was present when a pupil of the —— Royal Infirmary, and I think a few remarks are necessary, in justice to the gentlemen by whose means the patient was saved, but whose names I see are not mentioned in the report.

The facts of the case are as follows:—After Mr. ——, the Surgeon to the Infirmary, had made his incision, exposing the ruptured trachea, all attempts at restoring respiration failed, and the man, after having been turned head downwards to displace, if possible, the blood that had probably accumulated in the thorax, was then left, as it seemed, hopelessly dead upon the floor. Mr. —— and most of the pupils having left the ward, Dr. Halford, then Senior House-Surgeon at the Infirmary, raised the man from the floor, and at once inserted a long canula into the sternal extremity of the ruptured trachea, and then immediately commenced sucking up the blood, mucus, etc. with his mouth, having repeated which several times, respiration reapppeared, and the man thenceforth lived, and is alive at present. Before leaving the ward, however, Dr. Halford left the patient under the care of Mr. ——, one of the resident pupils, who had, at the same time, under his care Case No. 30, in which Dr. Halford had a short time before successfully operated. With Mr. —— Dr. Halford left instructions to repeat what he himself had done if necessity arose, and in the course of a few hours Mr. ——, at various intervals, removed with his mouth whatever fluid was accumulating in the thorax.

As this is one of the best cases I ever remember, I feel compelled to send you the above particulars, and hope you will give them space in your Journal.

I am, &c.

Justitia.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE NOTTINGHAM GENERAL HOSPITAL.

CYSTIC DISEASE OF THE TESTIS.—REMOVAL.—DEATH FROM INTERNAL DEVELOPMENT OF CANCER.

(Under the care of Mr. WRIGHT.)

[Reported by Dr. Sloane.]

J. S., aged 29, from Calverton, in Nottinghamshire, was admitted into the General Hospital, Nottingham, in August, 1852. He was not strong, but was otherwise healthy. Eighteen months previous to admission, he began to suffer a lancinating intermittent pain on the crest of the right ilium, two and a-half inches from the anterior superior spinous process, which shot down to the right testis, and to the lower border of the sacrum. About a month afterwards he observed that the right testis began slowly to enlarge, which continued till his admission into the Hospital. He then, in addition to the before-mentioned pains, complained of one which extended down the thigh in the course of the anterior crural nerve. His right testis was as large as a goose's egg, painful when percussed or jarred, but not so on the application of firm, steady pressure. There was some enlargement of the superficial veins; obscure fluctuation was detected, and Mr. Wright, whose patient he was, introduced a trocar and canula, and drew off a small quantity of thick, muddy fluid. In October, Mr. Wright removed the diseased testis in the usual way, and in six weeks the wound had healed by granulation, and he was discharged. The testis, after removal, was examined microscopically by Dr. Ransom, and Mr. Thomas Wright, Physician and Surgeon of the Hospital. They found the disease to be cystic sarcoma. There was also some fat deposited in the course of the puncture made by the trocar. No trace of malignancy was discovered. In February, 1853, he was again admitted, with a fungous growth as large as a pigeon's egg, over the right external abdominal ring. A few days previous to admission there had been an oozing of blood for twenty-four hours from this tumour. He believes that altogether he lost a pint of blood. This tumour afterwards enlarged, and continued to bleed. He afterwards returned to his home, where he died on May 30, the abdominal parietes having previously given way at the seat of the tumour, and the bowels protruded.

THE ROYAL CORNWALL INFIRMARY.

CASES OF CANCER OF THE PENIS.

(Under the care of Mr. MICHELL.)

The three cases following were all under the care of Mr. Michell—a fourth was admitted under the late Mr. Spry, but the disease had advanced too far to allow of any operative proceeding. We publish the cases as an interesting appendix to the statistics of Amputation of the Penis which we recently brought before our readers.

Case 1.—W. B——, aged 42, admitted June, 1856, with epithelioma of prepuce and glans penis, both of which were partially destroyed by ulceration. This patient was the subject of congenital phymosis. When admitted the patient was in a very cachectic state, and the operation was deferred until the beginning of July. The glands in both groins were enlarged. He recovered from the operation, but died about six months afterwards from an extension of the disease.

Case 2.—J. J——, aged 55, admitted June 11, 1856, with epithelial disease of penis. In this case the glans were most involved, and the inguinal glands were enlarged. On June 16th the diseased part of the penis was removed, and he was discharged in about a month. He was in a very fair state of health eighteen months afterwards, the disease not having recurred at that time. In this man, too, phymosis was congenital.

Case 3.—J. S——, aged 41, admitted September 12, 1859. A very unhealthy-looking man. He had had epithelial cancer of penis between two and three years. On September 13th more than half the penis was removed. He recovered and was discharged on September 29th. In this patient the inguinal glands were enlarged. He had always had phymosis. After the amputation, instead of making the man wear a tube to secure the patency of the urethra, Mr. Michell stitched the upper three-quarters of its lining membrane to the walls of the corpora cavernosa, the lower part to the integument. To this is partly to be ascribed the patient's speedy recovery.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—The half-yearly general meeting of the members of this Society was held on October 26, to acquaint the members with the affairs of the Society during the preceding six months. From the last half-year's balance-sheet, it appeared that thirty-eight widows had received £717 10s. half-yearly relief, and twenty-three children, £164, with £25 as a grant towards self-maintenance, besides £139 9s. 3d. for necessary expenses; and that there are 390 members at present on the list. A new law was carried, authorising a grant in certain special cases to the widows or children of such gentlemen as had, after two years' subscription, ceased to be members of the Society from non-payment of subscription during fifteen months, provided the non-payment had arisen from occasions over which the members had no control. The following members were elected officers and directors for the ensuing twelve months, viz.:—*President:* Thomas Arthur Stone, Esq.; *Vice-Presidents:* Martin Ware, Esq., Everard A. Brande, Esq., John Nussey, Esq., Sir B. C. Brodie, Bt., F.R.S., Peter M. Latham, M.D., John Bacot, Esq., Thomas Turner, M.D., D. Henry Walne, Esq., A. J. Sutherland, M.D., F.R.S., Edward Tegart Esq., Ed. Stanley, Esq., F.R.S., Geo. Burrows, M.D., F.R.S.; *Treasurers:* John Miles, Esq., John Clarke, M.D. (Acting), James T. Ware, Esq.; *Directors:* Richard S. Eyles, Esq., Henry Sterry Esq., G. Hamilton Roe, M.D., Harvey K. Owen, Esq., Henry Lee, Esq., Robt. B. Todd, M.D., F.R.S., Robert Nairne, M.D., William Cathrow, Esq., Edgar Barker, Esq., James Paget, Esq., F.R.S., John Adams, Esq., Fred. J. Farre, M.D., A. B. Barnes, Esq., Edward Dew, M.D., John Love, Esq., H. A. Pitman, M.D., Charles Collambell, Esq., Benj. Travers, Esq., B. J. Babington, M.D., F.R.S., John Weatherfield, Esq., John J. Sawyer, Esq., Thomas Brown, Esq., C. J. B. Aldis, M.D., William Dickinson, Esq.

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Medical Times & Gazette.

SATURDAY, NOVEMBER 5.

ORGANISATION OF THE PRACTICAL ARMY MEDICAL SCHOOL.

A document of the greatest possible importanee to the Army Medical Department, to the Profession generally, and to the Nation has just been issued from the War Office. It is dated October 17, 1859, and consists of three sections: First, Qualifications and Examination of Candidates for Commissions in the Army Medical Service; second, Organisation of the Practical Army Medical School, including the Subjects to be Taught by the Professors; and thirdly, Rules for the Exami-Nation of Assistant-Surgeons previous to Promotion. We now publish, for general information, an abstract of each of the Sections.

I. As to the Qualification and Examination of Candidates before entering the Service, it is provided that the candidate must be unmarried, not above 26 nor under 21 years of age, and produce certificates of moral conduct and character. He must make a declaration that he does not labour under any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical officer in any climate. He must possess a diploma or licence in *Surgery* from some British College or Faculty, and *also* a legal qualification to practise *Medicine* in Great Britain or Ireland. The double qualification is thus imperative. In addition to this, the following certificates will in all cases be required:—

1. Of his having dissected the whole body once at least.
2. A course of operative surgery, with a certificate of having performed all the great operations on the dead body.
3. Three months' practical chemistry. The certificate must state that the pupil has conducted chemical analysis himself during the whole of that period.
4. Three months' natural history or comparative anatomy.
5. Practical midwifery, a certificate of having attended twelve cases.
6. Three months' lectures on ophthalmic surgery.

Certificates of having attended the following courses of instruction are also recommended but are not imperative:—

One course of natural philosophy, logic, dentistry, mathematics, French and German.

Then with regard to the Examination at the Department, it is provided that on producing the foregoing qualifications and certificates, the Candidate will be examined by the Examining Board on the following subjects:—

Anatomy and physiology; surgery; medicine, including therapeutics, the diseases of women and children, pharmacy, and the laws of health; natural history, including zoology and comparative anatomy; botany; physical geography, including meteorology. The subjects for the three last heads of this examination will be taken from the following books: Carpenter's Zoology, edited by W. S. Dallas, F.L.S.; Rymer Jones' "Outlines of the Structure and Functions of the Animal Kingdom," or "Cours Elémentaire d'Histoire Naturelle," par Milne Edwards; Lindley's or Henfrey's "Elements of Botany;" Somerville's "Physical Geography;" Kemptz' "Treatise on Meteorology;" Lyell's "Elementary Geology," or Page's "Advanced Text-Book of Geology."

This is merely a preliminary examination, and the names of Candidates who pass it will be sent to the Director-General and communicated to the Professors of the Army Medical School. The names will be arranged in the following Classes:—

Class I.—Names of those who have passed a pre-eminently distinguished examination, arranged in their order of merit. Characters which distinguish the excellence of each. General estimate of individual capacity, or fitness for special service.

Class II.—Names of those who have passed a creditable examination, arranged in alphabetical order. Statement of the topics in which each has individually excelled, and a general estimate of his individual capacity.

Class III.—Names of candidates who have passed the minimum examination, arranged in alphabetical order. Statement of the particular branches of science in which each has been found to be deficient.

This information will enable the Professors of the Army Medical School to carry out their instructions with a definite aim as regards each class.

Then follow certain regulations directing that, after passing his preliminary examination, every candidate will be required to attend one entire course of Practical Instruction at the Army Medical School, before being admitted to his examination for a commission, on—Hygiène, Clinical and Military Medicine, Clinical and Military Surgery, Pathology of Diseases and Injuries incident to Military Service, and Applied Chemistry. These courses to be of not less than four months' duration. At their conclusion, the candidate will be required to pass an examination on the subjects taught in the School. The examination will be conducted by the Professors of the School. If the candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical officer, he will be eligible for a commission as Assistant-Surgeon. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5*s.* per diem, with quarters; or 7*s.* per diem, without quarters, to cover all costs of maintenance; and he will be required to provide himself with uniform—viz., the regulation undress uniform of an Assistant-Surgeon, but without the sword.

There are several points of great importance in the above schedule. The necessity for the double qualification, the additional certificates required (that of "A Course of Operative Surgery, with a Certificate of having performed all the great Operations on the Dead Body," being the principal course not included in other *curricula*), and the competitive examination, all being admirable improvements, though secondary in importance to the next great section we have to notice, namely,—

II. The Organisation of the Practical Army Medical School. We have already stated that candidates for Commissions are to attend a course of instruction at this School, and have appended the subjects of the course. With regard to the government of the School we may add, that the special practical instruction which the school is intended to afford will be given by the following five Professors:—The Professor of Hygiène, the Professor of Clinical and Military Medicine, the Professor of Clinical and Military Surgery, the Professor of Pathology, and the Professor of Chemistry. The School has a distinct and independent existenee under the Secretary of State for War, and is governed by its own Senate, consisting of the five Professors and the Director-General of the Army Medical Department. The business of the session will be arranged by the Senate in such manner that there shall be at least six months' residence at the School and Hospital, including courses of not less than four months' instruction by lectures, etc.; so that there shall be two sets of candidates ready for examination for commissions every year.

The lectures and practical instructions to be delivered at the School will be directed exclusively to the specialities of the Military Medical Service.

A full programme follows of the nature of the instruction to be given by the five Professors, arranged as follows :—

1. Lectures and Instructions on Hygiène.
   Part I. Principles.
   Part II. Application of Hygiène to Armies.
2. Clinical and Military Medicine.
3. Clinical and Military Surgery.
4. Lectures and Demonstrations in Pathology and Morbid Anatomy.
5. Lectures and Practical Instructions on Applied Chemistry.

Some further details on this course we shall probably give next week, concluding for the present with a copy of the following :—

RULES FOR THE EXAMINATION OF ASSISTANT-SURGEONS PREVIOUS TO PROMOTION.

"This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

"When Assistant-Surgeons have served the requisite time, they will be examined in the following manner :—

"A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the principal Medical officers of stations where Assistant-Surgeons may be eligible for examination. It will be the duty of the principal Medical officer of the station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed, to the principal Medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body (a).

"The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical account of the station where he may happen to be at the time, or of some other station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical report of his regiment for a period of at least twelve months.

"If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the certificates and with the Medico-Topographical or statistical report, the Assistant-Surgeon will be held qualified for promotion.

"The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service, each examination having a definite object. The first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical science."

It would be difficult to suggest any improvement upon this elaborate scheme. Of course, in carrying it out, the results will depend in a great measure upon the ability and earnestness of the Professors in the new School, and of the Board of Examiners. The Profession will scrutinise carefully the names of the gentlemen appointed to these important posts, as upon their character will depend, in a great degree, that of the future officers of the Army Medical Department.

(a) The Assistant-Surgeon may see this certificate before it is sent to the Director-General.

THE LAST TRIAL FOR POISONING.

Nulla aconita bibuntur fictilibus, said an old Roman. There is no danger of poison for those who drink out of earthenware. The refinement of death by poisoning was reserved or the patrician. So it was with us until the last few years, when Burial Clubs having made the poisoning of infants a popular means of livelihood, the practice has extended from the infant to the adult portion of the community. Thus last week we had a trial at the Central Criminal Court, where a mechanic of low class was tried for poisoning a poor girl he had seduced by some irritant, which Chemistry, impersonated by Dr. Letheby, was unable to define. We draw attention to it as some important questions were started—such as the difference between gastro-enteritis arising from natural causes and that set up by irritant poison—the curious evidence of Dr. Letheby as to the irritant oil he obtained and its effects on animals—and the ingenious argument of the prisoner's counsel that organic poison may be generated in the human body during life as well as by the decomposition of the body after death. So far as we can understand the case from the published reports of the trial, the woman was first taken ill on Sunday night. There was vomiting and purging on the Monday of *green bilious* matter—no shreds of membrane or blood, such as any corrosive or vesicating poison would produce. When seen on Monday by a Medical man, there was pain not in the stomach chiefly, but *over the whole* abdomen—showing peritonitis or general inflammation. The Medical men describe no appearance of blistering or corrosion of the lips, tongue, mouth or throat. Surely this would not have escaped them had any acrid substance been swallowed. They considered she was suffering from exhaustion, as a result of cholera or diarrhœa, and prescribed accordingly.

The vomiting and purging are said to have continued through the Tuesday more or less, but to have actually *ceased* on the Wednesday, when deceased was able to sit up, to take food, and *retain it on her stomach*. On Thursday the symptoms returned. On Friday peritonitis was for the first time diagnosed, and on Saturday she died.

The appearances were chiefly inflammation of the stomach and bowels (gastro-enteritis), with peritonitis. The greatest amount of inflammation was at two feet from the stomach. This is not usual in acute irritant poisoning. The condition of the throat does not appear to have been examined, although it was most important in reference to the hypothesis of an acrid poison, capable of blistering the lips.

No irritant poison was found either in stomach, intestines, liver, or spleen; but from the stomach and intestines, we are told, there were separated by alcohol, *four drops* or grains of an oil, or acrid matter of some kind, having acrid and virulent properties in the highest degree. The oil was not identified by any one property, as any oil of an irritant kind known in chemistry or pharmacy. It was described as an unknown and unnamed organic poison of an acrid nature, having properties compounded of croton-oil and white hellebore. Its acrid qualities were said by Dr. Letheby, to be proved by its causing blistering, scabbing, burning heat, etc, on his own lips. That it was a poison, and capable of destroying life, was said to be proved by its killing a guinea-pig in ten minutes. On removing the gullet and stomach of the guinea-pig, and re-dissolving the residue of the oil by alcohol, and dividing it among three sparrows, Sparrow No. 1 died in four minutes; Sparrow No. 2 in a quarter-of-an-hour or less; and Sparrow No. 3 was violently *sick* (!), and died the next day. The fact that this bird survived, was ascribed to the giving of treacle and water, as if this could counteract or in any way prevent the action of such a substance as croton-oil, or any similar irritant. There is no doubt that the guinea-pig, and Sparrows No. 1 and 2, died from what Dr. Letheby describes as "spasm of the throat"—asphyxia produced by an acrid substance coming in contact with the glottis. We do not profess to understand how a sparrow with a *gizzard* was *sick*; but admitting the facts, they prove nothing as to the real nature of the substance found.

If it could not be stated chemically what the four drops of

acrid matter were, it should have been proved at least, physiologically, that the substance would produce in an animal violent vomiting and purging, and gastro-enteritis, causing death after five or six days—not mere spasm of the glottis. It should have been stated, also, that birds have been killed by extracts from the secretions of the body and from the viscera. (See Christison, Fourth Edition, pp. 78 and 79.)

Dr. Letheby is one of those who hold out for the invariable diffusion and deposition of poison (where poison has caused death) in all the organs. Why was not this oil found in the liver? At any rate, if he thought white hellebore had been taken, veratria should at least have been found, or nothing said about it.

As far as the evidence goes, the deceased was ill before any thing was given to her by the prisoner. He gave to her coffee on the Monday. She complained of it being *bitter;* not of its being acrid and corrosive like the matter which burned Dr. Letheby's lips. The prisoner also gave some milk on the Wednesday, but she made no complaint of that, and it had no effect on her. Croton-oil would not mix with such liquids, and could not have been swallowed by her without producing immediate effects locally.

Considering all this, we believe that the acrid matter was no more than might have been extracted by alcohol from semi-decomposed animal substances. It came opportunely to support Dr. Letheby's view,—that poison always must be found when a person has died from it—although it now appears that we are not obliged to define its nature, nor to show that it will kill animals as it does a human being. If the guinea-pig and sparrows had suffered from violent vomiting and purging, and pain in the abdomen, and had died after some hours or days, and after death there had been violent gastro or gizzard-enteritis, there might have been something in it. As it is, it is the wildest application of experiments on animals that we ever read or heard of, and it is a fact fraught with public danger, if, without specifying the poison, a witness is in future to base his opinion on such indefinite data, and is not even called upon to define the substance which he professes to have found, beyond such a loose statement as this of Dr. Letheby's:—"Although I cannot state what the nature of the ingredient was, I am satisfied that it was an acrid poison of a very deadly character."

We must also express surprise at the evidence, if reported correctly, of Dr. Barker. He says that the fact of an *entire intermission of symptoms for a whole day* on Wednesday was a proof to him of its being more connected with irritant poisoning than disease. This is the reverse of all experience of irritant poisoning. There may be remission, but no intermission.

So far as we can judge by the report, the woman died of peritonitis, preceded by cholcraic diarrhœa, and the acrid matter said to have been found had nothing to do with her death. It was not the cause of the symptoms or appearances, but the result of the decomposition of the fluids. Whether we are right or wrong in this opinion, however, we trust some experimental physiologist will put the matter to the test of experiment, and ascertain what products can be obtained from decomposing animal matter by such a process as that employed by Dr. Letheby.

THE WEEK.

A STRANGE case of murder was tried last week at the Old Bailey, and the perpetrator of it left for execution. A Portugese, engaged as a cook on a merchant vessel, without rhyme or reason of any sort or kind, one night sets to work to kill, right and left, his comrades in the vessel. The captain's throat he cuts; and at last he is secured, after attempting to murder others. He had only been a short time in the vessel, and nothing was known of his antecedents. Now we can have no hesitation in saying that this man's life ought not to be taken until some attempt at least has been made to ascertain a knowledge of his previous character and history. The act of the murderer—motiveless and unmeaning—was simply the act of a downright madman; so that one of the main elements usually required as proof of murder,—viz. a *motive* for the deed—is wanting. Even the great *Times*, which always calls out so loud for execution in such cases, admits "that it would have been more satisfactory if we could have obtained some knowledge of the details of his previous life;" but this would be too much trouble, as the man is a native of Rio Janeiro! We have none of that maudlin sympathy with criminals of which the *Times* accuses juries and the public, but we know how deeply difficult a subject is that of insanity. We see the most learned non-professional men daily display profound ignorance on the subject. We see, in fact, quite enough to convince us, that taking into consideration the extraordinary phases of insanity, it is criminal to rush to the execution of men like this Charles Annois until every effort has been made to prove him free of insane ideas.

We rejoice, for the sake of the University of Edinburgh, and of science generally, that Edinburgh University has had the good sense to elect Lord Brougham as its first Chancellor. A more fitting man for the office could not have been found in the country. The opponent of his Lordship was the Duke of Buccleuch, whose only claims for the appointment were his high social position and his great local influence. At the close of the poll it was found that Lord Brougham had 655 votes, and the Duke of Buccleuch 419, giving a majority of 236 to the former. We do not doubt for one moment, that the majority would have been immensely greater, had the sentiments of all the Graduates of the University of Edinburgh been taken, and especially of Graduates who live at a distance from, and are not swayed by, the local influences which must have directed many of the votes given on this occasion. The chair was occupied by Sir David Brewster, the new Principal, who had on the morning of the election been inducted into his new office. Dr. Christison proposed, and Sir G. Clerk seconded, the Duke of Buccleuch. Dr. Christison's defence of his choice was unusually unfortunate. It could not have been otherwise, the choice itself being so unfortunate. The Solicitor-General nominated Lord Brougham, and Dr. Alexander Wood seconded him. The Solicitor-General, Maitland, was appointed to the office of Assessor, by a majority of 88 over Sir J. McNeil. The next struggle is for the office of Rector, who is to be chosen by the Students. Lord John Russell, Lord Elcho, Mr. Gladstone, and Mr. Robert Chambers, are all spoken of; but nobody knows who is likely to be chosen. It may be some person not yet named. The election is to take place next week.

On several previous occasions we have expressed our regret at observing that in some of the metropolitan districts the local authorities are apparently doing their utmost to bring into discredit the functions performed by their Medical Officers of Health. In some cases the salaries of these gentlemen have been reduced, in many their recommendations have been slighted, and in most, we fear, there is far from a cordial understanding between the Medical officers and their employers. The Act of Parliament authorising the appointment of Medical Officers of Health, while it recognised the importance of the duties, was entirely silent as to the qualifications necessary for performing them, or as to the remuneration to be allotted for their due execution; while it also conferred upon the Local Boards the monstrous power of dismissing their Medical officers, with or without a reason, and without

any appeal. It seems also to be a doubtful point whether the Boards are compelled to appoint any Medical officers at all, or at least whether they are compelled to elect such officers permanently, or only from time to time, as occasion may require. Of the privileges thus afforded to the Local Boards of tyrannising over the Medical Officers of Health, the aforesaid Boards, as might have been anticipated, have not been slow to avail themselves; and we consequently find that the Medical officers are now treated in pretty much the same manner as their brethren of the Poor-Law service are treated by the Poor-Law Guardians. An instance in point has just occurred in the district of St. George's-in-the-East, where Mr. Pittard, the very able and accomplished Medical Officer of Health, has thrown up his appointment, and the Vestry have both reduced the salary of the office, and have declined, for the present, to fill up the vacancy. The occasion having been favourable for the usual oratorical denunciations against Medical men, the sages of St. George's-in-the-East have accordingly indulged in this favourite pastime, waxing exceedingly witty at the expense of our Profession, and proving to their own satisfaction, that any sanitary supervision of their parish on the part of a Medical officer is entirely useless, and therefore that the office ought to be abolished; or if this cannot be done, that the salary ought to be reduced to so low an amount as to render its acceptance utterly worthless. We are glad to find that Mr. Pittard addressed the assembled vestry in a tone which evidently made the gentlemen wince under the lash; and if the members of our Profession would generally act with equal boldness, the habit of abusing Medicine and its Professors on the part of ignorant officials, armed with a little brief authority, would speedily be suppressed. Hitherto the local authorities have had it nearly all their own way in insulting Medical gentlemen who have the misfortune to hold salaried appointments. But a few more such castigations as those inflicted by Mr. Pittard upon the Vestry of St. George's-in-the-East, for their inhumanity, their arrogance, and their ignorance, will prove to parish vestries that gentlemen of education, merely because they happen to belong to the Medical Profession, are not always to be brow-beaten with impunity.

We have great pleasure in directing attention to an advertisement which makes known that a Series of Lectures on the Diseases of Children will be given every Saturday during the months of November, December, and January, by Dr. West, Dr. Jenner, and Mr. Athol Johnson, the Physicians and Surgeon of the Hospital for Sick Children. The first Lecture will be given on Saturday, November 12, at three p.m., by Dr. West. The Lectures are open to Practitioners of Medicine, and to Students after their first year, on written application, addressed to the Secretary at the Hospital. We trust that this praiseworthy attempt to make one of our Special Hospitals useful to the Profession generally will be held out as an example to other Special Institutions, and followed by them.

We see that an attempt is being made to add another to the numerous Special Hospitals in this metropolis. Ten thousand people die annually of paralysis in England and Wales; and *therefore* it is necessary that an Establishment should be instituted for the cure of epilepsy and paralysis, and for the manufacturing of a body of Medical men who shall be specially versed in, and, therefore, pre-eminently qualified to treat, these diseases. We need hardly say that of course in this proposed Institution all the abuses of Medical Charities, to which we have so often alluded, and especially the one of gratuitous Medical services, will be duly consecrated. That other shameful one also will assuredly not be omitted, viz., the distribution of the benefits of the Charity to a class of individuals who are, by their position in the social scale, totally unfit to be recipients of it.

At the Comitia Majora Extraordinaria of the Royal College of Physicians of London, held on the 2nd inst., the following Physicians were elected Fellows of the College:—James Black, Joseph Ayre, William Beattie, Thomas Cammack, John Barclay, Edward Meryon, Nicholas Parker, Hermann Weber, Edward Headlam Greenhow, William Odling, Lionel Smith Beale, Frederick William Pavy, George Rolleston, Charles Radclyffe Hall, Samuel Elliott Hoskins, James Ormiston McWilliam, John Thurnam, Richard Tonson Evanson, Joseph Dickinson, Sir Joseph Olliffe.

We beg to direct special attention to an advertisement published in this number respecting a Memorial to Sir James McGrigor. We have so often expressed our opinion of the great merits of the deceased Baronet, that we need only add our full concurrence with all that Mr. Wyatt has said, and recommend the Memorial to the general support of the Profession.

The signs of the times look portentous, if we may judge from celestial perturbations. Aurora borealis has been brilliant of late. Meteors appear to be wildly rushing about in all directions. The curious combination of snow-storms and thunder and lightning have been witnessed by the writer of these lines. The most terrific, and fatal, and sudden of storms has just swept across this island, apparently embracing every quarter of it, resembling rather a tropical tornado than one of our ordinary temperate gales. Add to these the extraordinary differences of temperature which have marked the month of October; 50° of difference having been noted between the temperature of a day in the first and a day in the third week of it, viz., 22° and 70° Fahrenheit.

The Physicians and Surgeons of Guy's Hospital have awarded the Astley Cooper Prize of £300 to Doctor Crisp, of Parliament-street, Westminster, for his Essay on "The Structure and Use of the Thyroid Gland."

Obstetrical Surgery.—Dr. Luders relates, in the *Deutsche Klinik*, this case:—A lady, fifty years of age, complained to her doctor of abdominal disorders. *The doctor ordered her to be examined by a Sage Femme*, who diagnosed prolapsus of the womb, and applied a large pessary, which was afterwards replaced by another. This second pessary was introduced with much violence and caused great pain to the patient. The *Sage Femme* on endeavouring the next day to adjust it better, could not find it at all either in the vagina or in the bed. The lady after this remained a sufferer for two years, consulting many doctors. They all made out that a tumour existed behind the vagina, but of its nature none could give account. Happily, at last comes M. Luders, and in the interior wall of the rectum discovers an opening, through which he could feel a hard body. This hard body, which he at last extracted, was a caoutchouc pessary, oval, and three and a-half by two and a-half inches in its diameter. The *causâ sublatâ*, the pouch healed up, and in six weeks the lady completely recovered her health.

A Novel Idea.—"In my opinion," says M. Piorry, "vibrations are the key of all nature, and I believe that the science of universal life may gain from their consideration new lights. In *Trisalgie* there is, for instance, a luminous circle, whose contour is zig-zag, and which goes on continually enlarging with continual oscillations. This truth of vibration, long ago suspected by me, has now become a demonstrated fact."

REVIEWS.

Handbuch der Medicinischen Klinik zum Gebrauche für Studenten und Aetzte. Bearbeitet von Dr. Rud. Leubuscher, Professor der Pathologie, und Director der Medicinischen Klinik zu Jena. Erster Band. 2 Hälfte. Leipzig. 1859.

Manual of Clinical Medicine for the use of Students and Practitioners. By Dr. Rud. Leubuscher, Professor of Pathology, and Director of the Department of Clinical Medicine at Jena. Vol. I. Second Part.

The second half of Dr. Leubuscher's manual contains the Diseases of the Organs of Digestion, commencing with the affections of the mouth and œsophagus, and passing in order through those of the stomach, liver, and other abdominal viscera. The Diseases of the Urinary Organs come next, and the volume concludes with the Diseases of the Male and Female Generative Organs.

The author of this manual shows himself to be well acquainted with the progress of practical medicine in the present day, and he has condensed into a systematic form the substance of a great number of monographs upon the special diseases of which he treats. It should also be stated that he appears to have consulted only the best authorities, while his arrangement of a great multitude of diversified materials indicates a well-ordered mind, and a well-directed course of study. The diseases affecting any special organs are introduced by a brief account of the functions of those organs, and a bibliographical record of works relating to their pathology; and general directions are then given for exploring the morbid condition of each structure. Next in order the special symptoms of each disease are related, and its causes and treatment are briefly, but lucidly described. We are particularly pleased with the sections relating to treatment, which indicate sound good sense, and a practical acquaintance with therapeutics on the part of Dr. Leubuscher. He does not seem addicted to any exclusive theory of treatment, but carefully adapts his remedial measures to the peculiarities of each disease, and to the constitution of the patient. His work will be read with profit both by students and practitioners, who will find it a useful guide in their clinical studies or in the active duties of Medical life.

Traité de Chimie Technique appliquée aux Arts et à l'Industrie à la Pharmacie et à l'Agriculture. Par M.-G. Barruel. Tome I. II., 1856. Tome III. 1857. Tome IV. 1858 Paris.

(Treatise on Technical Chemistry applied to Arts and Manufactures, to Pharmacy and Agriculture.)

This work of M. Barruel forms a complete history of chemistry in its relation to the arts of life, and the theoretical portion is sufficiently explanatory for the guidance of those who may be unacquainted with the principles of chemical science. The first volume is devoted to the description of the non-metallic bodies, preceded by a general introduction on the principles of chemistry. The chief artificial product described is the gas obtained for the purposes of illumination from coal and oil. The second volume treats of the metallic bases of the alkalies and earths, their oxides and salts; and it describes at length the manufacture of gunpowder, the extraction of salt, the process of glass-making and enamel-making, the formation of mortars and cements, of alums and clays, and the manufacture of pottery and porcelain. The third volume contains a description of the metals proper, such as lead, copper, mercury—their oxides and salts, the methods of extracting some of them from their ores, the preparation of colours, the processes of gilding and silvering, galvano-plastic operations, and the principles of photography. The fourth volume treats of the processes employed to obtain the common metals used in ordinary life, the manufacture of steel and of bronzes, the extraction of arsenic, the formation of azure. The applications of chemistry to pharmacy are introduced so far as to make the preparation of the usual pharmaceutical compounds intelligible to the Medical student, but the author disclaims any intention of offering a complete treatise on pharmacy.

M. Barruel's elaborate book will prove of inestimable service to those who are engaged in the arts connected with chemistry, and it will also be perused with great interest by all who study chemistry as an abstract science. The explanations are in all cases full and explicit, and are accompanied, where necessary, with well-executed engravings.

The Climate of Brighton. By William Kebbell, M.D., Physician to the Sussex General Hospital. Pp. 187. London: 1859.

Brighton, although destitute of natural attractions, has, nevertheless, become, by the general purity of its atmosphere, and its proximity to the metropolis, one of the most favourite and populous watering-places in the kingdom. The idler resorts to it as a scene of gaiety and amusement, and the invalid for the restoration of health. It must be admitted that the salubrity of the climate has not been overrated; and, although Brighton presents no picturesque scenery, the deficiency is perhaps more than compensated by the absence of all conditions injurious to health. The fine open downs in the immediate vicinity of the town offer a pure, invigorating air, untainted with any emanations from miasmatous lowlands, or tidal rivers and harbours; and if the efforts of man were directed more energetically to purify the drains and sewers, it might be alleged that nature and art had both combined to ensure the healthfulness of our London at the sea-side.

Dr. Kebbell has put together his materials on the climate of Brighton with considerable skill; but he has, perhaps, unnecessarily entered into general disquisitions on climate and other matters, which have no other effect than to increase the size of the book. Some of his statements will be read with interest, as throwing light upon the meteorology of Brighton, and as contradicting some popular prejudices in reference to its hygienic conditions. It is proved by statistical evidence that in point of dryness and equability of temperature it is pre-eminently favoured by nature; while it is shown that the death-rate, although higher than that which is regarded as normal by the Registrar-General, is less than that of many other towns similarly situated, and would be lower still if the local powers would adopt due sanitary precautions. It is also gratifying to find that the prevalence of scarlatina and diphtheria in Brighton, in the year 1858, has been very much exaggerated by popular belief, and that, in fact, only about fifteen cases of the latter disease really occurred.

While generally commending Dr. Kebbell's work, we cannot help remarking that considerable carelessness is evident in its composition and punctuation. In one of the chapters Diphtheria is constantly spelt *Diptheria*, and porriginous, *poriginous*. The composition is often very faulty, and the punctuation is bad throughout.

Homœopathy and Hydropathy Impartially Appreciated. With Notes illustrative of the Influence of the Mind on the Body. By Edwin Lee, M.D. Fourth Edition, enlarged. Pp. 155. London: 1859.

Homœopathy and Hydropathy rest upon very different bases. The former is grounded upon principles which are utterly untenable, and supported by a farrago of mysticism, profanity, indecency, and falsehood. It has taught us that some diseases will disappear spontaneously, as no sane person attributes any efficacy to the globules or dilutions. Hydropathy tells us that water, judiciously applied, in well-selected cases, and with due assistance from regimen and diet, is a valuable auxiliary in the hands of the Physician.

The fact that Dr. Lee's work on these two forms of empiricism has reached a fourth edition, is a sufficient proof that his able denunciations of their short-comings, and his appreciation of any few merits they may possess, are justly esteemed by the public.

French Doctors appear to pay more attention to agriculture than their English brethren. Dr. Mazier has just obtained a prize for a new reaping-machine. The French journal, *Culture*, states that "the number of Doctors who turn their scientific knowledge to a useful account in agriculture is very great."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON OVARIOTOMY.

By Dr. McRUER.

Dr. McRuer, in an interesting paper on this subject (*Maine Medical and Surgical Reporter*) divides cases of ovarian disease into three groups, each having, he considers, a different relation to the operation. 1. Those that are ushered in by acute symptoms, and severe constitutional disturbance, producing in their early stages a great prostration of the vital powers. 2. Those cases which are mild in their manifestations, and slow in their progress, producing little or no constitutional suffering, and requiring many years of continuance before a resort to tapping becomes necessary, or a repetition of it required. 3. A group intermediate in its relations to those already mentioned; and to this latter class of cases the author would confine the operation of gastrotomy; and of these a careful selection should be made of such cases as, by repeated minute examinations, exhibit satisfactory evidence of being exclusively ovarian, having a freedom from extensive adhesions, or any other complication objectionable for an operation. Even in these cases the operation ought not to be urged, but only suggested, giving at the same time a candid explanation and avowal of opinion in regard to the chances of success, leaving the decision to the patient; for no person can properly estimate the value another sets upon his life, or make the just deduction from its worth, on account of the sufferings of disease—each case being a problem, having its own peculiar number and variety of elements, and defying an equitable comparison with any other.

The author gives cases in illustration of this division. In Mrs. R. the disease manifested itself by acute suffering in the ovarian region; and the rapid growth of the tumour, on account of the oppression of breathing it produced, compelled tapping to be resorted to in six months from the beginning, and to be repeated in three months after—the case terminating fatally within one year from its commencement. This case, then, belongs to the first group, and no one would be so reckless and inconsiderate as to recommend an operation. Miss S. has had ovarian disease during twenty-five years, suffering no inconvenience except from the bulk of the tumour, from which she obtains relief by tapping every four or six years. She enjoys a comfortable degree of health; and an operation would be objectionable, inasmuch as the continuance of the disease in this mild and sluggish condition is a less evil than the dangers attendant upon gastrotomy. The case of Miss G., aged 22, represents the intermediate or operative group. Dating some amount of uneasiness in the right side, as far back as the summer of 1855, she perceived a circumscribed swelling there in April, 1856. The swelling continued to increase in size, involving the whole abdomen, until February, 1858, when, on account of the distressing oppression, thirty pounds of a dark glutinous fluid were drawn off by tapping. Re-accumulation took place, and, in July, twenty pounds of a much thicker fluid were removed; and, again, another thirty-four pounds in October. As the case seemed in all respects suitable, ovariotomy was performed on November 18, sulphuric ether being employed, and the room kept at a humid temperature of 75°. It was soon discovered to be a "multicyst," and attempts at emptying the cysts failed in consequence of the thick and flaky character of the fluid. The adhesions were so firm that it was impossible to separate them without rupturing many vessels, and leaving attached to the peritoneal surface strips of the outer coverings of the cysts, while during the efforts many of the cysts were ruptured. The pedicle, half the size of an adult wrist, was on the left side, and was secured by a double ligature of linen cord, four of the omental vessels also requiring tying. The whole of the tumour was removed, and the patient rallied very well, her pulse being 70, and of sufficient power. Forty drops of laudanum were given. The ligature of the pedicle came away on the thirty-fourth day; and at the date of the last report the wound had healed, the patient was strong, and her menstruation was normal. The tumour consisted of numerous cysts of the most varied capacity, its fluid and solid contents being estimated to weigh fifty-nine pounds.—*American Journal of Medical Science*, July, p. 287.

ON THE INTRODUCTION OF MEDICINAL SUBSTANCES THROUGH THE MILK OF ANIMALS.

By M. LABOURDETTE.

M. Labourdette, in his communication to the Académie, gives an account of some extensive investigations he has entered into; and M. Bouley, reporting on the paper, enters also into a general review of what has previously been done. A most extensive series of experiments had been previously performed by MM. Chevallier, and O. Henry, and the results of these were unfavourable, inasmuch as under the administration of medicinal agents, capable of imparting a therapeutical agency to the milk, the animals lost their health, and at no remote period died.

M. Labourdette commenced his experiments by administering iodide of potassium to cows and goats, which in a very short time gave rise to various accidents; and, in all the cases in which it was not suspended, at the end of a few weeks the animal either died, or entirely lost its milk. In this way eighteen animals were sacrificed, notwithstanding the various means adopted to counteract the ill effects of the drug. But these experiments were performed in Paris, and M. Labourdette determined upon repeating them in one of the finest Normandy pastures. There, in dairies and stables of exquisite cleanliness, he has kept cows and goats for five or six years in perfect health, notwithstanding that their milk, as observed personally by the reporter, is impregnated with iodine, mercury, or arsenic. One of the first facts ascertained by M. Labourdette was the ill effects of sequestration. In Paris a cow was not to be kept alive longer than four months, providing that the iodine was not suspended; and even in Normandy, if the cows were kept three, or even two days in the stables, without resorting to the meadows, the same ill effects observed at Paris began to be developed. But even pasturage and free roaming, although essential, were not found to suffice without the aid of an excellent regimen, and the administration of medicinal agents, termed by M. Labourdette *adjuvants* and *correctives*. We have not space to give the details of these, but must refer to the paper for them, as well as for an account of the means by which the animals were induced to take the large doses required, and the mode of treating injurious effects when they appeared. Iodide of potassium constituted at once the most desirable, and the most difficult agent to introduce, being the one tolerated with most difficulty by the ruminant. Next to it in difficulty came mercurials, ferruginous and arsenical preparations being much more easily tolerated, while alkalis, and the chloride of sodium were always taken with pleasure by the animal, the latter being employed as an adjuvant with respect to other substances. The milk of animals thus treated became richer in casein and butter, this being probably due to the regimen employed.

M. Boudet, while admiring the persevering efforts of M. Labourdette, carried on through ten years, still could not admit that the results promised to prove of much practical utility. The small quantity of iodine, for example, that could thus be communicated to the milk, rendered this fluid far inferior in this respect to cod-liver oil; and while in the latter it existed in a natural organic combination, in the former it was only got in by doing violence to the habits of the animal. To act therapeutically, very large quantities of this milk-diet would be required, which might be ill-supported or in other respects objectionable. M. Trousseau observed that he did not believe that the quantity of a substance administered constituted all its consequence. Thus, for example, in the treatment of chloro-anæmia by iron, it was long believed that the iron was only of efficacy when it gained a bodily entrance into the blood, to supply the deficient colouring-matter. It was believed that the minute portions of iron wanting to the blood of a chlorotic woman, were replaced by a certain amount of the enormous quantities taken by the mouth. This theory of the action of iron is now pretty generally abandoned. It is admitted that it acts to a certain extent by modifying the functions, especially operating on the assimilatory functions in such a manner that small portions of iron may be absorbed and utilised, independently of the quantity that has been administered, *i.e.*, that the assimilation operates just as well upon

the iron introduced by aliments, as upon that which may be given in large doses. What is here said of iron may be repeated concerning other medicinal substances to which a purely dynamic action is very generally attributed. Mercury, for example, acts in no other manner in syphilis. No one ever supposed that the direct contact of the mercury with each living particle is necessary for the purpose of neutralising the syphilitic virus throughout the economy. If this were the case, it is evident that the milk of a cow submitted to the mercurial regimen, in order to be efficacious, should contain far larger quantities of mercury than have been discovered in it. "But I am convinced that this milk, independently of the mercury which it contains, acts also by virtue of the properties imparted to it by the general condition induced in the animal by the mercurial regimen. We are daily submitting nurses to a mercurial treatment, intended to act upon infected infants, and although the quantities given to these women are not to be compared to those which these animals were made to take, it is no less true that the health of the nursling becomes re-established. As to cod-liver oil, I am not so certain as M. Boudet, of its owing its efficacy to its iodine; for similar effects are produced by other oils containing not a particle of iodine, or simply by animal fats." M. Piorry could not very well understand M. Trousseau's theory of the action of iron in chlorosis; and with respect to his doubts as to the agency of iodine in cod-liver oil, M. Piorry is enabled to refer to 800 cases of phthisis in which amelioration was brought about by iodine alone: and here it is the iodine acting directly just as it is phosphate of lime in softening of the bones. M. Chatin suggested that these experiments would be best carried on by causing vegetable substances first to absorb medicinal solutions, which they will readily, and then feeding the animals with these. For example, a plant living in an iodised liquid will absorb an enormous portion of iodine, and iodine thus assimilated by a plant becomes a very energetic agent. M. Bouley replied that however seductive physiologically this plan may be, it would be impracticable. M. Labourdette had already expended 40,000 francs on his experiments; but this preliminary vegetable assimilation would require the cultivation of large grounds, and watering them with a very expensive fluid.—*Bulletin de l'Académie*, Tome xxiv. pp. 746, 799.

GENERAL CORRESPONDENCE.

TREATMENT OF CANCER BY CAUSTICS.

Letter from Dr. Pettigrew.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Medical Times and Gazette* of October 15th and 22nd, there are a few letters in reference to the treatment of cancer by Dr. Fell, and as I have during the last year removed several tumours from the breast by his process, I beg to submit the same, in the hopes that others will follow that mode of treatment, when removal is not practicable by the knife.

Mrs. K., aged 55, has been suffering from a hard tumour in the left breast, the size of a hen's egg, for two years. Has been very painful the last six months, and when seen was in a state of ulceration, with a very fœtid discharge. On the application of the paste the offensiveness entirely disappeared, and the usual incisions being made the mass came away in six weeks without that degree of acute suffering so vividly described by your correspondents. She is now much improved in health and free from pain, and the large thin red shining cicatrix is neither glued to the ribs, nor does it crack or bleed when the patient coughs. In this case no other mode of treatment could have answered, and the patient would soon have been worn out with constant pain.

E. B., aged 45, much the same as the last, only larger, and the whole breast removed in eight weeks. The exciting cause was a blow. In all my cases I have kept them well up with tonics and a generous diet. This patient is now quite well, and in health generally improved.

There can be no doubt but that in the majority of cases the knife is the most expeditious and least painful way of removing the cancerous mass, still the excellent papers that appear in your Journal from time to time, show how liable even the apparently most favourable cases are to return. As far as I am aware Dr. Fell has never stated that after *his* treatment the disease would not return, but that he believed his to be more favourable to the patient than the excision by the knife. My own opinion and that of many of my friends is, that Dr. Fell is a most *humane* man; he is very kind to the poor, and is thought worthy of being placed on the Register of Medical men of our country. Neither is he averse to the knife when thought to be more advantageous than his own proceeding by caustics. I could mention several cases sent by my brother, Dr. W. Vesalius Pettigrew, to have his opinion, and on many occasions the answer has been, "The knife alone." I am, &c.

Frederick Webb Pettigrew.

9, Belgrave-road, Eccleston-square.

TREATMENT OF ASCARIDES.

Letter from Dr. Bird.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am glad that your very intelligent correspondent, "W. O. M.," has again called the attention of your readers to this subject, which is, as he states, one of considerable importance to a great number of individuals. I can fully bear testimony to the correctness of his assertion, that, although the complaint *à priori* appears to be a curable one, many persons are tormented with these animals from infancy to their graves; and although many medicines appear for a time to exercise a curative influence, no remedy has hitherto been discovered that in every particular can be looked upon as a specific. I am unable to throw any light upon the inquiry in what portion of the intestines these parasites live and breed, or whether their ova are deposited high up, and the animals developed as they pass down, making their presence known only as they enter the rectum and approach an exit into the outer world; but setting aside this investigation for other inquirers who are doubtless now fully alive to its importance, and who have time and inclination to enter upon the task, I beg to recommend for the use of those who are at present labouring under the complaint, two substances, from the employment of which I have seen incalculable benefit, and succeeded in eradicating intestinal worms, and in many instances effecting a perfect cure. These substances are vegetable charcoal and common salt. The method in which I employ the latter has this peculiarity: I advise it to be taken dry, with a little bread or biscuit, and not in solution—a small teaspoonful is the quantity I give an adult, the first thing in the morning; to children half that quantity. Salt taken in this manner has a widely different effect on the stomach to that produced by salted meats, or when dissolved in broth or water. The pure salt taken in the way proposed is decomposed, and the chlorine liberated before it enters the general circulation, and thus comes more immediately in contact with the thick mucus which forms, it is supposed, the nidus in which the ova of all worms are deposited, and in this manner destroys them. Immediately after breakfast from twenty to thirty grains of purified vegetable charcoal, mixed with a little sugar, and a very little water or weak tea, should be taken; and this quantity repeated after the three principal meals daily: if the sugar is omitted the charcoal answers equally well in a wineglassful of water. In a fortnight's time this treatment is generally successful, though the charcoal may be continued advantageously for a longer period. Both these medicines are highly useful in correcting the evil consequences of malassimilated food. Charcoal, in particular, is a remedy of singular efficacy in most of the gastric disturbances that proceed from the above-named cause, and for all those persons who are martyrs to the maladies incidental to a stomach in difficulties,—maladies that make people miserable, without sending them to bed or absolutely destroying them,—I know of no remedies more deserving of commendation than charcoal and salt. Neither substance can do the least harm to the intestinal walls, while both are correctives of that tendency to rapid putrescency, that pervades all food that is not properly digested; an effect that is invariably followed by all the evils attendant on poisoned blood. Let this fact, however, never be lost sight of, that simple as these medicines are, their adaptation

to individual cases requires judgment, careful watching, and professional knowledge, and that their administration should not be undertaken without due consideration. Again commending "W. O. M.'s" valuable suggestions for a more accurate and scientific investigation into the causes, generation, and localisation of ascarides, with a view to a more efficient mode of treatment. I am, &c.

James Bird.

Seymour-street West, Connaught-square,
October 22, 1859.

FŒTAL AUSCULTATION.

Letter from Dr. W. Williamson.

[To the Editor of the Medical Times and Gazette.]

Sir,—The humorous and original remarks on fœtal auscultation in your impression of Saturday last by the distinguished translator of Paulus Ægineta, will no doubt excite a smile on the countenances of most of your readers.

For some time past I have been aware of my learned friend entertaining doubts as to the utility of the stethoscope in Medicine, but I had no idea his scepticism had carried him to such extreme lengths as to compel him to propound the heterodox views contained in his "Fatal Case of Aneurism in a Pregnant Woman."

Much discredit has been thrown on the microscope and stethoscope by the ill-judged zeal of some observers in the attempt to make them do too much. Yet both are eminently useful, and when used, as they ought always to be, as aids to other means of diagnosis, will materially assist an unbiassed mind in forming a correct opinion in a difficult case.

The organ of hearing may be in all respects perfect, yet it will fail to detect any abnormal sound in a thoracic or abdominal aneurism when the conditions requisite for the production and transmission of such sound do not exist.

In the case, however, of a living fœtus in utero, no such difficulty can ever be encountered; and if there is a single instance within the whole range of Medicine in which implicit faith can be placed in any one physical sign to the exclusion of all others, it is to be met with in a female gone seven months with a healthy child.

Indeed there is no possibility of a mistake being committed here. How could there? with the maternal pulsations ranging from 60 to 80, and the fœtal from 130 to 160 (for no one ever affirmed, until Dr. Adams did, that 160 double beats could be distinguished).

The sound of the fœtal heart can, by no stretch of imagination, no flight of fancy, no exercise of faith, no intensity of impression, be confounded with any other. It is a sound *per se*.

How strange, then, in Dr. Adams to maintain that "scarcely any person now-a-days pretends to hear the sound in question; or if a few still stand out for the old belief, you will not find two people who will give exactly the same account of what the nature of the sound was which they pretend to have heard."

How Naegelè, Kennedy, Montgomery, and Simpson would stare on being told that fœtal auscultation is all a myth, and that the time they had devoted to it would have been as profitably employed had they been in the company of Dr. Adams gazing at the Northern Lights, and listening attentively for the crackling or hissing of the Aurora Borealis!

No one lays greater stress, in his class lectures, than Dr. Simpson on the value of fœtal auscultation, especially when it comes to be a question whether the long forceps ought to be used to save the child, or the perforator to destroy it.

The truth is, my learned friend, from an examination of Hunter's plates, has come to the conclusion that the *placental soufflet* and fœtal pulsations ought not to be heard, and accordingly he can't and won't hear them.

Some men ridicule the idea of two sounds being heard over the region of the adult heart, because they have never been able to distinguish them; and at least one individual of my acquaintance maintains there is no such part of the uterus as the os uteri, because he never could satisfy himself as to its existence. "*Non credunt quia credere volunt.*"

But I must not trespass further on your valuable space in attempting to establish the truth of what scarcely any one at the present day entertains a doubt—viz., that in almost every case of pregnancy after the seventh month, both the pulsations of the fœtal heart and the *placental soufflet* can, with a moderate degree of care, be readily distinguished.

I am, &c.

Wm. Williamson, M.D.
Physician to the Royal Infirmary, Aberdeen.
October 25.

HÆMORRHAGE IN TYPHOID FEVER.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the last number of your Journal Dr. Markham calls attention to the fact, as maintained by Drs. Graves, Trousseau, and others, that hæmorrhage from the bowels is not so serious a complication as it is usually supposed to be. This opinion is, I find, confirmed by the very large experience of Dr. Ragaine, who has lately published a very valuable memoir on the "Epidemics of Typhoid Fever," observed by him at Moulins-la-Marche. Hæmorrhage from the bowels occurred in eleven of the 400 patients observed by him; and these eleven, every one of them, recovered.

I am, &c.

Sic.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, November 1st, 1859.

Mr. Fergusson, President, in the Chair.

Mr. Bryant exhibited

A LARYNX SHOWING NECROSIS OF THE LARYNGEAL CARTILAGES,

Occurring in a woman, a patient of Dr. Rees, in Guy's Hospital. She was admitted with laryngeal symptoms, which became intense, accompanied by great hoarseness, urgent dyspnœa, and extreme difficulty in swallowing. Tracheotomy was performed, and gave great relief, but death followed from inanition fourteen days after the operation. The specimen showed œdema of the tissues about the glottis, and a large slough of the mucous membrane. The cartilages (including the cricoid part of which was unfortunately mislaid) were necrosed. There was no history of syphilis, and Mr. Bryant raised the question as to whether the disease arose in the cartilage from ossification and subsequent degeneration, or from inflammation. He inclined to the former opinion.

Mr. T. Holmes related a case in which tracheotomy was performed, when the patient was dying of laryngeal disease. In this case the operator opened a large cyst connected with necrosed cartilage.

Dr. Bristowe thought the ossification was natural to the age of Mr. Bryant's patient.

Mr. Bryant also exhibited a specimen of

MEDULLARY CANCER OF THE HAND,

Removed from a child, aged 1 year and 10 months. It was said by the mother to have commenced in the hand; but this Mr. Bryant doubted. It now was seen to involve all the metacarpal bones. The child did well after the operation. There was no history of immediately hereditary cancer; but the child's maternal grandparent had died of cancer.

Mr. Spencer Wells exhibited two

SPECIMENS SHOWING THE CONDITION OF PARTS NINE MONTHS AFTER OVARIOTOMY.

On the 5th of November, 1858, Mr. Wells removed a colloid tumour of the right ovary, weighing twenty-one pounds, which had been surrounded by fifty-seven pounds of ascitic fluid, from a patient 33 years of age. The tumour was exhibited at the Pathological Society on December 7. The woman recovered well, and left the Hospital a month after operation. She remained extremely well for several months, working in

the fields, but in July began to suffer from symptoms of chronic peritonitis, followed by those of obstructed intestine, and she died on the 26th of August. One specimen showed a portion of the abdominal wall, containing the cicatrix, the peduncle of the removed ovary adhering to it, and connecting it closely with the uterus; and the left ovary, in which disease had commenced and gone on to the formation of a compound cyst about the size of a small orange. Another specimen showed two strictures of the ileum, very near the cæcum, caused by cancerous deposit between the peritoneum and muscular coat of intestine. A similar deposit, in small nodules, had been strewed over nearly the whole of the peritoneum and its reflections. Mr. Jardine, of Capel, examined the structure of these nodules microscopically, and reported as follows:—"The masses are, when small, only between the peritoneum and the muscular coat of intestines, and have a distinct limiting membrane of their own; nowhere appearing to be infiltrating growths. As they increase, the general tendency seems to be to push out the peritoneum, and to become pedunculated rather than to spread flatly under it. The bulk is composed of cells about the size of pus corpuscles, with large nuclei (in some cases almost filling up the cells), refracting light more strongly than the cells themselves. Most of the cells approach the globular form, but many are fusiform and elongated. No nucleoli, but some oil-globules in cells, and nuclei, and much free oil; a small amount of fibrous tissue running throughout, but not with definite arrangement."

Mr. Spencer Wells also exhibited a

PSEUDO-COLLOID OVARIAN TUMOUR SUCCESSFULLY REMOVED BY OVARIOTOMY,

Which had been preserved by the petrifying process of Professor Raddi. It weighed ten pounds when removed, but had shrunk into a very small bulk after having been dried. It had been surrounded by upwards of forty pounds of ascitic fluid. At two previous tappings, in March and May, forty-eight and forty-nine pounds of this fluid had been removed. The operation was performed on the 24th of May, and the patient left the Hospital within a month after the operation, and had since remained in good health. A stereoscopic photograph, by Dr. Wright, showing the very peculiar appearance of the abdomem, from the co-existence of ovarian tumour, ascites, umbilical hernia and varicose lymphatics, was also exhibited. The patient was 43 years of age.

Mr. Spencer Wells next exhibited an

OVARIAN CYST SUCCESSFULLY REMOVED BY OVARIOTOMY.

This had been emptied, stuffed, and dried. It had been removed from a patient, aged 29, on the 24th of June, who recovered well, and had since remained in good health. The tumour consisted of one large cyst, from which thirty-one and twenty-three pounds of fluid had been removed at two previous tappings; and of a group of smaller cysts. It was the existence of this group which had led to the performance of ovariotomy instead of the injection of iodine.

Mr. Spencer Wells then presented

A COMPOUND OVARIAN CYST REMOVED BY OVARIOTOMY,

four days before the meeting from a lady, 38 years of age. With its contents it had weighed fifty-three pounds. It had grown within the last two years, and had been tapped by Mr. Whipple, of Plymouth, last August, when two quarts of fluid were removed; and again in September, when only half-a-pint of thick gelatinous matter came away. Mr. Wells succeeded in removing it through an incision only four inches long, by opening it (after separating some adhesions to the parietes and to a portion of omentum,) and breaking down the small cysts one after another with his hand, the cyst being withdrawn as it was emptied. The lady had gone on in a most satisfactory manner since the operation.

Mr. Spencer Wells also presented

A COMPOUND OVARIAN CYST REMOVED BY OVARIOTOMY,

just a week before the meeting, from a lady, 37 years of age, who had died four days after the operation. The walls of the principal cyst, which had contained nine pints of thick fluid, were very thick; and this had led to some difficulty in diagnosis, especially as there was a very thick layer of fat in the abdominal parietes. The tumour was closely connected to the right side of the uterus, and a firm band of adhesion to the cæcum had to be tied and divided before the clamp could be applied. Scarcely any blood was lost, and the patient went on well until the third day, when bilious vomiting, and excessive distension of the intestines with gas, became very urgent, and she died of exhaustion. Mr. Wells added that he had removed nine ovarian tumours since the last specimen he had shown to the Society. He promised to exhibit the others at some early meeting; as he thought that, in the present unsettled state of Professional opinion with regard to ovariotomy, it was the duty of an operator to bring forward the whole of his cases, and not keep in the background any which had terminated unsuccessfully.

Mr. Nunn exhibited a specimen of

ATROPHY OF THE BLADDER AND VESICO-VAGINAL FISTULA.

The coats of the bladder were reduced to the thickness of parchment, the capacity of the organ being at the same time much diminished. The fistulous opening was of large size, extending from the neck of the bladder to the orifices of the ureters, the orifice of the left ureter being in the margin of the aperture, that of the right ureter only just within the vesical area. The vagina had been occluded, and two operations had been performed in consequence.

Mr. Spencer Wells asked Mr. Nunn if the occlusion referred to was not an effort of nature to remedy the defect in the bladder?

Mr. Nunn replied that an operation had been contemplated to make the posterior wall of the bladder take the place of the portion of the wall of the bladder lost by the disease. He did not think that the contraction of the vagina was due to any effort on the part of nature to form a receptacle for the urine, but that it had resulted from the same sloughing of tissues by which the fistula itself had been formed.

Mr. Heath exhibited

A PYRIFORM PHOSPHATIC CALCULUS,

equal in bulk to a walnut, removed by incision from the bulbous portion of the urethra of a boy, from whom Mr. Partridge had removed a calculus by lithotomy five years ago. Notwithstanding the size of the calculus, the urine had been passed with comparative facility. He stated that Mr. Hussey, of Oxford, had sent him the particulars of a case of calculus, which had occupied a similar position, and had formed subsequent to lithotomy.

Mr. Thompson suggested that the calculus might have had its origin in phosphatic deposit in the wound during the week following the original operation.

Mr. Heath replied that as the incision in the operation was in the membranous part of the urethra, and the calculus was in the bulbous, he could not believe that it had so originated.

Mr. Thompson did not think that the difference in the position at the time of removal was any reason why it should not have commenced higher up.

Dr. Priestley exhibited

THE ORGANS OF GENERATION,

removed from a female child, in whom the anterior wall of the abdomen, and front of the bladder had been congenitally wanting. The vagina was occluded, the mucous membrane of the posterior wall of the bladder had been habitually prolapsed externally, and the orifices of the ureters exposed to view. Dr. Priestley remarked on the comparative rarity of this lesion in female children.

Dr. Priestley also exhibited

A TUMOUR OF THE LABIUM.

It was removed by Mr. Spencer Wells by the écraseur. The woman had suffered from warts of the mons veneris and other neighbouring parts for some time. The irritation was great. The tumour contained serum, and was the sero-cystic tumour described by Madame Boivin. Dr. Priestley considered it to be analogous to elephantiasis of the scrotum.

Mr. Thompson mentioned that he had brought before the Society, during a previous session, a tumour he had removed from the labium, weighing about four pounds. In anticipation of the usual hæmorrhage, he had previously ligatured the

neck of the tumour, and thus prevented it. The patient was a prostitute, aged 50, and had vaginal discharge for years. In another case (also a prostitute) he had removed a tumour weighing half or three-quarters of a pound. There was no reproduction.

Mr. Spencer Wells stated that he had removed the tumour without the loss of one drop of blood. He had also removed a much smaller one from the right nympha by the écraseur, and there was some little hæmorrhage afterwards, one vessel requiring the ligature.

Dr. Priestley next exhibited

A CONCRETION PASSED BY THE INTESTINAL CANAL.

It consisted of undigested food, chlorophylle, spiral fibres, arterial tubes, etc. He stated that a female patient once brought to him at St. George's and St. James's Dispensary the testis of an animal, probably a pig, said to have been passed from the vagina. He stated that Mr. Quekett considers it not unusual for the arteries to pass undigested in the fæces.

Mr. P. Price now brought forward

PARTS REMOVED IN EXCISION OF THE KNEE-JOINT

Of a man from the country. He had had hæmoptysis, and there were also symptoms of serious mischef in the apex of one lung. Notwithstanding these symptoms, the suffering from the pain in the joint being severe, Mr. Price determined to remove the joint. The cartilages were destroyed, and the bone was somewhat hardened. Complete bony anchylosis resulted, and the patient recovered well. He also showed to the Society the head of the femur removed a few days ago for disease in a boy, aged ten years. The disease had existed for four or five years. Grating was felt under chloroform. He removed an inch of the femur, and also carious bone from the acetabulum. He also exhibited part of the lower limb, amputated below the knee for superficial ulceration and disease of the fibula, attended with severe pain. It had existed for some years. An operation had been previously performed for the sake of saving the limb, but without success, and in reply to a question, he stated that the disease was not syphilitic.

Dr. Bristowe exhibited

A HEART, IN WHICH THE VALVES WERE HEALTHY-LOOKING;

BUT IN WHICH DURING LIFE THERE HAD BEEN AUDIBLE OVER THE APEX A SYSTOLIC MURMUR, ORIGINATING PROBABLY IN THE TRICUSPID ORIFICE.

The heart on the whole was a little hypertrophied, weighing 11 ozs.; its left ventricle was small, and thin walled; its right much dilated and hypertrophied. He remarked that cases were not at all uncommon in which patients, manifesting during life symptoms of cardiac disease, attended by loud apical systolic murmur, were found after death to be labouring under hypertrophy of the organ, only without apparent valvular disease; but he added that in all such cases that had come under his own observation, while the left ventricle was dilated and its walls hypertrophied, the chordæ tendineæ and musculi papillares were not hypertrophied or elongated in a proportional degree, and that consequently they had evidently not permitted perfect closure of the mitral valve during the systole,—leaving it, in point of fact, though apparently healthy, decidedly incompetent. In the case under consideration, this explanation could not hold good as regards the left side of the heart. But all those circumstances when detailed which conspire frequently to render the mitral valve unsound, had here operated apparently on the right side; and his belief was, therefore, that the murmur had been engendered at the tricuspid orifice, on the principle above enunciated. The heart was taken from a young man, 24 years of age, who had angular curvature of the spine. He had suffered from small-pox a few months ago; during convalescence from which he had become anasarcous, and had acquired a dry cough, great dyspnœa, lividity of countenance, and other symptoms suggestive of bronchial inflammation, or of cardiac disease. The murmur was distinct and loud during the whole time of his sojourn in the Hospital —a period of two weeks.

Mr. Fergusson brought before the Society a specimen of parts removed in

EXCISION OF THE SHOULDER-JOINT.

We have mentioned this case in our Hospital Reports for this week, and need not, therefore, repeat its details. A short discussion followed as to the importance of saving the long head of the biceps when excising the head of the humerus, Mr. Spencer Wells stating that Langenbeck had done so with good result in the Schleswig-Holstein war. Mr. Wells added that it was easy to save the tendon in the dead subject, but Mr. Fergusson thought it was of no great importance in the living.

UNIVERSITY OF ST. ANDREWS.

MEDICAL EXAMINATION PAPERS.—OCTOBER, 1859.

First Examination.—FIRST PART.

Translation of a Latin paragraph into English.

Give the derivations or primary meanings of the following words:—Anthropoid, Arachnoid, Diabetes, Entozoa, Epigastric, Hernia, Melanosis, and Paralysis.

First Examination.—SECOND PART.

CHEMISTRY.

1. What is ammonia? State its properties, composition, and mode of preparation. Give tests for ascertaining its presence.
2. State the composition, mode of preparation, properties of, and tests for oxalic acid.
3. How is nitric acid prepared?
4. What are the tests for hydrocyanic acid?

MATERIA MEDICA AND THERAPEUTICS.

1. Write short essays on the following subjects:—

a. The medicines and other remedial means employed to procure diaphoresis.

b. The medicinal use of opium and its preparations.

2. Describe the preparations of mercury which are used internally, and mention the cases in which they are specially applicable.
3. Write a Latin prescription (without using symbols or abbreviations) for a mixture suitable for a case of English cholera; also for a dozen pills for a similar case.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the muscles which form the anterior and lateral walls of the abdomen; and point out the bearings of the anatomy of certain of these muscles upon the subject of hernia.
2. Describe the distribution of the arteries in the foot.
3. Describe the portion of the ganglionic nervous system which lies in the cervical region, and state what you know regarding the results of experiments made upon the cervical ganglia and their branches.
4. What are the uses of the fat which occurs in the animal body? State what you know regarding its origin.

Third Examination.

N.B.—In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of medicines which he prescribes.

PATHOLOGY AND PRACTICE OF MEDICINE.

1. State the symptoms, diagnostic characters, and prognosis of the various kinds of jaundice.
2. Distinguish the following auscultatory phenomena, and remark upon the special significance of each,—viz. bronchial respiration, aegophony, pectorizoquy, metallic tinkling, gurgling, crepitation.
3. Mention some of the principal remedies for tape-worm, with full directions for their administration; and state what you know of the preventive measures that should be adopted when the disease is endemic.
4. Describe minutely the course of a case of scarlet fever, followed by dropsy, together with the treatment which you would adopt in such a case.

Fourth Examination.

SURGERY.

1. Explain the nature and symptoms of cataract; the

diagnosis between it and amaurosis in an early stage; and the different operations suitable for the various kinds.

2. Give an account of the causes, symptoms, and varieties of erysipelas; of the sources of danger in this disease, and of the principles on which it is to be treated.

MIDWIFERY.

1. What are the different forms of dysmenorrhœa, the symptoms diagnostic of each, and the appropriate treatment?

2. What are the causes of puerperal convulsions, with what visceral disorder are they often connected, and how are they to be foreseen, prevented, and treated?

Fifth Examination.

CASES.

1. An intemperate man, long in bad health, and subject to attacks of diarrhœa, is brought into Hospital in an exhausted and emaciated condition, the bowels being still relaxed. The diarrhœa is painless, and there is no tenesmus; the dejections are liquid without slime or blood. The urine is scanty, specific gravity 1006; it contains a small amount of albumen. In the course of treatment by astringents and iron, the patient becomes first listless, then comatose; there is no paralysis; the pupils remain sensible to light, and are neither dilated nor contracted. The tongue is dry and brown: surface cold, no trace of fever. Finally a succession of epileptiform convulsions occurs, and the patient dies.

What is the true pathology of this case? Remark on each of the symptoms, and state what you would expect to find, on examination of the body, in the head, thorax, and abdomen.

2. A gentleman, in affluent circumstances, and of rather luxurious habits, is occasionally affected with twinges of pain about the loins, and has once or twice passed small calculi. This has led to the frequent examination of the urine, which contains three distinct sediments, sometimes separate, sometimes mingled together, viz.:—

a. An amorphous, coloured sediment, soluble on heating the urine:

b. Crystals freely soluble in liquor potassæ:

c. Colourless crystals soluble in all the mineral acids without effervescence (the urine being highly acid):—

Describe these sediments more minutely, so as to show your acquaintance with their characters; and give your views at large on the subject of treatment.

3. A woman, a month after her confinement, having previously had a good deal of uterine uneasiness, began to complain of hypogastric pain, forcing her to stoop while walking. It was very soon accompanied by swelling across the lower part of the abdomen, which felt firm to the touch, and was excessively tender. On examination, per vaginam, the uterus was found elevated and fixed; while the pelvis was to a considerable extent occupied by an ill-defined tumefaction of a firm, brawny character. The patient suffered from frequent rigors, and copious perspirations; her stomach was very irritable, her exhaustion great, and there were from time to time attacks of very violent hypogastric pain.

What was the nature of this disease, its probable progress, and ultimate result, and what the appropriate treatment?

MEDICAL BENEVOLENT FUND.—At a meeting of the Committee, held October 25, in New Burlington-street, Wm. Newnham, Esq., Vice-President, in the chair, seven cases for relief were presented to the meeting, five of which were relieved, besides granting four additional annuities of £20 each.

AT a Meeting of the Norfolk and Norwich Medical Registration Association, held at the Hospital on November 1, 1859, Dr. Ranking, President, in the chair, the following resolutions were unanimously agreed upon:—1. That a fund be established to enable the Registration Association to carry into effect the recent Medical Act with respect to the prosecution of illegal practitioners. 2. That each member of the Association be requested to contribute the sum of ten shillings for the purpose of carrying into effect the foregoing resolution. 3. That every registered member of the Profession in this district be solicited to contribute, either by donation or subscription, towards the objects of the Association. 4. That a sub-committee be appointed, consisting of the President, Secretaries, and five other members, to make all necessary arrangements.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—The following gentlemen were on October 19, elected Members of the Royal College of Physicians of London:—

BLACK, CORNELIUS, Chesterfield
BRYSON, ALEXANDER, Hermitage, Barnes
BURDER, GEORGE FORSTER, 7, South Parade, Clifton
CASTENEDA, MICHAEL, 162, Albany-street
CAMPS, WILLIAM, 40, Park-street, Grosvenor-square
CHRISTIE, THOMAS BEATH, Pembroke House, Hackney
CHEVALLIER, BARRINGTON, The Grove, Ipswich
COLLUM, ROBERT, 1, Chester-place, Hyde-park-square
COOPER, CLARENCE, H.M. Madras Service
COPEMAN, EDWARD, Norwich
COOPER, SIR HENRY, Knt., 7, Charlotte-street, Hull
DAVIES, THOMAS, Whitefriars, Chester
DAVIS, WILLIAM, 10, Gay-street, Bath
DAVIS, JOHN, 24, Wilson-street, Bristol
DUFFIN, ALFRED BAYNARD, 14, Langham-place
DUKE, ABRAHAM, Bilton-road, Rugby
DYMOCK, ARCHIBALD, Louth, Lincolnshire
FOX, EDWARD LONG, 10, Berkeley-square, Bristol
GURNEY, HENRY CECIL, Nice, Sardinia
HIGGINS, CHARLES HAYES, Claughton, Birkenhead
HODGES, EDWARD, 19, Gay-street, Bath
JEPHSON, JOHN HOLMES, 1, Conduit-street West, Hyde-park
KEBBELL, WILLIAM, 7, Upper Brunswick-place, Brighton
KITCHING, GEORGE, Enfield, Middlesex
KINGLAKE, HAMILTON, Taunton, Somerset
LEWIS, THOMAS, 19, University-street, University College
LUND, GEORGE, Funchal, Madeira
MAXWELL, WILLIAM BROOK CHARLES, Winchelsea
PAINE, WILLIAM HENRY, Stroud, Gloucestershire
PAUL, JOHN HAYBALL, Camberwell House
PHILLIPS, HENRY JOHN, 22, Kensington-gate
PICKSTOCK, GEORGE NEWPORT, Paignton, Devon
RANSOM, WILLIAM HENRY, Nottingham
RANKIN, WILLIAM HARCOURT, Norwich
ROBERTSON, WILLIAM HENRY, Buxton
ROBERTSON, JOHN, Sudbury, Suffolk
ROE, WILLIAM HAMILTON, 57, Park-street, Grosvenor-square
ROGERS, WILLIAM RICHARD, 56, Berners-street
ROSS, ANDREW, Waterloo, near Portsmouth
SCOTT, WILLIAM, Huddersfield
SMART, THOMAS WILLIAM WAKE, Northiem, Sussex
SPENCER, JOHN, 17, Regent's-park-terrace, Regent's-park
STANTON, JOHN, 7, Upper George-street, Bryanston-square
STEVENS, HENRY, St. Luke's Hospital
TUNSTALL, JAMES, 35, Brook-street, Bath
WADE, WILLOUGHBY FRAS. 16, Temple-row, Birmingham
WANE, DANIEL, 20, Grafton-street, Berkeley-square
WILLETT, EDM. SPARSHALL, Wyke House, Zion-hill, Isleworth
WILSON, EDW. THOMAS, Hen Castle, nr. Tenby, Pembrokeshire
WOLLASTON, ROBERT, Cheltenham
WYNTER, ANDREW, Colehorne-court, Old Brompton

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on October 28:—

ANTROBUS, DANIEL, Talk-on-the-Hill, Staffordshire
AYRE, JOSEPH BROCKWAY, Totterridge, near Barnet
BARLOW, ROBERT, Queen's-road, Dalston
BROMLEY, HENRY, Rippingall, Lincolnshire
BUTLER, WILLIAM, Chapel-street, Islington
CHEETHAM, SAMUEL HOWARD, Stockport, Cheshire
EDWARDES, DAVID, Great Russell-street, Covent-garden
FENDICK, ROBERT, Bristol
FURNER, CHARLES, King's-road, Brighton
HALLOWS, JOHN SHARPLES, Liverpool
HORTON, GEORGE EDWARD, Dudley
HOWSE, WILLIAM, Burford, Oxon
JACOBSON, THOMAS EDMUND, Sleaford, Lincolnshire
JACKSON, GEORGE HENRY, Lower Tottenham
JEFFS, ROBERT SMITH, Lisson-grove
KEMPSTER, FELIX HENRY, Euston-square
LEVICK, CHRISTOPHER KENNY, Stratford, Essex
MILLIN, EDWARD HENRY, Coventry
MYERS, ARTHUR BOWEN RICHARDS, Army
OLIVE, GEORGE, Northampton
PAYNE, CHARLES WILLIAM, Hoxne, Suffolk
PEPLOW, JOSEPH, Great Russell-street, Bloomsbury
RAMSAY, JOHN ALLEN, Great Shelford, Cambridgeshire
RYGATE, JOHN JAMES, London
SOMERVILLE, CHARLES, Bloxwich, near Walsall
STARKE, ANTHONY GEORGE HAYDEN, Honiton, Devon
STEVENS, WILLIAM, Maude-grove, Fulham-road
TREND, THEOPHILUS WILLIAM, Bridgwater
TUBBS, WILLIAM JOHN, Upwell, near Wisbeach
WEBSTER, JOSEPH, Golcar, near Huddersfield
WILLIAMS, WILLIAM PRICE, Wellington-road, St. John's-wood

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 27th October:—

COLBECK, THOMAS WILLIAM.
GRIFFITH, ROBERT, Carnarvon, North Wales.
JOHNSON, JOSEPH, Hogsthorpe, Lincolnshire.
MAY, JOSEPH, Stoke Damerel, Devonshire.
WILDERS, JOHN ST. SWITHIN, Queen's Hospital, Birmingham.

The following gentleman also on the same day passed his First Examination :—

DRAKE, THOMAS, Kingselere, Hants.

UNIVERSITY OF ST. ANDREWS.—Honorary Examination in Medicine.—First Class.

BLOXAM, WILLIAM, M.D., Duke-street, Grosvenor-square, Lecturer on Midwifery at the School of Medicine, Grosvenor-place.

APPOINTMENTS.

GARNER—CANDY.—On October 5, Mr. John Garner was appointed Junior Resident Surgeon to the General Dispensary, Birmingham, *vice* Mr. F. J. Orford resigned, and Mr. John Candy was elected on the 19th of October, Resident Surgeon-Accoucheur, *vice* Mr. Garner.

DEATHS.

BURKE.—Recently, Thomas Burke, Assistant-Surgeon, 27th Foot, half-pay.

HAIRBY.—October 30, at his residence, Marlborough-place, Walworth-road, Mr. William Hairby, aged 66.

JONES.—October 23, at Liverpool, John Julius Jones.

KIRK.—October 17, at 67, Lower Leeson-street, Dublin, Thomas Kirk, M.R.C.S.I., aged 64, for many years resident at Shanghai, China.

MALCOLM.—October 30, at Rose-terrace, Perth, William Malcolm, M.D., H.E.I.C.S.

MANSELL.—October 23, at the Royal Naval Hospital, Haslar, Fitzwilliam Mansell, M.D., B.A., Deputy Inspector-General of Hospitals and Fleets, aged 50.

MILLAR.—October 31, at 9, King-street, Finsbury-square, James Cochrane Millar, L.R.C.P. Edin. ; F.P.S. Glasg. ; M.R.C.S. Eng. ; aged 60.

WILLIAMS.—October 15, at Guy's Hospital, Humphrey Williams, aged 23.

WRIGHT.—October 26, lost in the wreck of the *Royal Charter*, of which he was Surgeon, Joseph Hiles Wright, aged 21.

M. DE LUCA still positively denies the presence of iodine in the air and in well-waters.

CAMBRIDGE. — On the 27th October David Hinckley Hodkinson was made a Doctor of Medicine.

Dr. W. W. JOHNSTON, who has recently returned after practising fourteen years in Java, had a service of plate worth £700 presented to him on leaving the country.

THE Liberal Association of Glasgow has determined to give its support to Lord Elgin as a candidate for the Lord Rectorship at Glasgow University at the ensuing election.

THE widow of a Druggist, at Shadwell, has been committed to take her trial for murder, on a charge of procuring abortion. We shall not say more of the case before the trial.

YELLOW FEVER broke out on board the "La Plata" in the harbour of St. Thomas, and raged fearfully on her passage home. Fourteen of the crew have died since leaving St. Thomas.

PROFESSOR VON LENHOSSEK.—This distinguished anatomist has received a "call" from Klausenberg, in order that he may fill the important chair of Anatomy at the University of Pesth.

ONE USE OF THE MILITARY STOCK.—A Soldier was last week suffocated by his stock in a railway train. He was drunk, and falling down to the bottom of the carriage was strangled by the pressure of this absurd representation of red-tape wisdom.

MEDICAL EDUCATION IN THE DUBLIN SCHOOL OF MEDICINE.—The friends of progress will be glad to learn that, at a meeting of the Fellows of the Royal College of Surgeons, held pursuant to requisition at the College-hall, a resolution, recommending the Council to reciprocate the good feeling already expressed by the University, with respect to the interchange of certificates, was carried by a large majority. This vexed question has again to be referred to the Council of the College of Surgeons.

GASTROTOMY.—This operation, first proposed by Sédillot in 1846, has been performed five times. Twice by Sédillot (Traité de Méd. Opér. t. ii. p. 272), once by M. Senger of Copenhagen (Archiv. für Path. Anat. b. vi. p. 350), twice by Mr. C. Foster, and once by Mr. S. Jones.—In no case has the patient survived.

PRIZE QUESTION.—The Medico-Chirurgical Society of Amsterdam offers a gold medal, 30 ducats in value, for the best Physio-Pathological and Therapeutical Dissertation on Scoliosis. The Society especially desires detailed researches on the action of the muscles which give rise to the scoliosis; as also of those which, opposed to the former, may correct the direction of the spinal column. It also desires precise indications of the various movements, whether active or passive, requisite to induce muscular action in the last-named direction; and of the manner in which such action can be excited by electricity. Essays, written in Dutch, French, English, or Latin, to be forwarded to the Secretary, Dr. Titanus, before May 1, 1861.

HEREFORDSHIRE MEDICAL ASSOCIATION.—This Society held the annual meeting on Friday, the 28th ult., at the Hereford Infirmary. In the absence of their respected president, Dr. Bleeck Lye, the chair was ably filled by Dr. Gilliland. The members assembled from all parts of the county, and some from Monmouthshire who were desirous of joining the Association. After a most cordial and unanimous meeting, at which resolutions were passed of interest to the Profession, and the Committee reported their proceedings for the past year, the members adjourned to the Mitre Hotel, where they partook of an excellent dinner. The meeting broke up at an early hour, and the members took leave of each other, much gratified by the social and friendly spirit that prevailed throughout the day, and the prospect of advantage held out by these annual gatherings, both to the Profession and to the public in general.

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 29, 1859.

BIRTHS.

Births of Boys, 823 ; Girls, 822 ; Total, 1645.
Average of 10 corresponding weeks, 1849–58, 1563·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	513	505	1048
Average of the ten years 1849–58	524·1	498·8	1022·9
Average corrected to increased population..	..	..	1125
Deaths of people above 90	..	..	3
Deaths in 15 General Hospitals	34	28	62

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	8	1	3	2	1
North ..	490,396	4	1	22	2	4	2	4
Central ..	393,256	8	6	11	4	2	6	2
East	485,522	5	3	22	1	3	5	3
South ..	616,635	4	3	28	3	3	10	10
Total . ..	2,362,236	22	15	91	11	15	25	26

TO CORRESPONDENTS.

A most interesting paper "On the African Fever on the Lower Zambesi," by Dr. Livingstone and Dr. Kirk, will appear next week.

Dr. Ogle's letter arrived too late for insertion this week.

Dr. Adams, Banchory.—No such note was sent. The request shall be attended to.

An Inquirer.—We cannot decide upon a point which has not yet been settled either by the Medical Council or any Court of Law.

ARE APOTHECARIES SURGEONS?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I, for one, have paid my two Guineas for Medical Registration, and find many, holding only the Licence of the Apothecaries' Society, affixing the word Surgeon upon the brass plates of their doors, with impunity. I wish to know, Sir, if the law can force these gentlemen to take out their borrowed title ?

I am, &c. M.R.C.S.

DISINTERESTED BENEVOLENCE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Perhaps you have not seen the following, taken from the *Daily News* of November 3.

"Our nervous readers, whose troubles may be traced to indigestion, would do well to enclose a directed envelope to the Secretary of the Medical Reform Society in Nottingham, who will send post free the new

and eminently successful remedy discovered by Professor Webster, of Philadelphia. No fee or gratuity under any circumstances accepted, and it is not requisite that poor applicants should enclose a stamp."

Perhaps some of your readers, more nervous than I am, will accept this benevolent invitation, and try their luck. I am, &c. C. R.

The Two Colleges.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Permit me to ask through the medium of your Journal,—On what grounds do the Royal College of Physicians of London, continue to grant their Diplomas without examination, in direct violation of the resolution of the Medical Council?

The Edinburgh College ceased to do so immediately upon the passing of the resolution, why did not the London College do the same, as there was no exception in favour of Graduates?

It seems, however, that what is wrong in one College, is quite right in the other; and that it is not wrong to make a Physician out of a M.D., but very much so out of a Surgeon or an Apothecary.

I am, &c. Jas. Gage Parsons, L.R.C.P. Edin.

78, Old Market-street, Bristol.

St. Andrews' Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Now that the excitement attending the recent election of Chancellor of the University of Edinburgh has passed away, the public attention, or, at least, the attention of Medical men generally, may be directed to the fact that large numbers of the Medical Graduates of Scotland are excluded from taking any part in the Government of their respective Universities. I take the opportunity of suggesting, through you, to the secretary of the Association of St. Andrews' Graduates, the propriety of taking some steps towards obtaining such a change in the qualifications demanded of electors, as will admit this large and respectable body of Medical Graduates to a share in the government of a University of which they form so very great and important a proportion.

I am, &c. Wm. Dean Fairless, M.D. St. Andrews.

Royal Asylum, Montrose, October 29.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Notwithstanding my expressed intention not to encroach again on your columns, I must request the favour of a reply, through your medium, to the remarks of Mr. Stokes. I beg leave to inform that gentleman that my observations had no reference whatever to Army, Navy, or Country Surgeons; but to *bonâ fide* Physicians, Licentiates of the Colleges of Physicians, Doctors by long-established usage and courtesy. Pray would your correspondent deny his title to Lord John Russell, or that of Reverend to the Clergyman of his parish, because their titles are not confirmed by Charter or Act of Parliament? The Physician claims the title of Doctor precisely on the same principle. It is not a "cognomen set up by him for himself," but one which has been accorded to him for a lapse of years by the Profession and the Public. Hence the assertion, that its assumption is "empirical" turns out to be evidently erroneous. The premises being wrong the conclusion must be incorrect, and consequently Mr. Stokes' argument falls to the ground. I am, &c.

John E. Smyth, B.A., L.R.C.P.E.

2, China-terrace, Lambeth, October 31st, 1859.

Edinburgh Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you be kind enough to inform me, if you are able, whether or no all Graduates of the University of Edinburgh have a right to vote at the Election of Chancellor of the University? I have enquired of several Graduates of Edinburgh University, but have not yet been able to learn whether or not I, as a Graduate of Edinburgh University, have a vote at such Election. I am, &c.

London. M. D. Edin.

[Any Master of Arts, or Doctor of Medicine of the University with four Sessions' attendance, or any Student who has attended four Sessions in the University, can register as Member of Council, and thus become entitled to vote.]

The Edinburgh Licences and the Title of "Doctor."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Permit me, as one interested in the matter, to offer a few remarks on the above *quæstio vexata*. A question which has, I fear, been discussed with more acrimony than reason, in consequence possibly of jealousy on the one side and too great susceptibility on the other.

When the Edinburgh College of Physicians made known its intention of admitting Medical men of a certain standing, as Licentiates, I hailed it as a step in the right direction, because calculated to raise the General Practitioner above the name and status of "Apothecary." Still I cannot but think it was unwise to offer the Licence to any one without a special examination, or a University Degree, as provided for in the College bye-laws. But now that an examination is required, (a practical but by no means a trivial or a superficial one,) I imagine every unprejudiced and unexcited person will admit that a Licentiate of the Edinburgh College is entitled to equal privileges and distinctions with a Licentiate, or extra-Licentiate, of the London College; or at all events that legally such is the case.

Now, ungraduated Licentiates and extra-Licentiates of the London College have always, in courtesy, been styled "Doctors" by their *confrères*, although more frequently acting as General Practitioners and family Medical men, in the country certainly, than as consulting Physicians. I am of opinion then that, acting on his own defence against the somewhat rude attacks of his opponents, it behoves every Licentiate of the Edinburgh College to call himself by some distinctive title different from that of "Surgeon" or "Apothecary," and what title is more appropriate than the one universally conceded to those Practitioners who hold precisely the same position in connexion with the London College?

To conclude, I cannot think there is either truth or justice in the insinuation, that the ungraduated Edinburgh Licentiates, by calling themselves "Doctors," wish to mislead the public into considering them M.D.'s of any University. I believe nine out of ten at least are quite satisfied with being understood to be simply what they are—"Physicians;" a title their right to which, I take it, no special pleading will be able to subvert.

I am, &c. Hugh Norris.

South Petherton, Somerset, October, 1859.

Dr. Barker and Mr. Chavasse.

As we have published the Protest, we publish the following Reply; and here, we trust, the matter will rest:—

"To the Medical men of Birmingham who signed the Protest which appeared in the *Medical Times and Gazette* (page 446) of October 29, 1859.

"Gentlemen,—In consequence of the very extraordinary course pursued by Mr. Chavasse, I beg to trouble you with a few lines.

"During the past summer, and while I was in Switzerland, Mr. Chavasse, through his solicitor, demanded the immediate suppression of the sale of my work on the 'Hygienic Management of Infants and Children,' in consequence, as was alleged, of some 'very valuable parts' of his work having been printed by me. My wife informed him of my absence on the Continent, and that immediately on my return it should be attended to. He directly, through his solicitors, replied to Mrs. Barker that the injury being done to him was so considerable, that she must not wait until my return, but at once put the matter into the hands of my solicitor.

"This was a most unheard-of and unwarrantable mode of proceeding, even were it towards a man alone and an entire stranger, but—towards a friend who had been upon terms of more than friendly correspondence, and towards the wife of a friend, not to be characterised by any terms with which I am acquainted.

"This is the key to the whole affair.

"I denounced his conduct at the first, and from the first, and if I have done it in terms which are not quite palateable to my opponent, I plead his excessively annoying mode of procedure.

"The 'appropriations,' and his disingenuous style of proving them, I most unhesitatingly repudiate. Moreover, I solemnly declare, that I have never seen several of the pages in his work which have been referred to.

"I deeply regret that, in any way, you should have been mixed up with this silly squabble, and am entirely at a loss to conceive upon what grounds you are of opinion that I have offered an insult to the Medical Profession of Birmingham.

"I assure you, Gentlemen, that I had not the slightest intention, in thought, word, or deed, to insult you, collectively or individually, and that I entertain the highest respect for every one of you.

"In conclusion, I beg that you will accept my most unequivocal apology for anything which may have inadvertently escaped my pen which can possibly bear a shadow of the construction you have put upon it.

"I have the honour to be, Gentlemen,

"Your Obedient and Humble Servant,

"T. Herbert Barker, M.D. (Lond.) F.R.C.S.

"Bedford, October 31, 1859."

COMMUNICATIONS have been received from:—

Sir James Clark, Bart.; Dr. Livingstone; Dr. Kirk; Professor Simpson; Dr. Ramsbotham; Dr. West; Mr. Teale, Leeds; Mr. Hilton; Mr. Haynes Walton; Dr. Peacock; Dr. Cuthbert; Mr. Crosse, Norwich; Dr. Ogle; Mr. Nunn; Mr. Michell; Dr. Ladd; Dr. Halford; Dr. Adams; Dr. Fairless; Dr. Whitehead; Mr. Vincent; Registrar General; Mr. Garner; Dr. Parsons; Mr. Candy; Mr. Self; Mr. Macfee.

APPOINTMENTS FOR THE WEEK.

November 5. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

7. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Epidemiological Society, 8 p.m. Dr. Richardson "On the Theory of Zymosis."

Medical Society of London, 8 p.m. General Meeting.

Royal Institution, 2 p.m. General Monthly Meeting.

8. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Mr. Solly's Case of "Arrested Aneurism of the Abdominal Aorta." Dr. R. Lee's Additional Case of "Pubal Gestation."

9. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

North London Medical Society, 8 p.m.

10. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

11. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Mr. Holt—Stricture of Urethra (3 cases). Mr. Brooke—Necrosis of Tibia. Mr. Hillman—Restoration of Female Perinæum.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, near Thames-street, City, E.C., and 2, Upper Copenhagen-street, Barnsbury-road, Islington. E. and H. HARRIS and CO. Proprietors.

6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.
3 & 4 oz., do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials	do.	
1 oz. do.	do.	4s. 6d. do.
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2 oz. do.	do.	6s. do.
	of a very superior quality.	7s. do.

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N.B.—Orders sent to either Establishment will have prompt attention.

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—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

The Profession, Trade, and Hospitals, supplied.

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FLEET-STREET, has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth stopped and rendered sound and useful in mastication.

52, Fleet-street. At home from Tentill Five.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

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6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.
3 and 4 oz. ditto	blue tinted	7s. 6d. do.
½ oz. Moulded Phials		4s. 6d. do.
1 oz. ditto	of a very superior quality.	5s. 6d. do.
1½ oz. ditto		6s. 0d. do.
2 oz. ditto		7s. 0d. do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

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for which a Prize Medal was awarded to him at Paris Exhibition, 1855, deserves particular notice. It consists of a well-constructed Stand, with coarse and fine adjustments, a capital Stage, with Diaphragm and Large Mirror, one Eye-glass, one and one quarter inch Object Glasses, 16° and 75° angular aperture, and a neat Mahogany Case about 7 in. square. The above, Microscope when further completed with the addition of a Second Eye-glass, Condenser for Opaque Objects, Live Box, Stage Forceps, large Glass Stage, and Polarising Apparatus, price £10, forms a most complete and valuable Microscope, and in every respect as useful as a much more expensive one.

A Catalogue post free on application to M. Pillischer, Optician, 88, New Bond-street, London, W.

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attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dyscutery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.

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Ext. Coloc. C. Pulv. .. ,,	15	0	,, Gent, C. .. .. ,,	2	2
Inf. Calumb. Conc... .. ,,	1	6	,, Hyoscyami .. .. ,,	2	2
Iuf. Gent. C. Conc. .. ,,	1	8	,, Opii .. .. ,,	4	0
Liq. Opii Sed. .. .. ,,	9	0	Vin. Ipecac. .. .. .. ,,	3	0

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Best Iron Wire, prepared expressly by

COCKER BROTHERS, NURSERY-STREET, SHEFFIELD, for SURGICAL PURPOSES, as supplied to Professor Simpson, Edinburgh; Dr. Churchill, Dublin; Mr. T. Spencer Wells, London; Dr. Bozeman, Montgomery, U.S.; and many others.—See Professor Simpson's Lecture, Medical Times, January 1st, 1859.

POULTICES SUPERSEDED! SPONGIO PILINE.

The Profession are respectfully

informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, BEDFORDBURY, COVENT-GARDEN, London, and also through the Wholesale and Retail Druggists in town and country.

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OCTOBER BREWINGS of this Celebrated Ale, and the MILD BURTON ALES are now arriving in casks of eighteen gallons and upwards. Our stock of Ale in bottle is in good condition. Barclay's Porter and Stouts, in bottle and cask, may also be had of

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well to inspect the NEW STOCK of Messrs. MILLIKIN and LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances, made to order with precision and despatch.

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SOAP-WORKS, CLERKENWELL, LONDON, E.C.

ORIGINAL COMMUNICATIONS.

REMARKS ON THE AFRICAN FEVER ON THE LOWER ZAMBEZI. (a)

By DAVID LIVINGSTONE AND JOHN KIRK, M.D.

WHILE employed in trying to open up Africa to the influences of civilisation and commerce, the first thing that naturally attracted our attention as Medical men was the fever, which hitherto has proved one of the great barriers to the advances of Christian nations into the interior of the continent.

We have enjoyed considerable facilities for observing the disease during the last twelve months, not only among those of the expedition, but likewise among the Portuguese and natives; and our experience having been very different from that of others, we deem it desirable to lay the results before our Medical brethren.

Our observations are far from being so full as might be desired, but when travelling in this country, where the grass towers over head and almost hides the narrow path, it is of the utmost importance to possess correct views at the beginning. Our remarks may thus prove serviceable in preventing others from making a wrong commencement.

About a month was spent by the Expedition in endeavouring to find an opening through the Delta, from the sea to the main river.

This part may be described as abounding in mangrove swamps and damp plains covered with gigantic grasses. The mangrove swamps emitted a most offensive smell, and gave us the impression that they were most fitly named, "the hot-beds of fever."

Above the Delta the river is remarkable for the quantity of fine sand which it carries in its waters, and deposits everywhere in banks which during about half the year are exposed to the sun; there is comparatively little mud, and in this respect as well as in the greater height of its banks which are also of sand, it differs greatly from the rivers of the west coast.

The mountain of Meramhalla, 4000 feet high, appears to the east of Senna, and a range of hills on the north bank of the river stretches from that village up to Lupata, above which the country is hilly, and the banks of the river rocky.

Warned by the fate of the "Great Niger Expedition," it was resolved that no unneeessary delay should take place in the Delta, and that the prophylactic use of quinine should be tried.

The season chosen for entering the river was the winter (from May to August), the most healthy time for Europeans, though not the most favourable for navigation, and during the stay of the Expedition among the mangroves not a single case of fever occurred among the members, or among the officers and men of the *Pearl*, and H.M.S. *Hermes*, who accompanied it.

Quinine was taken regularly by all the Europeans, with a single exception, to the amount of two grains in sherry wine daily; and we were quite disposed to attribute our immunity to the prophylactic so much praised for its efficacy on the Niger; although the former experience of one of us suggested its total inefficiency to ward off an attack.

Three of our number became affected with incipient cinchonism; in their case the dose was lessened. We seemed always to be on the verge of cinchonism, as an additional dose could produce deafness and ringing in the ears to an intense degree in the course of a few hours.

The following is the number of those who escaped without a single case of sickness, although exposed to hard work in the sun, and frequently sleeping in the boats in the lower part of the Delta:—16 officers, 37 seamen, 12 Krumen, and 2 boys from Sierra Leone.

Three of our number were left in charge of goods on an island about twenty miles above the mangrove swamps, but probably not beyond their influence. The soil was of stratified sand, with an alluvial layer on the surface, covered with grasses. The neighbouring country presented the same aspect as the island, and was similarly constituted. Previous to this there had been hard work and constant excitement. Those left on the island, although less exposed, had a comparatively inactive life. They had not been many days alone when two of their number became sick.

Mr. B—— was seized with slight rigors, severe headache, delirium, with contracted pupils. These symptoms were sudden, and followed an imprudent course of exposure to the sun. Although removed in a few hours, they speedily returned after renewed exposure; but this time more severe, the full bounding pulse, dry tongue, and hot skin showing the intensity of the fever. Vomiting, which now commenced, proved the most troublesome symptom, and became an obstacle to all treatment, as remedies were not retained beyond a few seconds. Although the other symptoms abated after twelve hours, vomiting continued, and soon the disease returned in a more severe form, running on to muttering delirium, with involuntary picking of the bedclothes.

When on the verge of coma remedies began to be retained, and the action of a large dose of calomel with jalap resin relieved the cerebral disorder, and, by reducing the irritability of the stomach, allowed quinine to be given. Convalescence was very rapid; in a few days all trace of the disease had gone.

A fortnight afterwards Mr. B—— was again seized with the same symptoms, vomiting again being the great obstacle, and, from its continuance after the others had been subdued, rendering the convalescence slow. Loss of memory and muscular weakness continued for some time after this attack. While Mr. B—— was sick, Mr. C. L—— had fever also, but in a very different form, and we did not then recognise the two as being the same disease. In him the symptoms were those of a cold, such as we see in Europe,—at first frontal headache, pain in the back and limbs, lassitude and indifference to what went on around; this state was followed by one in which he lay without speaking, headache had gone, the pulse was small and thready; the skin at one time burning hot, at others coated with a clammy perspiration. In this case slight diarrhœa had continued from the beginning. Quinine was tolerated; but although the constitutional action was evident, yet the fever did not abate until a mercurial purgative had been given.

These were the first cases of fever among us, nor did we see more for some time afterwards.

In the month of August all the goods had been conveyed as far as Shupanga Two officers were left there in charge, while the steam-vessel proceeded to Tette, taking with her those who had suffered when at the island.

At this time the Portuguese were engaged in war against a party of rebels, and the army being destitute of Medical appliances of every description, an opportunity was offered of observing the fever and other diseases in their worst forms among those exposed without proper shelter or food, and in subjects frequently worn out by constitutional disease.

The commanding officer was the first case we were requested to see: he had obstinately refused all remedies, but being then in a state of coma, and unable longer to refuse, an active purge was given, followed by thirty-grain doses of quinine, which soon restored health. In him there had been no other symptom beyond those of severe constitutional fever running on rapidly to coma. This is the type most frequent in the lower parts of the Delta, especially at Quillimane. In the vicinity of Tette it is seldom fatal. The limited experience we here had seems to indicate that the type once established has a constant tendency to recur. Should further observation confirm this, it would become of importance to send all Europeans on their arrival to the higher lands; so that, should they be subject to fever, they might have it in its milder form first, and carry that with them to the more unhealthy localities.

While the party at Shupanga enjoyed good health, notwithstanding the partial discontinuance of quinine, several cases happened on board the steam-vessel. We may mention that the accommodation on board was both very scanty and very uncomfortable. Water running into the cabin while the vessel was under steam, so as to keep the beds constantly wet

(a) This interesting paper has been forwarded to us with the following note by Sir James Clark:—

SIR,—I received the accompanying paper from Drs. Livingstone and Kirk, through the Foreign Office, a few days ago. If you agree with me that it is of sufficient importance to be communicated to the Profession, I shall feel obliged by its insertion in the *Medical Times and Gazette*.

22B, Brook-st., Grosvenor-sq., Nov. 5, 1859. I am, &c. J. CLARK.

beneath; fortunately the weather was dry, or the rain would have poured in from above also, as we subsequently experienced.

Mr. R——, the engineer, had taken quinine with unvarying regularity, had an excellent appetite, and seemed to enjoy the climate; in working the engine he was obliged to see the fire lighted at 2½ a.m., in order to have steam by 7 a.m.

An officer had shifted his bed through the night, so as to prevent Mr. R—— getting his clothes, and he proceeded to light the fire in his shirt; the consequence was pains all over the body and limbs, the bones being especially sore, the face flushed, eyes suffused, headache, and quick pulse. The bowels had been regular, and the tongue clean. A pill composed of resin of jalap, calomel, rhubarb, and quinine, which had formerly been found efficient in fever, was given, more as a precautionary measure, than from a belief that this was a case of the complaint. It seemed more a common cold than the African fever. As soon as the remedy had operated, the symptoms abated. Quinine was then given, and one dose of ten grains produced severe cinchonism, from which, when he recovered, he was quite well without loss of strength.

Towards the end of the rainy season the members of the Expedition were divided, those who had previously suffered from fever remained at Tette, while we went down the Zambezi to the sea, and explored the River Shine, both very unhealthy districts. While one of us was exposed to sun and rain navigating the vessel, and ashore superintending the wooding, the other was engaged botanising among grass jungles and mangrove swamps. Yet both of us escaped entirely. The use of quinine had been completely abandoned, and we are inclined to attribute our good health to the regular and active exercise which both these occupations imply. In this respect our experience corresponds with that of the Portuguese residents, who assert that while actively employed they enjoy good health.

While we explored the high lands around Lake Shirwa the steam-vessel was left in the River Shine, under the care of Quartermaster Walker. We were absent twenty-four days, Walker was seized with fever the day we left: it commenced suddenly, though he had taken quinine regularly. On our return we found that he had been delirious most of the time, and the fever had shown no signs of abating; but the action of purgatives, followed by quinine, soon restored health, and in subsequent attacks, when at the sea-coast, among the mangroves, no difficulty was experienced in cutting short the attacks at the beginning.

Our own experience in the high lands between the Shine and Lake Shirwa during twenty-four days, when we were exposed in the early hours to the dew from the long grass, continuing the march without interruption throughout the remainder of the day over rough country under the tropical sun, and then sleeping in the open air, and yet enjoying perfect health, as did also the natives who were with us, shows clearly that there exists within a short distance of the coast a healthy region well suited for the residence of Europeans.

This region is elevated above the sea from 3000 to 4000 feet, and shut off from the coast lands by the range of high mountains to the east of Lake Shirwa. It is of easy access by the Shine, which flows at the foot of the hills, and is navigable the whole distance. To the north, the southern extremity of a chain of lakes, which extend far into the interior of the continent, reach within thirty miles of the River Shine. This elevated region may be looked on as the entrance, by means of these inland seas, to a great part of Central Africa, cut off hitherto from communication with European nations by the unhealthy lands which bound the coasts.

The result of our experience has been to discontinue the daily use of quinine. It had been persevered in long after the conviction of the members had been against its prophylactic power. It is our conviction that we owe our escape from the disease far more to the good diet provided for us by H.M. Government than to the use of quinine. We have been as fully exposed to the malarious influence as any party is likely to be. The vessel in which we have had to navigate is one which takes in so much water that our beds are constantly damp, and often rotten beneath, with a quantity of water in the bilge of the ship. Yet we have found the fever quite amenable to treatment when taken early, and attention paid to any local congestions which may manifest themselves. Let it not be thought that we undervalue quinine, to it we trust for the removal of the disease when given after purgatives; in all forms of the fever we have found it of the greatest value, and three doses have always proved sufficient to induce the constitutional action even in those who have not been taking it previously.

We have found the fever assuming a formidable type only when permitted to go on unchecked for some time in those exposed to great fatigue, damp, and poor diet, or when the irritable state of the stomach prevented the administration of quinine.

In regard to the complications most frequently seen, among ourselves vomiting has been the most troublesome, and blistering over the stomach has seemed the best means of stopping it. We have fortunately escaped without more serious inflammatory lesions of the internal organs; but among the Portuguese two cases have been observed with pneumonia; both proved fatal—the tartarate of antimony seemed to have no effect, while stimulants were equally powerless when once sinking had commenced. Enlargements of the spleen, when of recent date, have yielded quickly to the use of the sulphate of iron and quinine.

The ship's company, consisting of Krumen, have showed no greater immunity than the Europeans. The experiment of quinine was made with them, but its prophylactic action proved equally feeble as in our own case.

In future Expeditions of a similar nature, we beg to suggest that the work of the contracting ship-builders be more scrupulously tested than it had been in our case, when the defects once observed completely baffled all attempts at remedy.

Zambezi, July, 1859.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D., F.R.S.
Obstetric Physician to St. George's Hospital, London.

(Continued from p. 378.)

Case 591.—January 25, 1850. Mrs. T——, aged 25, at the full period of her first pregnancy. Labour commenced this morning at five, but she had slight pains for some time before. She had not suffered from headache during the latter months of pregnancy. Began to complain of headache soon after the labour commenced, pains feeble and irregular. At ten a.m. had a fit of convulsion, there had been twelve fits during the day. Mr. S. ruptured the membranes at five p.m. He attempted to do so at one, but the os uteri was so high up that he did not succeed. Soon after the rupture of the membranes pains came on, and the child was expelled dead at nine p.m. The placenta soon followed; she was insensible and had fits up to the time of delivery, occasionally. Half-an-hour after delivery she had a violent fit, but has had none during the night though extremely restless, attempting to get out of bed, till this morning. A severe fit a quarter of an hour ago, a little before ten. The pulse being still full, I recommended ʒxij of blood to be removed by cupping, and the head to be shaved and covered with ice in a bladder. The fits ceased. Œdema of the legs had been observed during labour. It had not been noticed before. January 28.—Is now recovering in the most favourable manner.

Case 592.—On June 30, 1845, I was requested to see Mrs. D——, aged 34, to determine, if possible, whether pregnancy existed. She had been married thirteen years, had enjoyed good health and the catamenia had been regular from the age of fourteen and a-half to Christmas, 1854. She had consulted a Medical Practitioner, who prescribed some medicine, after assuring her that the symptoms did not arise from pregnancy. I found the upper part of the vagina nearly closed up with extensive and hard cicatrices, and was then informed that many years before she had suffered from abscesses about the pelvis, and this was the only circumstance that could be learned to account for the existence of these cicatrices. The lower part of the vagina was widely dilated. From the condition of the mammæ, and from feeling the body of the uterus enlarged and a moveable body within it, and the state of the os uteri which it was difficult to reach, I concluded that pregnancy did exist, and that she was in the fourth or fifth month. It was considered upon the whole more prudent not to induce premature

labour, but to allow her to go to the full period, in the hope that the cicatrices in the vagina would yield to the pressure and allow the head to pass. On the morning of October 18, 1845, the labour had continued two days and three nights, and there had been no progress for twenty-four hours, and it had become obvious that the cicatrices would never yield or allow the head to pass. There was likewise reason to believe from the fœtor of the discharge and the other symptoms that the child was not alive. I therefore perforated the head and cautiously extracted it. The placenta was retained, and required to be removed artificially. No hæmorrhage followed. Recovered favourably.

Case 593.—On March 16, 1850, I was requested to see the same patient, who had been seized with uterine hæmorrhage in the seventh month of pregnancy. I found the os uteri dilated to the size of half-a-crown, and the placenta partially presenting. At four p.m. I ruptured the membrane in the hope that the head which presented would pass, but at eight p.m. the hæmorrhage continued and I opened and extracted the head. A portion of the placenta was adhering firmly to the uterus and was separated with difficulty. The patient had not a favourable recovery, but in the progress of time was restored to her usual health. The cicatrix and the partial placental presentation led to the measure here adopted.

Case 594.—On April 21, 1850, about half-past twelve I accompanied Mr. Morley to Frederick-street, Gray's-inn-lane, to Mrs. ——, who had been in labour with her first child since the morning of Friday; he had not left the house for forty-five hours. The head presented; it was near the outlet. Pulse rapid; tongue furred; no sleep for three nights; in a state to demand immediate delivery; discharges offensive; the external parts in a condition to render it impossible to extract the head with the forceps without certain mischief; one of the ears felt with difficulty; the pains had nearly ceased. Delivery was accomplished by craniotomy at four p.m. The placenta not coming away, I passed up the finger along the cord, and felt the head of a second child. We resolved to leave the expulsion of this child to Nature, but in three hours it became evident that it would never be expelled without artificial assistance. The blades of the forceps were applied, and the head easily extracted. The child had been dead some time, which made me regret that the second child was not delivered likewise by craniotomy, as the first had been. The placenta being retained beyond the usual period, passed up two fingers of left hand and felt the edge of the placenta, seized it, and on employing slight traction the placenta of the second child came away,—that of the first retained. I resolved to extract it without delay. The left hand was passed up, and it was removed without much difficulty. I left the house at 9 p.m., all well. This patient recovered favourably, and has since had a living child without any difficulty.

Case 595.—At half-past six p.m. on April 22, 1850, I was called to see Mrs. F——, who was eight months pregnant, and had been seized with violent convulsions. One pound of blood had been drawn from the arm, and leeches applied to the temples. The fits continued. She was with difficulty carried up-stairs, and placed upon the bed. I examined, and found the os uteri slightly open. The membranes were immediately ruptured, and a great quantity of liquor amnii escaped. Labour pains soon commenced; the fits ceased—only one fit after the rupture of the membranes; consciousness returned; child expelled alive at nine p.m. Soon after I left the patient in the care of two experienced Medical Practitioners. The pupils were dilated in this case. 24th.—The fits returned, and I saw her yesterday afternoon in a state of complete insensibility; she died at two p.m. The body was examined: water in the ventricles, and a quantity, I was informed, flowed from the spinal canal. No disease was detected about the cerebellum or medulla oblongata. There was an abscess, not large, in the right hemisphere of the brain, near the surface. This patient had suffered from attacks of insensibility after a former labour some years before. Slight paralysis took place, from which she had never wholly recovered.

Case 596.—At ten a.m. on April 23, 1850, I was called by Mr. Randolph to see a patient in the seventh month of pregnancy, who had been seized with convulsions at six a.m. The extremities were cold; the pulse feeble; the pupils were not dilated. Mr. Randolph had ruptured the membranes and applied leeches to the temples. 24th.—The child was expelled dead at six p.m. The patient is now half conscious; no fits since the head of the child passed through the os uteri.

Case 597.—On April 29, 1850, I was called by Mr. Ince to see a patient in Bury-street, who had flooding after the birth of the child. The child had been born three hours before, and the hæmorrhage still continued. The binder, with a pad, had been firmly applied, vinegar and ice used, and brandy freely administered. A little draining was still going on. The pulse had returned when I saw her, and the great danger was over; and she recovered favourably.

Case 598.—On Wednesday, the 15th May, 1850, at a quarter-past ten a.m., I received the following note from an eminent Practitioner in Midwifery:—"I should wish you to come to me immediately, to a consultation. The case is one of placenta prævia, with the cord in the vagina." The following was written by me on a slip of paper, which is preserved, before leaving the house, which has not been transcribed into my journal:—"Hæmorrhage had ceased; the umbilical cord hanging down with feeble pulsation, a large loop. High up through the os uteri, which was rigid and not much dilated, size of a crown. At the anterior part of the uterus felt a hand; no head could be felt. There was little pain. The liquor amnii. Two fingers passed through the os uteri—the whole hand could not be introduced without immense force. A foot seized with some difficulty, but at last coaxed into the vagina, drawn down gently. The os uteri gave great resistance, and the nates could not be drawn through till nearly twelve or half-past twelve o'clock, and then not without the employment of great force. The trunk and superior extremities drawn through without difficulty. The head not drawn through the os uteri till one o'clock, and not till the face was turned round toward the back part, corresponding with the hollow of the sacrum. The placenta, of very great size, was soon detached and expelled. No hæmorrhage; child of course dead. Recapitulation—Prolapsus funis; hæmorrhage rather profuse; rigid, slightly dilated os uteri; arm presentation; turning without introducing the hand into the uterus; two fingers."

Case 599.—On the 8th of June I was requested by an experienced Medical Practitioner to see Miss ——, aged 31. Mr. —— "stated this to be a case of neuralgia. I found that the leading symptom was a violent pain in the back, low down, occurring chiefly in the evening, and that she was hysterical; she had suffered from neuralgia of the face. I found that the catamenia had always been regular, perfectly so till two months before; that they had suddenly ceased without any reason; that she had sickness in the morning, and that the pain in the back had ensued. I made an examination of the uterus: the hymen gone; vagina in the state in which it is in married women; lips of os uteri soft and thick; body of uterus anteriorly much enlarged. I had no doubt at this early period that she was pregnant. Glands around the nipples large; areolæ florid. I said to this lady, 'If you were married we could have no difficulty in accounting for this pain and the other symptoms, but as you are not married we cannot do so satisfactorily.' She burst into tears, and immediately handed her marriage-certificate to Mr. M——, enjoining secrecy, which he promised faithfully to observe."

Case 600.—On June 7, 1850, I received the following letter from Dr. ——, containing the history of an obscure and interesting case:—

"June 7, 1850.

"My Dear Sir,—My partner, Mr. ——, was on Thursday fortnight past asked to see a poor woman, with what he considered sub-acute inflammation of the peritoneum, covering the uterus and threatening abortion. Within the last few days considerable œdema of the lower extremities has shown itself; and to-day I have carefully examined the case with him, but we are both much puzzled, and should feel truly obliged, if, in the event of your being in this neighbourhood, you would kindly examine her for us. The following is a brief abstract of the case:—

"Mrs. H——, aged 22, was married four months ago, and states that she was last unwell a fortnight after that time, and since then has had morning sickness. Sixteen days ago, after rather severe exertion, she was affected with severe pain in the abdomen, which lasted about half-an-hour; she had afterwards a rigor, and a return of pain the following day, when she sent for Mr. ——. When he saw her he found the countenance anxious, pulse quick and small, but no great amount of febrile disturbance. Considerable pain on pressure in lower part of abdomen, where the uterus could be felt

distinctly defined, its base extending above the navel. She was certain she had not quickened, and regarded herself three months gone, and stated that this large amount of swelling had suddenly appeared after the attack of pain the day before, having before that time been scarcely perceptible. Bowels were and had been much constipated, and the day after being first seen she had some bilious vomiting, but no sickness of any kind since then. The treatment has consisted of leeches to the abdomen, purgatives and purgative enemata, diaphoretics and anodynes. Under this treatment the pain has for the most part subsided, but still comes on in paroxysms as evening advances. Uterus is felt very prominent, and extending to midway between umbilicus and sternum, and the size of a large cocoa-nut; behind it there is considerable flatus. No fœtal sounds can be heard, nor movement be detected; breasts are flaccid, and she affirms that they have never been otherwise. On examination per vaginam, a nipple-like projection is felt almost protruding from the vulva which appeared to be the posterior wall of the vagina, pushed forward by a large firm tumour in the hollow of the sacrum; the os uteri can be felt high up in front of this tumour, but is rather difficult to reach with the finger; it seems as if pressed flat against the pubis by this tumour.

"We are much puzzled as to what this tumour can be, and, indeed, with respect to the whole case; and should feel truly obliged if you can kindly assist us with your opinion, if you can give it without personal inconvenience.

"To Dr. Lee." Yours most sincerely, ——.

The patient had been married half-a-year, had ceased to menstruate three months before, and for six weeks the abdomen had been observed to be enlarged, and she thought herself pregnant. Fourteen days before, after strongly exerting herself in lifting a bed, she had severe pain in the abdomen, and the abdomen suddenly distended. I found it greatly enlarged, and there was a distinct fluctuation. It was impossible to pass the finger into the vagina, in consequence of its being pressed firmly against the right side of the pelvis by a mass, the nature of which could not be certainly determined. The labia were greatly swollen and hard. There had been a difficulty in getting the bladder relieved, and also in procuring alvine evacuations. The fluctuation in the abdomen and the sudden appearance of the enlargement fourteen days before, after exertion, at once led to the suspicion that the tumour was the over-distended urinary bladder, but a great doubt was thrown upon this by the positive assurance of the patient's mother, that the urine was passed freely; and, unfortunately, not having a catheter with me, therefore no attempt could then be made to pass the catheter into the bladder, and remove the doubt which hung over the case. I recommended that an attempt should be subsequently made to pass the catheter; but whether this succeeded, or was even made, I have not been informed, and I did not again see the patient, who died on June 23. The body was examined on the 24th. The tumour was the distended urinary bladder. The uterus was in the fourteenth or sixteenth week of pregnancy. No disease of any kind existed, except peritonitis. No retroversion of the uterus.

(To be continued.)

ON THE USE OF THE

PREPARATIONS OF LARCH BARK IN PULMONARY HÆMORRHAGE, &c.

By OWEN DALY, M.D.
Physician to the Hull General Infirmary.

My attention was first directed to the preparations of larch bark by two papers which were published in the *Dublin Hospital Gazette*. The first a communication from Dr. Moore, read before the Association of the College of Physicians, and published in the *Gazette* for April 15, 1858. The second a paper by Dr. Hardy, Physician to the Hospital for Diseases of Children, Dublin, "On the Treatment of Purpura Hæmorrhagica," by the administration of tincture of larch bark, which appeared in the same journal for January 15, 1859. As notices of these papers have appeared in the half yearly abstracts, a summary of their contents will be quite sufficient for my present purpose. Dr. Moore states, "The therapeutical properties of the larch bark have been recently introduced to the Profession by Dr. Frizell, of Dublin, who having found a decoction of the inner bark of the 'Pinus Larix' very efficacious in his own person, thought it worthy of minute analyzation, and accordingly placed it in the hands of Dr. Aldridge, by whom it was found to contain, among other constituents, starch, gum, resin, and tannin." We are informed by the same writer that "Dr. George A. Kennedy has employed the extract of larch bark, and found it very efficacious in arresting epistaxis and intestinal hæmorrhage in a young man labouring under typhus fever." He has also prescribed it with much benefit in cases of bronchitis, with profuse expectoration setting in during convalescence from fever. Dr. Hugh Carmichael and Dr. Moore have also employed the extract with great advantage in cases of profuse expectoration streaked with blood, and Mr. Hardy relates four cases of purpura hæmorrhagica treated by the tincture of larch; the most complete success attended the administration of the medicine. Having, at the time these latter cases were published, an out-patient at the Infirmary suffering from pulmonary hæmorrhage, for whom I had, without the slightest benefit, prescribed all the usual styptics, I resolved to prescribe the tincture of bark. The patient was a female, aged 32, a widow in an advanced stage of consumption. She complained of great difficulty in breathing, of oppression at her chest, and of a constant cough, attended with expectoration of blood. The tincture of larch was ordered in twenty-drop doses every third hour in a little water; the relief was immediate; at the end of a week the hæmoptysis was entirely arrested; and her other symptoms were so much mitigated that she soon ceased to attend at the Infirmary.

The styptic properties of the larch bark had, in this case, so far exceeded my expectations that I thought it deserving of a more extended trial, and up to the present time, I have prescribed it in fifteen cases of pulmonary hæmorrhage. The cases have not been selected—some have been cases of active and severe hæmoptysis, others of a passive and more chronic character. I have also employed it in one very severe case of epistaxis, and in a case of chronic cystisis, and with the exception of this latter case, in every instance with the most satisfactory results.

In the first week of last August, I had five cases of pulmonary hæmorrhage under treatment at the same time—in two of these cases the usual styptics had been first employed, and a fair trial given to them before using the tincture of larch. I shall briefly relate these two cases, and the case of epistaxis.

Case 1.—On the 3rd of August, I was asked to visit an unmarried lady, aged 25, who had been suffering for several days from passive pulmonary hæmorrhage; she had hurried respiration and frequent cough, attended with expectoration of blood. She had had hæmoptysis on two previous occasions; both lungs were diseased, the left extensively, the disease having advanced to the formation of pulmonary excavations. The finger-ends were very much clubbed. Lead and opium were first prescribed, afterwards sulphuric acid; finding, however, after persevering in the use of each for several days, that the hæmoptysis still continued without any abatement, and that she was becoming weaker, the tincture of larch was substituted for the acid, and was given in half drachm doses every third hour. Two days after, the hæmoptysis had almost ceased, the sputa being only occasionally tinged with blood. The tincture was omitted for a few days on two occasions, and on each the expectoration became slightly tinged with blood; which, on the medicine being resumed, soon subsided. Latterly she has taken the tincture along with the infusion of cinchona.

Case 2.—The following case I saw in consultation with my friend Mr. Dix on the 31st of July. The patient was a married man, aged 28; active hæmorrhage had existed for a week. The blood coughed up was pure and unmixed. The hæmoptysis occurring every day or every other day, sometimes twice in the day and on one occasion three times, but never lasting for more than a few minutes at a time; on one occasion at least four ounces of pure blood were coughed up. The constitutional disturbance was very slight, the pulse rarely exceeding eighty; the cough was very trifling, more—to use his own expression—a "piffing" than a cough. The hæmorrhage was always preceded by a "spongy feeling" referred to a particular spot in the right side of the chest, whence the effusion evidently proceeded. In this case an excellent opportunity was afforded for testing the virtues of the tincture

of larch as a styptic, inasmuch as previous to its employment, lead and opium, gallic acid, the mineral acids and turpentine, had all been administered, and each persevered in for two or three days without giving any relief. On the 4th of August, the tincture of larch was prescribed in drachm doses every two or three hours given in water. The result was most satisfactory. The hæmorrhage, after the administration of a few doses, was completely arrested, and although nearly four months have elapsed, no return of the bleeding has taken place. The dose was gradually diminished, and after a time quinine was added to the prescription.

Case 3.—The last case I propose relating, is one of severe epistaxis occurring in a girl, aged 19. She stated that for several weeks past she had suffered from profuse bleeding from the nose, generally commencing in the evening, and on more than one occasion she had become quite faint from loss of blood. The bleeding was not vicarious, as she had menstruated quite regularly; her appearance was anæmic and indicative of great loss of blood. Steel and quinine in combination with sulphuric acid were prescribed and taken for a fortnight without the least benefit. The tincture of larch was therefore substituted in half-drachm doses every fourth hour. The bleeding was completely arrested at the end of a week; she, however, continued to take the tincture in infusion of cinchona for some weeks longer, and when last seen, on the 10th September, was very much improved in her general health. It would be not only tedious, but unnecessary, to take up more time by a relation of further cases; the refrain in each would be the same, an immediate and striking improvement in the patient's condition, the hæmoptysis in every instance yielding to the medicine, in some cases after a few doses; in others after a more prolonged exhibition.

To conclude, judging from the results of my own experience, I believe the tincture of larch will be found to be a most valuable agent in arresting and restraining pulmonary hæmorrhage. It possesses powerful astringent properties, combined with the styptic and slightly stimulating qualities of a terebinthinate, a rare combination, and one which appears to me to present all the requisites for a perfect styptic. By virtue of these properties, it acts as a mild tonic, improving and strengthening the digestive organs, while it does not interfere with the healthy and natural action of the bowels. Further, it is a palatable and pleasant medicine, having an agreeable balsamic "*pinic*" flavour, which is no slight recommendation in medicines of this class, especially when their continued exhibition must be persevered in for a lengthened period.

P.S.—I wish to add, that I have seen several samples of the tincture of larch; that which I have used is scarcely altered when added to water, which, I believe, is the best criterion of its goodness and genuineness.

CATARACT,—ABNORMAL POSITION OF THE CRYSTALLINE LENS, AND OF THE IRIS—

CO-EXISTENCE OF DIABETES—OPERATION—RESULT.

By HAYNES WALTON,

Surgeon to St. Mary's and to the Central London Ophthalmic Hospitals.

I DESIRE to illustrate two practical points,—the overcoming of a mechanical difficulty, by which I was enabled to adopt the method of operating most suitable to the disease; and the power of local repair in a state of system generally believed to be incompatible with such a result.

In the early part of last month, a mechanic, with cataract, 44 years old, but whose shrunken frame and worn countenance made him look twenty years older, was sent to me by Mr. Wiblin, of Southampton. Eighteen months prior, diabetes was developed and effected its usual ravages. Some five or six months after, the mistiness of incipient cataract came on. He was able to work at his calling of sailmaking till within eight weeks of my seeing him, when, with a severe diarrhœa of several days' duration, his sight rapidly declined, and he was soon blind.

These were the conditions when I saw him. There was complete lenticular opacity, yet sufficient evidence to show that the rest of the eye was healthy enough to warrant an operation, and the only other abnormal appearance that I could discover was the bulging of the iris, apparently pressed by the cataract to a degree that seemed to touch the cornea, which was of full size and of average prominence. There was then, practically, no anterior chamber. There had been no subjective symptoms besides muscæ, which almost always invariably exist with cataract. Both eyes were alike. The diabetes was decidedly better, as manifested in the less quantity of urine passed, and rather less emaciation.

It was at once apparent that the eye was a difficult one to deal with, because there existed one of the greatest, if not the greatest, impediment to the ordinary operation of extraction, and, as regarded the operation for solution, success would hardly be expected, and certainly not the best success, for if nothing worse happened under its adoption, the iris would become adherent to the crystalline capsule. I have always found these parts to adhere, when in even partial contact, after an operation, and that sometimes without any evidence of inflammatory action. More than this, the cataracts had not undergone that amount of degeneration which would, in ordinary circumstances, induce me to select the solution method for an adult.

In order to render extraction available in analogous cases, the late Mr. Tyrrell introduced his combined operations of extraction and solution. His method consisted in a limited and cautious use of the needle to reduce the bulk of the cataract, so as to allow the iris to recede, and then, after four or six weeks, to extract. He speaks favourably of this.

In the cataract of early life, or in adults when the lenticular structure is much degenerated, a cataract can readily be acted on by the needle, without altering its position; but not so in what is called "hard cataract," that to which extraction is particularly applicable; then the risk of dislocation is most imminent. Any manipulation with the needle sufficient to bring into play the process of absorption is very likely to move the body of the cataract, after which dislodgment of it from its seat is likely to follow with the well-known sequel of evils. I resolved, however, to attempt extraction by making the required incision with the blunt-pointed cataract, or, as it is usually called, secondary cataract knife.

I made a very small incision with the point of the ordinary cataract-knife, and I found that more could not be done with safety to the iris, sufficient to admit the blunt-pointed instrument, with which I effected an ample section along the margin of the upper part of the cornea, without wounding the iris, and ultimately extracted the cataract entire, to my perfect satisfaction. This proceeding was much facilitated by an assistant steadying the eye with a pair of forceps.

I have several times, when performing the operation of extraction, and so doubtless have all operators, rather than cut off a portion of the iris, withdrawn the triangular knife, and completed the proceeding with the secondary knife. It is, too, well known that some of the operators of old, among whom was the late Mr. Alexander, always completed the section in this way. I am unaware, however, whether extraction has ever been executed in the manner I describe now as effected by myself, under such circumstances, and almost entirely with the secondary knife. I am most pleased with it, and the application will not end here. It is just one of those simple things that, although valuable and important, is overlooked one cannot tell how. It is possible that other Surgeons may have done the same thing, and not thought it worthy of record; and I give it publicity, not to establish priority, but to point out to those to whom it may be applicable, an extended means of practical surgical treatment. Again, it will give, I hope, assurance to very young operators not to scruple to resort to the secondary knife when it may be useful, not to squeeze a cataract through too small an opening, and not to cut the iris when it can be called into requisition to avoid these. It will prove, too, how freely it may be employed.

The best success ensued: when the eye was opened, a week after—only one was operated on—the cornea was quite healed without any prolapse of the iris. The pupil was central, and the man could see. I saw my patient for the last time a fortnight later, and he had undergone the usual rate of improvement in the state of the eye, and in vision, but, strange to tell, the iris was as prominent and as convex as before the cataract was removed. This upsets the theory of a prominent iris with the existence of cataract, being due to the pressure of the cataract.

A few words now on the reparative power in so reduced a frame. With increased opportunities for observation, I do not find that in what may be called debilitated constitutions the progress of an eye after extraction is thereby interfered with as my teachers had taught me to believe. I as often see tardy union of the corneal wound in those whom I would select as the most favourable subjects for rapid healing. I speak from actual observation on the point. Putting out of consideration very old age, I suspect that the condition of the eye, as affected by disease, is more concerned in the failure than is suspected.

In this patient the power of assimilation and of repair must have been very low; it would, I think, be difficult to select a state of constitution apparently more unfavourable, and although, perhaps under the circumstances, the issue may be exceptional, yet the fact of success possesses practical value.

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ON THE RECENTLY PREVALENT MALARIOUS AFFECTIONS.

By THOMAS B. PEACOCK, M.D., F.R.C.P.

Assistant-Physician to St. Thomas's Hospital, and Physician to the Hospital for Diseases of the Chest, Victoria-park.

(Continued from p. 455.)

Case 2.—Anæmia.—Purpura—Attacks of sickness and vomiting.—Systolic murmur in the region of the heart.—Death, with cerebral symptoms, in a person living in a malarious district.

For the notes of the following case I am indebted to my late Clinical Clerk, Mr. E. V. Utterson, now of Balham:—

T. W., aged 25, bricklayer, residing at Rotherhithe, admitted into Jacob's Ward, St. Thomas's Hospital, under Dr. Peacock, July 23, 1857. He states that he has been ill two months, and that his illness commenced with palpitation of the heart, and violent throbbing in the head, and some degree of pain and sense of constriction across the chest. For these symptoms he was treated at the Surrey Dispensary for about six weeks, but with no benefit. He at present complains of the same ague, palpitation, with throbbing and sense of confusion in the head. He has a very anæmic appearance, with a pale tremulous tongue and bloodless lips and gums. He complains of slight feverishness, with retching and sickness towards night, and of constant thirst. There are some purplish spots on the chest, which do not fade on pressure; but he is not aware how long they have existed.

July 25.—Seen by Dr. Peacock who dictated the following notes:—His face is very œdematous, and the lower eyelids ecchymosed. The bowels have been freely acted by a dose of calomel and rhubarb. Pulse feeble and irritable, 120. Tongue extremely pallid and somewhat dry and furred. The spots are found scattered over the thorax and upper part of the abdomen, between the shoulders and on the loins. There are none on the arms or legs. They vary in size from a couple of lines to half-an-inch in diameter. They are more or less elevated above the surface, and vary in tint from a mere discoloration of the surface to spots of a deep livid hue, and they do not fade on pressure. The cardiac pulsation is diffused over a large space, and there is much throbbing in the neck. The dulness on percussion in the cardiac region does not extend beyond the natural limits. There is a distinct systolic murmur audible over the whole præcordia, and this is most intense at the base. No decided second sound can be heard. The murmur is distinctly audible in the neck, but not at the lower angle of the left scapula. The splenic dulness is increased in extent, but the hepatic dulness not materially so. There is no œdema of the ankles. He denies having had any cold shivering, but he suffers occasionally from attacks of retching and vomiting, and states that he perspired a great deal at the commencement of his illness. He was directed to take five grains of quinine three times daily, and half an ounce of lemon-juice every three hours. To have the milk diet and some brandy.

July 29.—On Tuesday night he had a return of the vomiting; it came on suddenly, but he had no shivering, heat, or sweating at the time or after it. His general appearance is somewhat better. His face is still puffy and anæmic-looking, but the ecchymoses of the eyelids have almost disappeared. His lips are very pale, and the tongue white and dryish; the pulse 120, sharp and vibration but feeble. The petechial eruption still exists on the skin, but it is less elevated and less livid. It has entirely disappeared between the shoulders and on the back. The liver and spleen continue enlarged and the abdomen tumid. The systolic murmur is heard over the whole præcordia, but it is loudest between the sternum and the left nipple; no distinct diastolic sound is audible. The entire cardiac dulness on percussion commences above at the fourth interspace, and it does not extend so far to the left as the line of the nipple. There is some blood effused beneath the conjunctivæ near the corneæ of each eye, and also in each lower eyelid. He continued in this state up to seven p.m. on the 31st when he was seized with a severe fit, after which he became very violent, calling out constantly, and being with great difficulty kept in bed. He rapidly sank, and died at one a.m. on the 1st of August.

It was subsequently ascertained that about twelve months before his admission into the Hospital he sustained a severe injury by some slates falling upon him, and that the palpitation of the heart first came on after he had exerted himself in carrying a child some distance. The post-mortem examination was made by Dr. Bristowe on the 3rd. The body was in pretty good condition; but anæmic and much decomposed from the heat of the weather. The calvarium and dura mater were natural; the brain unusually pale, both on its surface and internally, but otherwise healthy. The pericardium, heart and aorta, with the pleura, larynx trachea, and lungs were perfectly healthy. The liver was large, and the spleen several times as large as natural, and soft; but the peritoneum, pancreas, supra-renal capsules, stomach, and intestines were entirely free from appearances of disease. The kidneys were pale, but presented patches of tolerably deep congestion, but seemed healthy.

4th. The last class of cases embraces local neuralgic affections of a periodic character—headache, face-ache, etc., or spasmodic diseases assuming a regular period, etc. In one case, a patient who had long laboured under epilepsy, when residing in any aguish district became the subject of ague, characterised by the usual malarious aspect, and his epileptic paroxysms occurred regularly every other day. He did not remain under observation for a sufficient length of time to test the effects of treatment. In a second case, there was violent pain in the right hypochondrium, with jaundice, connected with an aguish condition, and which subsided under the use of quinine. In a third case, which should perhaps rather have been referred to under the second head, as there was marked fever, with imperfect exacerbations and remissions, the symptoms and signs of bronchitis, which had not been benefited by the usual treatment, subsided under the use of bark coincidently with the relief of the febrile symptoms. I have also known pneumonia assume a periodic character, the disease making progress and the patient becoming greatly prostrated in one day, and all the symptoms being remarkably alleviated on the next, and this for several times in succession.

III. In the treatment of all these forms of affection, the chief reliance has been placed in the use of bark and the cinchona alkaloids. I have extensively employed all the three alkaloids—quina, quinidina, and cinchonia—in the form of disulphate, and I have also made trial of the quinoidine, or amorphous quinine, as it is supposed to be by Liebig. The latter is objectionable, from the difficulty of effecting its solution, and its unpleasant flavour; and it is so much less efficacious than the others, that, allowing for the increased dose it is necessary to employ, there is no economy in its use. The disulphate of cinchonia, is a more disagreeable bitter than the similar salts of quina or quinidina, and is probably more apt to disagree; it is less soluble, and, I have inferred, less active by about one-third. The quinidina and quina salts are very similar. Dr. Dundas Thomson informs me that all the specimens of quinidina which he has examined contain a considerable quantity of quina; and the two agree equally well, and may be regarded as equally efficacious both as tonics and antiperiodics.

1. In the cases of decided ague I have usually employed moderate doses of one or other of the alkaloids, as five grains of the disulphate of quina or quinidina, or six or eight of cinchonia, three times daily. With these doses it formerly rarely happened that the patients had more than one or two decided attacks

after the commencement of the treatment; but latterly the disease has evidently been of a more intense character, and patients often continue to have attacks for two, three, or four weeks, and some for even longer periods. On looking over the notes of sixty-seven cases, treated as out-patients during the last year, either by disulphate of quina or of quinidina, in doses of five grains, repeated three times daily,—the vehicle being in some cases the decoction of bark,—I find that in twenty cases the patients reported that they had no severe paroxysm after the commencement of the treatment; in nineteen the attacks had continued to recur for periods not exceeding one week; in six for two weeks; in nine for three weeks; in five for four weeks; in five for five weeks, and in three for six weeks; beyond this period there was no case in which the paroxysms continued to recur, provided the remedy had been steadily persevered with. When, however, the remedy has been suspended, or the dose considerably reduced, shortly after the cessation of the attacks, relapses have been of very general occurrence, and I uniformly persevere with the treatment so long as there is the slightest indication of the paroxysms, or the patient retains the malarious aspect though all other symptoms of disease have entirely ceased. The remarks which I have made refer entirely to the treatment of ague among the out-patients. When patients suffering under even decided ague are treated in the wards, it often happens that the paroxysms cease before any specific treatment has been had recourse to, or on the exhibition of small doses of the alkaloid; but such cases very often relapse if discharged without having continued the remedy for some time.

In some cases of ague I have made use of the larger doses of the alkaloids,—ten, fifteen, or twenty grains,—given immediately the symptoms of the attack manifest themselves; and such a plan not only usually lessens the duration and severity of the coming paroxysm, but the patient has seldom more than one or two subsequent attacks. In some cases, also, when the disease does not yield to the employment of moderate doses, the larger ones have been repeated twice or thrice daily.

When the patient comes under treatment immediately before the attack is expected, I usually direct a dose of opium—one grain of the solid drug—to be given immediately the symptoms manifest themselves, and this plan appears not only to mitigate the severity of the attack, but to assist the ultimate cure; and sometimes the opium has been repeated two or three times daily, or at the commencement of each paroxysm, and with beneficial results.

I have rarely made use of the liq. pot. arsenitis in cases of ague which have not previously been subjected to treatment, and then only in moderate doses,—six or eight minims three times daily,—and have not seen much benefit from its use, probably from the dose having been too small. It has not unfrequently been used, but also in moderate doses, and alone, or in combination with quinine, in cases of ague which have resisted quinine alone; but my experience of its use has not been satisfactory.

2. In the treatment of the cases of remittent fever, I have used small doses of alkaloid, repeated at frequent intervals,—one or two grains every two, three, or four hours, and sometimes even more frequently. Moderate doses,—four or five grains,—three or four times daily; and large doses,—ten, fifteen, or twenty grains, two or three times daily. In all these forms the remedy may produce its characteristic effects—nausea or sickness, singing in the ears, headache, vertigo, and deafness; and when the quantity given in the day is large, obstinate retching and vomiting, sometimes diarrhœa, severe pain in the head, transient insensibility, and tendency to coma, and great depression of the force and frequency of the heart's action. The production of the full physiological effects of the drug has been supposed to be necessary to the exertion of its therapeutical properties; but when thus exhibited its employment has been shown in the French Hospitals to be by no means without risk, and I doubt both the necessity and the desirableness of carrying the action of the drug so far. I have uniformly found that cases which have resisted the employment of quinine in moderate doses, and without the production of very decided symptoms of cinchonism, have equally proved intractable under the use of larger doses, and when the characteristic effects of the drug have ensued. I therefore generally prefer to employ the remedy in moderate doses, and only two, three, or four times daily. The smaller doses have chiefly been tried when there was great irritability of the stomach, and prostration of strength, and when there was much difficulty in getting the remedy taken, but I cannot report satisfactorily of the results of the treatment.

In some cases when the moderate doses have been given, and at infrequent intervals, but when there has been distressing sickness and restlessness at night,—symptoms which there was reason to believe might be aggravated by the use of the remedy,—I have seen advantage from giving a larger dose once or twice in the earlier part of the day, and then exhibiting a decided anodyne at night. When also there has been much prostration of strength, and the fever has been more of the continued type, I have preferred exhibiting either the decoction or the tincture of bark, or both, to the employment of any of the alkaloids, and with satisfactory results; though, of course, the remedies require to be given in frequent doses. In all cases stimulants and support must be given according to the nature of the case; and in some instances, and especially after the paroxysms, they require to be most freely exhibited.

3. The anæmic cases were treated by bark, generally in the form of the decoction or tincture, or both, with small doses of quinine, acids, especially the sulphuric acid and lime-juice, and also in most cases with iron. In some instances, also, the quinine was given in large doses, and to the production of its characteristic effects; but the remedies employed seemed to have little, if any, influence in checking the onward progress of the disease.

4. In the cases of neuralgia, or headache—which were obviously but one indication of a generally malarious condition—the alkaloid was given at the commencement of the treatment; but in the more numerous class of cases in which the affection seemed to originate in rheumatism in an aguish habit, the patients were usually first placed under the remedies for rheumatism—gradually increased doses of iodide of potassium, with small doses of colchicum and alkalies. These were usually exhibited in decoction of bark, and morphia was given for the relief of the pain. If the pain did not readily yield under this treatment, moderate doses of quinine or quinidine were also given; and in all cases one or other of the alkaloids was exhibited to complete the cure and protect against relapses. I believe this plan to be generally preferable to that more usually followed of at once giving quinine in periodic neuralgic affections. When at first employed the doses of the remedy required must generally be very large, and yet the benefit derived is often not marked; whereas, when the employment of the alkaloid is preceded by anti-rheumatic treatment, the pain is usually very much relieved at once, and entirely disappears under small doses of alkaloid. I have seldom been induced by the distinctly periodic character of the pain, to commence the treatment by the employment of quinine, without having had to regret having done so; and I have repeatedly been rapidly successful in curing cases of periodic neuralgia by the plan named, though they had entirely resisted the use of large doses of quinine.

The University of Brussels.—On November 20, the University of Brussels will celebrate the twenty-fifth year of its foundation—for it was twenty-five years since the Belgian Liberals determined upon establishing an University, which, consecrated solely to Science, should afford to human reason its entire rights of free discussion and examination—morality and honesty of purpose imposing the only control; progress and truth being the only aim. Glory to those enlightened men who so well appreciated the want of their time, for to them Belgium owes an institution which, we venture to say, excites the admiration of Europe, and wherein is trained that new generation which will perpetuate the generous principles it has there imbibed. During this period the University has become the centre of Belgian Liberalism, and has been its very keystone, resisting alike the ill-will of pretended friends, and the avowed hostility of natural enemies,—continuing in spite of all obstacles, with a firm and steady step in the road of progress and prosperity. Formerly held up to parents as a bugbear, it has now acquired general sympathy, and every year the students have increased in number; coming not only from all parts of Belgium, but also from the various countries of Europe, and even from the New World.—*Presse Médicale Belge.*

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ROYAL LONDON OPHTHALMIC HOSPITAL.

ACUTE IRITIS IN A SYPHILITIC INFANT.

(Under the care of Mr. DIXON.)

ANOTHER interesting example of that rare affection, acute iritis in an infant, has just occurred among Mr. Dixon's patients. As is almost invariably the case, the disease was associated with the symptoms of congenital syphilis in a most well-marked condition.

M. L., aged 7 weeks, was admitted on Thursday, September 20. She was moderately well grown, and, though pallid, not by any means approaching the condition of syphilitic marasmus. Her nates, arms, hands, and face, were, however, covered with patches of copper-tinted psoriasis of unmistakeable aspect. There was psoriasis plantaris, and the nails both of fingers and toes were all of them diseased, shrivelled, and in process of separation (syphilitic onychia). She had bad "snuffles." Her mother stated that when born the infant was fat and apparently healthy, and that she remained well until three weeks old, when the snuffles, eruption, etc., made their appearance.

The state of the eyes was such, that by a cursory examination the real nature of the disease might very easily have been overlooked. There was scarcely a trace of that zonular injection of the sclerotic which is so common a symptom of syphilitic iritis in the adult. It appeared that the child had been under mercurial treatment. The attack in the eyes had commenced ten days before, and, as the mother described it, "a circle had formed round the black spot of the eye." A Surgeon, to whom she applied, ordered some powders to be taken night and morning. The left pupil had now cleared, but in the right some distinct specks of white lymph still remained. Both irides were muddy and deficient in brilliancy. There was no intolerance of light. Mr. Dixon ordered a quarter of a grain of calomel every night and morning. On September 24, the rash on the body was much better, and the lymph on the right pupil, with the exception of one little speck, was wholly absorbed. The calomel was now suspended, and the mild mercurial ointment was ordered to be used every night. On November 3 the note states that the eyes appeared to have wholly recovered. Atropine was used, and the pupils dilated fairly, without exhibiting any remains of adhesions.

The above case gives us an example of syphilitic iritis in the infant of unusually mild character. It is also instructive as an example of the rapidly beneficial influence of mercurial treatment. Had the mercury not been prescribed when it was by the Medical man, whom she consulted within a day or two of its commencement, there would have been great risk that a much larger amount of lymph would have been effused, and that great difficulty would have been encountered in procuring its absorption. The importance of carefully inspecting the eyes of syphilitic infants can scarcely be overstated, since the ostensible symptoms of a congestion, intolerance, etc., are in most cases almost wholly absent, and there is but little to attract the attention of either mother or Medical man to a lesion, which may be rapidly tending to destroy vision.

It is an interesting fact respecting the syphilitic iritis of infants, that in a majority of cases the subjects are of the female sex. In a paper upon it, published in the Ophthalmic Reports by Mr. Hutchinson, sixteen cases were collected; about half of them having occurred under the writer's own observation. In two of these, taken from previous writers, no mention was made of sex. Of the remaining fourteen, four only were boys and ten girls. Since the publication (a) of Mr. Hutchinson's paper, we have recorded three additional cases, and the subjects of all these were females. The numbers now stand as four to thirteen of the respective sexes.

(a) See *Medical Times and Gazette* for April 23, 1859, p. 420; also for May 28, 1859, p. 548.

EXTENSIVE LACERATED WOUND ACROSS THE CORNEA—PROLAPSE OF IRIS.—RECOVERY WITH MOBILE PUPIL AND GOOD SIGHT.

(Under the care of Mr. DIXON.)

Robert W., aged 20, was admitted on August 11, on account of a wound of the right eye. He stated that at three o'clock on the previous day, while engaged in lowering a railway-carriage, a heavy piece of iron had been struck with great violence against his eye. Immediately after the blow he tried the eye, and found that although he could distinguish light he could not see any object. He remained at work with the eye covered with a piece of rag, during the remainder of the afternoon. During the night he had a good deal of pain.

On admission a rather jagged wound was seen to extend horizontally across the middle of the cornea, through its entire width. The aqueous humour had escaped, and the iris was bulged forward in contact with the cornea and the wound. The pupil was occupied by white opaque lymph, and it was supposed that the lens had been injured. There was considerable congestion of the eye. The treatment adopted consisted in carefully closing the lids by strips of adhesive plaster. Ten minims of the liquor opii sedativus were ordered three times daily, and he was directed to abstain from all stimulants, but to take an ordinary meat diet. It should be stated that he was a florid, healthy-looking man, of steady habits. At his next visit, three days later, the condition of things was satisfactory, in that there was no further tendency of the iris to bulge into the wound, nor any excess of inflammatory action. The cornea was still quite flaccid.

On the third visit, a week after the accident, the opium was suspended, the pain having quite subsided; at this time the cornea was still flaccid, but the wound in it appeared to be healing.

We need not enter into any detailed account of the events during the next month. No medicine was given; nor, excepting the precaution of keeping the eye perfectly closed, were any topical remedies employed. At the end of three weeks the wound was soundly healed, and the lymph in the pupil was, to a large extent, absorbed. The cornea was now regaining its convexity, and the strapping was laid aside.

On October 5, the following note was made: "A horizontal cicatrix extends along the middle line of the cornea, the iris is adherent to the cicatrix at parts, but not so at the upper and lower edges of the pupil, which are mobile. He can see large objects. No lymph remains in the pupil, and the lens, if present, is not opaque."

On November 3rd (three months after the accident) the eye had recovered to a most surprising degree, and the man could read minion type with ease. The cicatrix across the cornea extended from side to side, exactly in the horizontal plane, thus crossing the middle of the pupil. It occasioned, however, merely a line of opacity, the corneal structure closely adjacent to it being perfectly transparent. The iris was in contact with the cicatrix, and united to it from its circumference to the margin of the pupil on either side. Thus the pupillary edge was left free in two semicircles, one above and one below the cicatrix. Both of these moved easily under the stimulus of light.

We quote the case as an excellent instance of the reparative powers of nature when not interfered with. Had the case occurred twenty years ago, without doubt the man would have been bled and leeched, and subjected to the influence of mercury; now, however, the opinions of ophthalmic surgeons are quite changed on this matter. We hold that mercury does little in preventing the effusion of lymph after injuries; and we know also that in many cases, if things be let alone, entire rest being the only measure insisted on, that no inflammatory action beyond what is simply reparative will ensue. The change in practice applies equally to traumatic lesions, and to wounds caused by the Surgeon's knife; and in no department of Surgery do we see its advantages more frequently or more forcibly exemplified than in that which concerns the eye. Of course, if, after the extraction of a cataract, or an accidental wound of the cornea, inflammation should set in, the prompt application of leeches will be of great importance. A large majority of such cases will, however, if the part be kept carefully quiet, if a good nutritious diet be allowed, and the patient avoid any irregular use of stimulants, do perfectly well. If either local or general depletion be resorted to

without absolute necessity, by tending to enfeeble the patient, they undoubtedly increase the risk of destructive inflammation; the weak and the debilitated are emphatically those most liable to such attacks. In the above case, in which the result was as perfect as anything could have been, the patient was a florid, well-fed man, from whom, if it had been necessary, no one would have feared to abstract blood.

The plan of treatment which the case illustrates is the one always followed out at this Hospital, the closure of the lids by strips of plaster being its chief feature. We have often heard those members of the staff whose experience extends over a long series of years speak most positively as to the superior results obtained by it, as compared with that formerly in vogue.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

LEICESTER GENERAL INFIRMARY.

TWO CASES ILLUSTRATING THE RECURRENCE OF MALIGNANT DISEASE, AFTER THE REMOVAL OF THE TESTIS FOR CYSTIC SARCOMA.

We published last week (see p. 458), a case in which a man whose testis had been removed for cystic sarcoma, died afterwards of the development of cancer in internal organs. We have now to add further particulars to two cases which appeared in our statistical report on this disease (see p. 287, Sept. 17), in both of which a like event followed. Cystic sarcoma when simple and uncomplicated is not usually a malignant affection, and the records of cases show that patients from whom such specimens have been removed remain well permanently. On the other hand, it has been fully recognised by Mr. Curling, our great English authority on this subject, as well as by other observers, that there is a form of cystic disease, in which the cysts contain medullary cancer. In these cases the patient's progress is generally in conformity with the usual course of malignant disease. When, therefore, we meet with instances in which the removal of testes said to be specimens of cystic disease have the sequela of cancer, we naturally suspect that the original tumour must have been of mixed character. In the case which we recorded last week the original tumour had, however, been most carefully examined by Dr. Ransom and Mr. Wright, with a view to the determination of this point, and with a decided conclusion, that no cancerous element existed in it. In the two following cases, our authority on this point is Dr. Sloane, the able Resident Medical Officer of the Leicester Infirmary.

Case 1 (Case 4 in previous report).—A man, aged 43, apparently in good health, was admitted, under the care of Mr. Benfield, with the account that his right testis had been enlarging for more than four years. It had now attained the size of two fists; the cord was healthy. Mr. Benfield removed the diseased gland, and the wound healed well. A gland in the groin, which was at the time of the operation somewhat enlarged, increased subsequently, and a month afterwards had attained the size of a hen's egg. The man, when he left the Infirmary, was in excellent health. Dr. Sloane reports respecting the examination of the tumour in this case, that he made a most careful one; that the tumour, which was pear-shaped, contained three cysts, the largest of which was filled with a cheese-like matter, and the two smaller with a soft pulpy substance. The cell-structures, found in the contents of the cysts, resembled under the microscope tesselated epithelium. Juice scraped from freshly-cut surfaces, as well as thin sections from the denser portions of the tumour were placed under the microscope, but in none was a characteristic cancer-cell detected.

With regard to the further progress of this case, Dr. Sloane informs us that the man lived eighteen months after the operation. As his home was fifteen miles from the Infirmary, he was not able to attend for several months previous to his death. When last seen, however, the lumbar glands were much enlarged, and there was also an indurated mass in the groin on the side from which the testis had been removed. No post-mortem was obtained, but there could be no doubt his death was from malignant disease.

Case 2.—This case is that of a healthy man, aged 47, under the care of Mr. Macaulay. The enlargement of the testis had commenced about five years before, and the gland on admission was the size of an infant's head. About four ounces of serum were drawn off from the tunica vaginalis on the day prior to the operation. The testis was excised in the usual way. The cord was tied *en masse* by a strong ligature. Before the man's removal from the operating-table, this ligature slipped, and it became necessary to lay open the inguinal canal, in order to secure the bleeding vessels. Considerable oozing from the bottom of the wound continued for about five hours after the operation. He recovered well, and left the Hospital. Dr. Sloane writes that he has not preserved any further notes respecting the examination of the tumour, beyond the fact, that it was "an example of cystic sarcoma." The man only lived for about a year after the operation, and died from the development of malignant disease internally. Shortly before his death, a tumour developed itself over the sternum, and rapidly attained a very large size.

In both these cases the patients are stated to have been in good health at the time of the operation, and since in both the duration of the disease had been protracted (four and five years respectively), it is difficult to reconcile this fact with the idea of malignancy in the primary disease. Cancer of the testis is, perhaps, the most acute of all forms of cancer, and very rapidly deteriorates the general health. At the same time it must be admitted that the tumour in the first of the two cases, since it contained only three cysts, was not a well characterised example of the disease known as cystic sarcoma. In the second case also, the very large size of the tumour is a suspicious fact. Such cases, though exceedingly instructive in themselves, ought, perhaps, not to be allowed much weight in influencing our prognosis respecting the future of patients from whom well-characterised examples of cystic sarcoma have been removed. In the latter the cysts are usually very numerous indeed, and the tumour, instead of tending to indefinite growth, usually increases in its solid parenchyma, and but rarely, we believe, attains an ultimate bulk larger than an adult fist. (a)

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 380.—The Lentil.

Sir,—Will you allow me to inquire if any of your readers can give me information or references respecting lentil-flour, with some notice of the plant, its habitat, and in what it differs from other leguminous plants in the chemistry of its fruit? Also reference to the use of protein as a remedial agent, and the readiest and cheapest method of procuring it sufficiently pure for this purpose. Nickel has been used in medicine. Which salt? What is the dose, the indications of its use, and the effect obtained? Can anyone give me references to any experiments on the transplantation of the cornea in animals?—I am, &c. Hebetudo.

No. 381.—Curiosities of French Medical Literature.

Sir,—Permit me a query. Why cannot a Frenchman copy an Englishman's name correctly? There is something really strange in the fact: that our French friends insist now, as they have always insisted, in rarely giving us one true cognomens. Can any of your readers give an explanation of this psychological obliquity? We rarely ever find an Englishman miswrite the name of a Frenchman, and for this reason we think the queer figures French authors make us cut hardly fair. A page of a journal—*L'Union Médicale*—lies before me, from which I learn that M. Lefort, Aide d'Anatomy of the Faculty of Medicine of Paris, places upon the Bureau of the Society of Chirurgery of Paris, a voluminous memoir on resection of the knee. He contents himself, however, with reading a *résumé* of the same—a piece of modesty which, by the way, might occasionally be usefully practised in some of our own learned Societies. Running my

(a) For an interesting case with remarks respecting this process of solidification of cystic sarcoma of the testis, see *Medical Times and Gazette* August 7, 1852, page 139.

eye down this page of *résumé*, I find the names of my blessed departed countrymen thus handled. *William* Wright took off five and a-half inches (in 1738) from the femur of a boy called Herd Ramsden. In 1739 Benjamin Gooch, assistant to Dr. *Amyas*, of Norwich, did something of a like kind. In 1760 *Waisman de Shispton* (*Angleterre*) cut away some of a humerus. In 1762 *Pelkin*, Surgeon of *Nortorich en Cheslire*, first commenced resecting manœuvres on the knee, and then Bent, of Newcastle, and *Owed* in 1778 renewed attempts on the shoulder. *Owed*, however, in 1773, was the first honourable resector of the wrist. And in 1782 Moreau did a great thing without knowing it had already been done in England, three years before the translation of *Parck's* memoir appeared in France. Lastly turns up M. Jones de *Gersey*. A little further on I hesitate, for I may be in error, if I surmise that M. *Euchsen* means Mr. Erichsen. I think, sir, you will agree with me that there is something queer in the typographical bumps of men, who slaughter our countrymen's names in such a fashion. W. O. M.

No. 382—Mr. Sentiman's Cure for the Ague.

"The Princess Anne, finding her son afflicted with the ague in 1694, sent for Mr. Sentiman, an Apothecary, and required him 'to give her a prescription approved of by her uncle, Charles II.;' for, her Royal Highness said, 'it cured every kind of ague.' Mr. Sentiman had the recipe for the nostrum, which was a mixture of brandy and saffron. It made the poor child excessively ill, but did not cure him."—*Queens of England.*

No. 383.—Houses of Famous Doctors.

At No. 142, Cheapside, Sir Richard Blackmore, the poet, once carried on the profession of a Physician. Linacre lived on the site of No. 5, Knightrider-street, Doctors'-commons—the house was bequeathed by him to the College of Physicians. Dr. Arbuthnot lived in Dover-street, Piccadilly, second door, west side. Dr. Mead, at No. 49, Great Ormond-street. Dr. Jenner, at No. 14, Hertford-street, May-fair. Dr. Baillie died at 25, Cavendish-square; and Mr. Abernethy, at 14, Bedford-row.

No. 384.—Harvey's Portrait.

In a late number of your valuable publication a correspondent, "W." writes, respecting an engraving of the portrait of Harvey, from the painting formerly possessed by Dr. Mead. I should be greatly obliged by your correspondent informing me whether he considers this painting more eligible than that in the possession of the College of Physicians, more likely to be well received as an engraving by those to whom a portrait of Harvey would be a work of interest.—I am, &c.

The Engraver of the Modern Composition.

No. 385.—London and its Quacks a Century Ago.

"The great success of quacks in England," wrote Adam Smith in 1774, "has been altogether owing to the real quackery of the regular Physicians. Our regular Physicians in Scotland have little quackery, and no quack, accordingly, has ever made his fortune among us." And a few years earlier, in 1762, Dr. Fordyce speaks thus of the Profession in London: "There is nothing new here either in physic or chemistry; in physics we are all quacks; and some particular treatment of our own, which nothing would make us alter, does everything in every case (warm water and bleeding for ever). You cannot imagine the number of alchemists we have in London. One Gardner, a silversmith, whose business was worth to him £1500 a-year, has lately been ruined by it, and a great many others. I believe there is a scheme of making a Medical School in London after the peace."—*Letter to Dr. Cullen.* [Adam Smith forgot to mention that his countrymen's poverty was a reason why they did not indulge in the luxury of quackery.]

No. 386.—Portrait of Dr. Lock.

"In the *Times* of July 29, there appeared a notice of Lord Northwick's sale of pictures, wherein Lot 232 was described as follows:—'Hogarth; Dr. Lock, the founder of the Lock Hospital, a plan of which he holds in his hand. The celebrated picture came into possession of the late noble owner from the collection of Sir John Thorold.' Now Mr. Peter Cunningham, in his excellent 'Handbook of London' (*voce* Lock Hospital) tells us that 'the Loke or Lock in Kent-street, in Southwark (from which the present Hospital derives its name), was a lazar-house from a very early period,' etc. Other writers give the same account. Is it possible that within a century the name of a founder of a public Hospital has become mythical? or are we to look upon Dr. Lock as a merely imaginary personage, and this picture, by Hogarth, accurately authenticated, as possessing the same degree of historical value as might be assigned to an original portrait of Mrs. Harris?"—*Athenæum.*

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Medical Times & Gazette.

SATURDAY, NOVEMBER 12.

MANLY VIGOUR AND SILENT FRIENDS.

We have often had occasion to illustrate the ingenious methods, adopted by the Manly Vigour and such-like quacks, of relieving their victims both of their present and their prospective cash. It is easy to understand how young men are led to give "post-obits" for the sake of present enjoyments; but that they should be brought to sacrifice the means of existence in the future, for the sake of removing evils which have no existence except in their own imagination, appears to us to be an incomprehensible refinement in the art of folly. The advertising quacks of the "Manly Vigour" School must have the merit of suggesting the invention to the unwary of the rising generation. The facts which our Law Courts occasionally disclose, and the still more numerous facts which come to the professional ear, sufficiently prove how successfully these gentry lay their plans. They know, and they act upon the knowledge, that there are men who will willingly sacrifice all their means to ward off the fear of impotency; and who consider no sacrifice too great, if they can thereby ensure their complete purgation from the dreaded ravages of syphilis. The motto of the fraternity is,—"The patient's infirmity is the quack's opportunity." And this is the only explanation that can be given of the many cases of swindling which are daily perpetrated under the guise of philanthropy. One knows not, in considering them, which most to admire and wonder at,—the supreme credulity and blindness of the duped, or the audacity and transparent roguery of the duper. It is not improbable that the gains of these pseudo-Medical sharpers exceed that obtained through the machinations of all the other numerous quackery-mongers of the metropolis; which is saying that the gains are enormous. The law is impotent for their annihilation; and still permits them to ply their unhallowed trade with impunity. The press lends itself most largely to the furtherance of their designs. There is therefore nothing left to the Medical Journalist, in the present state of things, but to guard the timid and unwary youth against their toils. It certainly is no great credit to the public journals of this country, which set themselves up as the arbitrators of right and wrong, and as patterns of virtue and uprightness, that they should be mainly and pre-eminently the means through which this enormous system of swindling and villany is furthered and promoted. If there were no advertising and puffing of the wares and the false doings of these men, there would be no catching of the dupes. The

guardians of the public morals—the Press—are they who profit most, next to the quacks, out of the proceeds of all this foul and dirty work! It is actually a fact, that many journals owe their very existence to the proceeds of these disgraceful advertisements. They actually live and breathe through the insertion in their columns of filth which no decent man would allow to be read in his house. We can only raise up our hands in wonder at the amount of dirt which men will swallow for the sake of money, and of degradation which they will undergo.

In all shapes and forms Quackery encircles the youth of this country—advertises itself to his notice. A most insidious specimen of this kind has just been put into our hands, and we think it worthy of special notice. The author of the following note addresses himself thus to each Freshman of the University of Cambridge (doubtless of Oxford too):—

"Dear Sir,—If the book to which the accompanying notice refers treats on matters indifferent to you, I pray your pardon for directing your attention to it: if, unfortunately, you have a special interest in the subject, perhaps you will not censure me for having done so. "I am, yours faithfully,

"T. H. Y."

Dr. Yeoman, M.D. Glasgow, residing in Lloyd-square, London, is the author of the above interesting invitation. What the nature of the book is to which he refers we need hardly tell our readers. It of course treats of "*Debility and Irritability, Mental and Physical, induced by Spermatorrhœa;*" etc. etc. Fifth Edition. Price, 2s.; by post (only from the Author), twenty-six postage-stamps.

In the notice thus forwarded to each said Freshman, the Freshman is told how the Doctor first became learned in this decent department of his trade. In 1829—thirty years ago—

"A valued friend and fellow-student made me the confidant of his sorrow and its cause, and I became the medium of communication between him and one of our most esteemed teachers at the Medical School of the London Hospital."

This will show the *length* of his knowledge on the subject; the *breadth* of it may be gathered from his extended fields of observation, *hic et ubique*, in Paris, Glasgow, Spain, and North and South America. But even thus armed with a world-wide knowledge of varieties of spermatorrhœa, the Doctor hesitated in proclaiming his knowledge before the face of a critical Profession.

"In consequence of sordid and vile pretenders having claimed generative arrangements a *specialité* for their unholy enrichment; in consequence of many of our best and most able practitioners having ignored Spermatorrhœa as a special and direct cause of much mental and bodily ailment,—it required some moral courage for a qualified physician and a gentleman to advance before his brethren, and front the ignorant extorting creatures who injure and dupe a too credulous community. To interfere with and interrupt their dirty work was at one time considered a sure way of soiling yourself. That such is not, in fact, the case, the fourth edition of this work testifies."

His success is evidently his justification. And now in a fifth edition he feels compelled, through the impulses of gushing love towards his younger male species, to rush to their rescue from the hands of sordid and vile pretenders; to open to the afflicted ones a parental refuge of advice; and to suggest to the yet untainted a ready prospective cure for their future possible evils. He is "pained," as he says, "to find so much self-caused misery existing among our fellow-creatures, and so much ignorance and extortion practised by the vampires who pollute the newspapers of the day with their disgusting," etc. And then to prevent any possible mistake as to his own position, he tells the fresh youth what a high man he is:—"My professional reputation renders it unnecessary—had I the vain desire—to descant on the success of my practice; but I must be permitted to add, that each day's experience confirms the value of the treatment detailed in the following pages."

We have not noticed this pretty little specimen of professional business for the sake of amusing or astonishing our readers, but purely to warn those of our brethren who may be unaware of it, of the fact, in order that they may exert their influence in frustrating the works of this valiant yeoman of Medicine. Here is, indeed, the sublimity of puffing! The injury which is thereby done to nervous youths will be readily appreciated by men of Medicine. As will be seen by reference to the notice, a most abominable insinuation is suggested to the mind of every young fellow who goes to Cambridge, and no doubt many a one who has never had a day's illness in his life, is in consequence, led to reflect upon some thing which may have at one time or other occurred to him, and becoming frightened, has fallen into the hands of gentry of the species here indicated. And all this, too, done under the guise of the highest professional repute and position! A slap in the face given right and left to the "sordid and vile pretenders;" and exclamations of pity for a "too credulous community!"

POOR-LAW MEDICAL DEPARTMENT IN IRELAND.

Our attention has been called to certain proposed retrenchments in the Medical Department of the Irish Poor-Law system. In the late Annual Report of the Irish Poor-Law Commissioners, a section will be found on "Amendments of the Poor-Law and Medical Charities Acts," in which it is proposed to abolish the present staff of Medical Inspectors; this is conveyed insidiously enough in the recommendation that the Medical Inspectors, under the Medical Charities Act, be authorised to act under the Poor-Law Acts also. But the import of the change intended is best seen by reference to the letter of the Commissioners to the Chief Secretary in November, 1857, in which they observe that "a separate staff of Inspectors specially charged with the duties under the Medical Charities Act is not necessary," and "that one Medical Inspector would appear to be sufficient to meet the exigencies arising under the Medical Charities and the Poor-Law Acts unless when cholera or other epidemics may break out, when special temporary services may be readily obtained."

Now, the *gist* of all this, it cannot but be seen, is the ultimate abolition of some four Medical posts of great responsibility and practical importance, with emoluments of about £500 a-year each; all opposition to be apprehended from the present occupiers of these offices to be silenced by merely altering their duties from those of Medical to those of general Poor-Law Inspection. No more insidious policy could be well imagined, or one more likely to impose for the time on the uninformed credulity of the authorities of the State, or to pass unnoticed by the heedless indifference of the Profession to all attempts made upon its interests that are not of a glaringly aggressive character.

That there may be no doubt as to the intentions of the Commissioners, we may state that it appears that, in anticipation of their recommendation of 1857 becoming law, provision was made in their estimate for the salary of one Medical Inspector only.

There are several reasons for which we object to the retrenchments here proposed. In the first place, and we state it broadly and without hesitation, the prizes in the Medical Profession, furnished by places of even moderately respectable emolument, like those in question, are too few already, and we will not consent to their diminution. In the next place, we deny the premises of the Commissioners, that the services of Medical Inspectors are no longer practically found requisite. *Prima facie*, 163 workhouses, and 776 Dispensary establishments, present material for perpetual inspection by competent Medical authority, which it is simply impossible for one Medical man to accomplish, even if he travelled without intermission the whole year round. As for inspection of

Workhouse Infirmaries and Dispensaries by *laymen*, it cannot but be, under any circumstances, an utter sham. But for more cogent reasons still we must resist any attempt to reduce the number of Irish Medical Poor-Law Inspectors. Is the state of the all-important subject of Vaccination in Ireland such that no increased vigilance is required on the part of the Poor-Law authorities? We know on good evidence that it is not; and that work for even more than four Inspectors lies undone in this direction. Perhaps it is because the Poor-Law Commissioners, instead of taking large and enlightened views of their duties, and using the abilities of the able Medical Inspectors under their control in furthering these and other questions of a hygienic, sanitary, and preventive nature, are puzzling their brains with crabbed calculations how they may reduce their estimates, and this at a time when such narrow notions are but little encouraged in any department.

We trust that our Irish brethren will make a manful and united resistance to this insidious invasion of Professional rights and emoluments. They may calculate on our cordial sympathy and co-operation.

THE WEEK.

Considerable discussion has been excited, as our readers are aware, as to the future continuance or modification of the *British Medical Journal*. At a late meeting of the Rochester, Maidstone, Gravesend, and Dartford District Meetings, a conversation took place upon the discussion which has lately occurred in reference to the Journal, when it was proposed by Mr. Fry, seconded by Dr. Martin, and resolved *nem. con.*—

"That this meeting desires to express its high value for the *British Medical Journal* as the organ of the Association; and that it would see with regret any change which would either diminish the size or the frequency of publication of the Journal."

Sir Henry Cooper, of Hull, probably represents a more general feeling in the Association in the following letter. He says:—

"Our Society has been formed on the model of, and (with special adaptation to Professional objects) is similar in its objects to, the British Association for the Advancement of Science. This Society has no Journal; its funds are expended in grants for conducting scientific inquiries and observations, and in furthering the ends of science socially and politically. The American Medical Association—a strictly kindred society to our own—follows the same system; and both publish their results in an annual volume of 'Transactions,' the value of which is undeniable. I need scarcely suggest in how many ways pecuniary assistance from the funds of our Association would assist the progress of Medical Science, and add to our political force and social status. This branch of the subject is capable of great development, but I forbear to enter on it now.

"Practically speaking, it must be admitted that we expend our available income upon the Journal. On an average of years, the net income has not materially exceeded the cost of producing it. Is it wise to expend our strength on the vehicle, and, in so doing, debar ourselves from producing, in its best possible form, the material which it is to convey? Would it not be better policy to divide our resources; to expend part on securing valuable and reliable matter, and part in circulating it among our members? The converse of the present system should then be adopted. Instead of begging for contributions to supply a stated demand for publication, we should publish as often as materials of sufficient interest and value were collected; and the interval required for this purpose would soon be determined.

"In short, I would advocate such an issue of the Journal as would diminish its cost one-half; and I would expend the balance in the manner above indicated, and in the occasional issue of a volume of 'Transactions.'

"I think it would be well that this question, being now well considered, should be brought prominently before the Branch meetings which immediately precede the annual meeting, so that the feeling of every section of the Association should be represented there."

We some time since called attention to the startling assertions made by Professor Liebig in his little work last published on Agriculture. According to his views—and, we confess, quite in accordance with the reason of the thing,—all Europe is preparing for a great calamity, by the determined manner in which we engulph and waste our manure. Things may go on smoothly enough for a time, the Professor tells us, so long as guano comes freely to us; but the supply of that article is limited, and will one day cease, and then we shall find to our cost what reckless spendthrifts we have been. Ancient Rome, he cries out, cast all the riches of the Campagna into the Tiber through its mighty sewers, and having drained Sicily and Africa in a like way, at last fell through want of corn. We are glad to see that the advanced agriculturist Mr. Mechi endorses the sentiments of Liebig; and comes forward in defence of cesspools. Our readers will see the sort of figure at which he puts the annual value of our wasted manure:—

"At the meeting of the Braintree Agricultural Society, Alderman Mechi remarked that Boards of Health were being established throughout the country, and they were excellent sanitary arrangements so far as concerned the general health; but they might depend upon it they were having an evil influence as to the furnishing of the British stomach, and the doing away of all cesspools deprived agriculture of an important manuring resource. He did not think he could illustrate it better than by comparing the loss of the sewage of the 15,000,000 inhabitants living in towns to feeding 15,000,000 sheep, and throwing all their manure into the nearest river. The farmers said they were producing more corn than they used to do, but he was not prepared to admit that. Mr. Caird, in his book, a few years ago, told them that Arthur Young estimated the amount of wheat grown in England in 1770 at 2,000,000 quarters more than we now produced, for they must bear in mind that we were now importing 10,000,000 quarters of corn annually."

Flogging in the Army is still reported as an operation going on at Woolwich and elsewhere. An excellent specimen of its benefit is shown by the case of a man who has lately been subjected to the disgraceful torture. It is thus reported:—

"The artilleryman, William Davis, recently flogged at Woolwich Garrison, and whose case evoked a large amount of public sympathy, on account of the peculiar cruelty of the punishment, deserted from the regiment a few days after his release from hospital, and has not since been heard of. Before leaving Woolwich he stated that he had such a dread of the lash that he would sooner be shot than remain a soldier. Every kindness and attention was paid to the man after he left the hospital; and, in consideration of the unhealed state of his back, he was ordered to be relieved from drill. It is believed that no steps will be taken for his apprehension."

With the approach of another Parliamentary Session, Mr. Griffin renews his exertions in favour of Poor-Law Medical Reform. He has prepared the "Draft of an Act for the Better Regulation of Medical Relief to the Poorer Classes in England and Wales, an Amendment of the Vaccination Acts, and other Measures of a Medical character for the welfare of the people." This draft is altered and amended in accordance with the suggestions offered to Mr. Griffin from various quarters; and he now believes that he has reconciled many conflicting views, by throwing out some objectionable clauses in his former draft, and by introducing some new and important features. As it is not certain that the present President of the Poor-Law Board will fulfil the promise made to the Poor-Law Medical officers by his predecessor, and introduce into Parliament a measure of reform, Mr. Griffin proposes that some independent member should be prevailed upon to take

up the subject in the House of Commons. Hitherto the oracles of Whitehall have given only evasive responses to the pertinacious inquiries of Mr. Griffin as to their intentions in the ensuing Session, and indeed they appear to have done little more than to acknowledge the receipt of his communications —a duty which they never omit to perform with the greatest punctuality. Hence, Mr. Griffin very properly urges that the Medical officers, by their union and determination, must exercise a gentle pressure upon the timid and reluctant officials, and thus induce them to arouse from the apathy into which they have apparently allowed themselves lately to relapse. Mr. Griffin thinks it unadvisable to call the Union Medical officers together, in consequence of the expense which would attend such a course; but he invites their renewed attention to the subject of Poor-Law Medical Reform by sending the Draft Act to such as are subscribers to the Association or have been elected since January, 1858. He regrets that he cannot send a copy to all, but he does not feel himself justified in incurring a further outlay upon those who have hitherto rendered no pecuniary or other assistance to the cause. It is further stated that for some months past, very few subscriptions have been received, and the printing and postage of the Draft Bill will entirely exhaust the resources of the Association; the Poor-Law Medical Officers and the Profession generally, are therefore, earnestly entreated to render their aid in order to carry on the agitation with vigour and success. "No one," says Mr. Griffin in his circular letter, "denies the justice of our complaints; but Parliament requires us to prove our case; we must, therefore, again and again if needs be, publish our grievances, and send a copy of our proposed Bill to each Member of Parliament, with a commentary on it—which cannot be done without money; a few shillings from each Union Medical Officer is all that is required." The aim and object of the agitation is to increase and equalise the Poor-Law salaries, and to elevate the position of the Medical Officers in the opinion of the world, by which means collateral benefits will be conferred upon the sick poor, and ultimately upon the ratepayers themselves.

In our number of the 29th ult., we called attention to the extraordinary proceedings of a person who appears to be usurping the name of Mr. Colston, a Member of the College of Surgeons of England, for the purpose of puffing himself off as a curer of deafness in all its stages. During the past week, we have received a communication from a correspondent in the country, inclosing a manuscript letter, purporting to be written by the same individual to a gentleman afflicted with deafness. This person signs himself "S. Colston, M.R.C.S.E.," and dates from No. 6, Leicester-place, Leicester-square, London, the name and designation being almost identical with those of Mr. Henry Samuel Colston, whom we know to be a member of our Profession. This letter laments, in a pathetic manner, the sufferings of the many victims to deafness, and the merciless manner in which they are plundered by parties described as "London Aurists and Advertising Pretenders." This expression of tenderness is somewhat extraordinary, as the writer professes to be an aurist himself, residing in London, and, as we have previously shown, advertises very largely, and publishes printed lists of persons who have been cured by his wonderful remedies. "I can assure you," continues the writer, "I can readily sympathise with the afflicted, and feel proud I am in possession of means to effect speedy cures, and in inveterate cases such relief that places sufferers in a position not to have occasion again to apply to any of these pretended aurists." It is then announced that the expense of the remedies and attendance will be £2 3s., and that all the medicines will be forwarded with full instructions. It must be observed that hitherto the writer alludes to the "remedies," but in the next sentence he feels happy in stating his complete confidence in "its" efficacy; so that we are left in doubt whether he is in possession of some one invaluable elixir for the cure of deafness, or whether he calls in the art of polypharmacy to his aid. We may parenthetically mention, that we once had occasion to examine some of the remedies sent by this same party, and found them to consist of a packet of lint and a little olive-oil, together with some common blistering ointment, and a few powders, apparently consisting of cream of tartar. However this may be, it appears that these appliances are very expensive, and are obtained only with great difficulty; for, says the writer, "I am daily incurring great expenses in procuring the *remedies* from abroad and preserving *them* in the natural state also in giving publicity to *this important discovery* all of which make the expenses about £35 a-week indeed I would not continue to administer this relief to deaf sufferers unless I was assisted by some of the most influential men in London the small charge named is only to cover the expense *it* will cost me and my professional attendance to the case," etc. This confusion of the singular and plural, the want of punctuation, and indeed the whole style of this extraordinary epistle, cannot fail to excite surprise, and perhaps amusement. The letter is exactly like that of an ignorant and unprincipled empiric, and we cannot believe that Mr. Henry Samuel Colston, M.R.C.S.E., had any hand in its composition. We again express our opinion that he ought to denounce the impostor who is making such an unjustifiable use of his name.

A German Military Surgeon, after explaining in the *Wiener Wochenschrift* the immense labours of himself and colleagues after the slaughter of Solferino, adds:—"I hope that at last authority will consider us, and ameliorate our position. Four Physicians in Chief are spoken of, one for each army. The number of *Médecins-majors* ought also to be increased, and the position of the Assistant-Surgeons improved, giving them the rank of Lieutenant. The Surgeon ought at once to become Commandant in rank; and the head of the whole body should have the position of Field-Marshal." From this it would appear that the German Military Doctor, as well as the French, has got his griefs.

The following extracts from a long correspondence, speak for themselves. The subject is one of the utmost importance.

"To the President, Vice-Presidents, and Council of the Royal College of Surgeons of England.—We, the undersigned, being Members of the Royal College of Surgeons of England, resident and practising in the Dudley district, having learned that Mr. George Horton and Mr. Richard Mercdeth, who are now officiating in this district—the former as an Assistant, and the latter as a Druggist—are about presenting themselves for examination for the Membership of the College, beg most respectfully to represent to your learned Council, that neither of those gentlemen having passed through any portion of the Curriculum of Study which the Council prescribe, their admission would be a manifest injustice to us, and all other Members of the Profession, who have, with more or less sacrifice, laboured through the course of probation hitherto demanded by your regulations.

"Dudley, October 14, 1859.

" James Fisher.	Henry Walker.
" Samuel Day Fereday.	John Greene.
" Daniel Timmins.	Herbert Eady Proctor.
" Thomas Cochrane.	Samuel Woodall.
" William Powell.	William C. Garman.
" David Johnson.	William Synes.

" Charles A. I. Thompson."

"I regret to say this petition has never received any reply. Now it is quite clear that one of the gentlemen named therein (from his own testimony) had an interview with either the President or Vice-President of the College, on or about the 20th of October, in reference to his admission, and he was

then informed by them or the Secretary that he could not be admitted until the petition which they had received, and which was numerously and respectably signed, had been presented to the Council. This appears to have been done; but the result is that, since its presentation, that gentleman has received his diploma, and is pronounced 'fit and capable to exercise the art and science of Surgery,' *without his ever having attended a single course of Lectures or Hospital Practice.* For, and on behalf of, the members who signed this requisition, may I ask if this procedure is fair? Is it just? If so, then let the privilege be at once made general and extended to the as-well-deserving hundreds, who no doubt would willingly afford the *fee*, and which would appear to be the only and real value which the College authorities now take into consideration for their diploma.

"I am, &c., Yours truly,

"M.R.C.S. (by examination) in Anatomy, Physiology, and Surgery.

"P.S. I enclose my card.

"Dudley, November 7, 1859."

The Council of the College *must* give some explanation as to this statement.

REVIEWS.

A Practical Account of General Paralysis, its Mental and Physical Symptoms, Statistics, Causes, Seat, and Treatment. By Thomas J. Austin, M.R.C.S. Eng., lately Medical Officer at Bethnal-house Asylum. Pp. 225. London: 1859.

The general paralysis of the insane, although well known to the Medical officers of Lunatic Asylums, and well described in the works of several Continental Physicians, is too little understood in this country, and its features, especially those of its early stages, are often mistaken. Essentially a most formidable and fatal disease, its early recognition is of the utmost importance in forming a prognosis in the case of insane patients, whose chance of recovery will very materially be influenced by the presence or absence of this terrible complication. Hence any contribution to the literature of general paralysis must be acceptable to the Profession, although, as we have just mentioned, the disease has already been exceedingly well described by some foreign psychologists. Mr. Austin, however, does not avail himself of the labours of his predecessors, nor does his work give any indication that he has derived his information from foreign sources; but he presents us with a very able sketch of this malady, founded upon his own personal experience in the treatment of the insane.

Mr. Austin divides the disease into three stages, which indeed are not very distinctly separated by any well-defined boundary, but pass into each other by imperceptible gradations. The first stage is that which is most difficult of recognition, being often overlooked by the friends of the patient, and even by his Medical attendant, and it may be said to continue until the full establishment of the symptoms. The second stage extends from the development of the disease until the period when all the faculties of the mind give way, and dementia succeeds. The third and last stage passes on to utter mental and bodily helplessness, until death closes the scene from the utter exhaustion of the patient. Throughout the melancholy progress of the case there may be alternations of exuberant high spirits and hypochondriacal despair, of distinctly-marked paroxysms of insane violence and of delusive lucid intervals; but the course of events is the same in the end, for the bodily and mental powers are gradually more and more impaired, until they both become a mere wreck, and nothing human, except the outward form of humanity, is left to the unhappy sufferer.

Many of the symptoms of the disease, described by Mr. Austin, and many of his opinions regarding its nature and pathology, are decidedly original; but we are not inclined to endorse all his statements, until they have been confirmed by the researches of other inquirers in the same field. Among the earliest indications, Mr. Austin lays great stress upon the condition of the iris; and he states broadly, that in all cases of general paralysis, at some period of the disease, the mobility of this structure is lessened, or its symmetry is disturbed. In the great majority of cases, this diminished mobility or damaged symmetry is permanent, although it is rarely equally evident at all times; and the pupils of the two eyes are differently affected. Mr. Austin thinks he has observed, that "when the right pupil has been the more affected, the *general* tone of the delusions has been melancholic; and with a more implicated left pupil, their *usual* complexion has been elated, and their colouring gorgeous." This statement, we think, requires confirmation, nor are we inclined to admit the following conclusions drawn from Mr. Austin's researches:—

"From the coincidence of affected right pupil with mental depression, and of affected left pupil with elation, I draw the conclusion, that the ganglia of pleasure and pain are on different sides of the encephalon. A chain of reasoning of which these facts are the premises, and the revelations of early autopsies, have led me to the further conclusions—First, that the right thalamus is the ganglion of natural painful, and the left thalamus that of healthy, pleasurable emotion; secondly, that the marked melancholic and elated mania, so characteristic of general paralysis, are the results of morbid changes respectively in the right and left thalamus; and thirdly, that disease of these great central ganglia is to be regarded as the primary physical cause of the malady, as the focus whence disorganisation or degeneracy spreads to the adjacent ganglia and commissures."—P. 188.

The fifth chapter of Mr. Austin's book extends to seventy-eight pages, and is occupied with the details of twenty-six cases, in which the symptoms during life and the appearances observed in the brain after death have been carefully noted. There can be no doubt that the safest method of arriving at correct views of the pathology of cerebral disease is by an accurate record of *post-mortem* appearances, and Mr. Austin deserves the thanks of the Profession for his labours in this direction; nevertheless, we cannot help thinking that his cases hardly warrant the conclusions which he draws. Unless in the instances of the occurrence of tumours, *ramollissement* and hæmorrhage into the brain, or of the effusion of pus or serum into that organ, the necroscopical appearances are too faintly marked, or are liable to so many fallacies that no very definite inferences can be drawn as to the connexion between supposed morbid conditions and vital manifestations. Such terms as *too small* and *too large*, *too hard* and *too soft*, and the like, are so vague that a cautious pathologist would hesitate to rank such conditions among the pathogenetic phenomena of the brain, especially since those who are acquainted with the *post-mortem* appearances in insane patients are aware that all such varying conditions are continually found in cases which during life presented the most heterogeneous or opposite symptoms. Moreover, if a pathologist will compare a given number of brains of insane patients with an equal number of brains taken from other subjects, he will often be puzzled to point out the distinguishing marks which characterise the victims of insanity.

Notwithstanding these remarks, it is a very legitimate object of inquiry to investigate the morbid appearances of general paralysis, and, if possible, to determine its seat. The researches of Mr. Austin will probably stimulate the inquiries of others in the same difficult field, and if such labours should result in the establishment of some definite principles upon the nature of a very mysterious and fatal disease, a real benefit will accrue to Medical Science.

The Natural History of the European Seas. By the late Professor Edward Forbes, F.R.S. Edited and continued by Robert Godwin Austen, F.R.S. Pp. 306. London: 1859.

The present volume is the second of a series published by Van Voorst in illustration of the Natural History of Europe. The first volume was on the vegetation of Europe, and was written by Professor Henfrey, whose recent loss the scientific world has had reason to deplore; the second, on the Natural History of the European Seas, was commenced by Professor Edward Forbes, but was interrupted by the untimely decease of that distinguished naturalist. The completion of the volume, however, has been entrusted to Mr. Godwin Austen, who was the friend and literary executor of Edward Forbes, and who has carried out the original design with great ability and success.

The natural history of the ocean was the favourite pursuit of Professor Forbes, who, whether arranging the specimens

in a museum, or in writing works illustrative of marine animals, or in dredging the waters of the European seas, was alike in an element congenial to his tastes. The consequence has been, that, in his descriptions of the inhabitants of the deep, there is a freshness, vigour, and originality, combined with scientific accuracy, which has never been surpassed by any other naturalist, and which give such a charm to his writings as to make them equally appreciated by the cursory reader and by the cultivated student. The design of the present volume is ingenious and original; and instead of a bare enumeration of genera and species, we have presented to our view an animated picture of the oceanic races, sporting in their native element, attaching themselves to certain regions, or, in the case of fishes, making extensive migrations from sea to sea; some of them, as the testaceous animals, clinging to the rocks and shores, and others floating about upon the waters, glittering by day with all the colours of the rainbow, or relieving the darkness of the night with their phosphorescent illumination.

Professor Forbes completed about half of the volume, and it is only doing justice to the present Editor to state, that the remaining portion, although somewhat differing in style, is not at all unworthy of that which precedes it.

Phthisis and the Stethoscope; or the Physical Signs of Consumption. By Richard Payne Cotton, M.D., Physician to the Hospital for Consumption and Diseases of the Chest. Second Edition. Pp. 80. London: 1859.

In this little work, which—although called a second edition—is in reality entirely re-written, the author seems to have discovered the art of writing concisely, yet sufficiently, for the information of the Medical Practitioner; and he has reached the point of usefulness without running into prolixity. Dr. Cotton does not profess to give a manual of physical diagnosis; he merely arranges and explains the successive pulmonary phenomena accompanying the different stages of phthisis. He studiously avoids theoretical discussion, and simply records facts, without staying to speculate upon them. In the first chapter we find some useful information upon the general conformation of the tubercular thorax, and we are informed that a misshapen or deformed chest is far from a common occurrence in the wards of the Consumption Hospital. Upon the subject of Percussion we notice some practical and novel views, the author regarding this mode of exploration as a less important part of diagnosis than is commonly supposed. Bronchophony also is similarly estimated, and plain reasons are given for the opinions expressed.

This book being rich in practical remarks, and free from stethoscopic refinements, cannot fail to be useful both to the Student and the Practitioner of Medicine.

Another triple birth is recorded as occurring recently at Sheerness; and has been noted by a Royal Bounty of 3*l.* to the prolific parent.

Small-Pox in Marylebone.—Mr. Wilson, the Registrar of St. John, Marylebone, who registered a death from small-pox last week at 47, Princes-street, thus writes:—"About six weeks ago a gardener living at 48, Princes-street, Portman-market, was attacked by small-pox of a severe character, but recovered. The disease spread, and on the 29th of September the daughter of a railway porter, aged 8 years, on the 5th of October, the son of the same railway porter, aged 16 months, and on the 10th of October, the son of a journeyman plumber, aged 18 months died of it, all in the same house (No. 48). It then appeared in the next house (No. 47), where the child of a journeyman bricklayer, who was attacked on the 13th of October, died on the 25th of October, and the father of the same child, who is out of work from the present strike in the building trade, was taken ill of the small-pox on the 18th and is still under the attack. It will thus be seen that in rather less than a month small-pox of a virulent character attacked six persons in two adjoining houses, of whom the four children died. Some other cases, although not of a fatal character, have appeared in another part of my sub-district. It should be added that some of the children whose deaths are recorded had been very imperfectly vaccinated, some not at all, and others only after the appearance of the epidemic."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON SOME OF THE ACCIDENTS PRODUCED BY THE DEVELOPMENT OF THE WISDOM-TEETH.

By M. ROBERT.

The four last molars, vulgarly termed "wisdom-teeth," frequently cause, by reason of their slow development, various accidents which the treatises on Surgery pass by almost without notice. An interesting and useful monograph might be written upon the subject.

These teeth are short and broad, and have short and straight fangs. They seem to remain behind the others, both in regard to their dimensions and the period of their apparition; so that at first sight, these teeth, which seem to have, so to say, undergone a commencing atrophy, might be expected to make their appearance without inducing irritation. But there are various circumstances which may render this difficult or even dangerous. Thus, it often happens that at the period of the evolution of the large molar it is found to have undergone deviation. As it is always cut at a late period, the other teeth, situated in front, compress its follicle, and distort and thrust back its alveolus. The tooth is thus often found deviating in front or behind, within or outwards. So great is the deviation that the alveolus is occasionally found hollowed out in the ramus of the jaw, the tooth having undergone such a reversion that its crown abuts directly against that of the second great molar. It is easy to see that the eccentric movement executed by the wisdom-tooth at the moment of its evolution, may become, as regards the neighbouring teeth, the jaw, mouth, gums, or even itself, the source of various more or less serious accidents, such as osteitis, periostitis, necrosis, inflammation of the soft parts, etc. This will be easily understood, if we consider the enormous power exerted by the tooth, the effects of which cannot be better compared than to those exerted by water, which, infiltrated into the crevices of rocks, violently separates their fragments, on expanding during congelation.

To these accidents of an inflammatory nature, must be added another, which is hardly ever absent, and which often exists alone during a variable period, viz., the pains that sometimes last for months or years, and depend solely upon the development of the wisdom-tooth. This persistent pain is a nearly certain sign of chronic inflammation caused by obstructed evolution; but sometimes this phlegmasia, under the influence of some slight appreciable cause, or sometimes without any appreciable cause at all, may become transformed into acute inflammation, giving rise to various serious affections of the hard or soft parts as necrosis, periostitis, abscess, etc. Abscess may form either at the exterior of the jaw, or towards the mouth, whence the pus detaching the muscles and aponeuroses, may descend to the neck. In a case of Bérard's, the pus of an abscess which had formed in the mouth, descended to the subclavicular region, constituting a true migratory abscess, from the effects of which the patient succumbed. Sometimes it is on the side of the throat that the inflammatory symptoms are manifested, and then the enlarged tonsils may have to be excised. In other other cases it is towards the velum or the uvula that the inflammation is directed. Thus, an instance occurred to the author in which this was the case, and the hypertrophied uvula, hanging upon the base of the tongue, gave rise to anorexia and vomiting, and other symptoms, which during several months gave rise to the belief in an affection of the stomach. They arose, however, from the inflammation excited by evolution of a wisdom-tooth; and when analogous symptoms are present, at an age in which such evolution takes place, its possibility should always be borne in mind.

These observations were suggested to M. Robert by the presence in his wards of three persons in whom the development of the wisdom-tooth had given rise to various accidents. One of these was a delicate youth of 22, who had suffered from severe pains in the mouth during several weeks. In the furrow between the cheek and the anterior border of the ascending ramus was a vast and very painful ulcerated surface, covered with a whitish deposit; and, lower down, the

gum behind the third molar was likewise painful and swollen. The ulceration had been caused and kept up by the swelling of the gum, which itself depended upon the development of the wisdom-tooth. It was proposed to modify the condition of the ulcer by means of fuming nitric acid, and to freely excise the gum over the tooth. In the second case, a woman, aged 22 or 23, had suffered severe pains at the angle of the jaw during two years, and had every now and then inflammation and abscess in the vicinity. The gum had been incised with temporary relief, and now, after a severe attack of inflammation had been subdued, the tooth was found to be partially through, the gum which covered the remainder being ulcerated. This was excised, and the symptoms all subsided. In the third case, a robust man, aged 32, had suffered from his mouth, at the point corresponding to the last molar, during two years. Abscess, followed by an obstinate fistulous opening, occurred: but as the fistula opened near the chin, and all the teeth were sound, even an experienced dentist had not suspected the true cause. Another dentist, recognising the nature of the case, drew the second molar, in order to give room for this new one, but without avail. The patient then came to M. Robert, who at once recognised that he had a dental fistula. These fistulæ have, in fact, their peculiarities, being slightly depressed, with the skin around them plaited or wrinkled, and when lying on the lower jaw frequently adhering to the bone. The fistula was traced back with a probe to the tooth, and the latter having been extracted, recovery soon took place.—*Gazette des Hôp.* No. 8.

HEREDITARINESS OF THE EPILEPSY INDUCED IN THE GUINEA-PIG.

By M. BROWN-SEQUARD.

One of the most interesting facts among those discovered by M. Brown-Séquard, is the production of epilepsy in the mammalia, and especially the guinea-pig, as a consequence of certain lesions of the spinal cord. He has frequently repeated these experiments, and with the same results. At a recent meeting of the Biological Society he related the results of the observations he had made during several years upon the young ones born of parents thus rendered epileptic. In some of these he has met with a very distinct epileptiform affection, with well characterised paroxysms, but differing somewhat from the epilepsy of the parents. In the latter, not only are there spontaneous paroxysms, but others may be induced at will, by irritating or pinching the skin of the face; but in the pigs which appear to derive their convulsive affection from their parents, paroxysms cannot be induced in this manner; while the form of those occurring spontaneously is not exactly the same. The animal is first seized with trembling, and then falling on its flank it agitates its limbs spasmodically. The young pigs thus affected have proceeded in about an equal number from epileptic mothers and fathers. Sometimes parents thus rendered epileptic by myelo-traumatism produce little ones, none of whom exhibit the affection, or while some do, others do not. M. Brown-Séquard has had under his observation a very large number of guinea-pigs, and while not denying the possibility of the fact, he has never seen a single animal present an analogous convulsive affection, unless it had previously undergone a lesion of the medulla, or was the offspring of a parent who had been rendered epileptic in this manner.—*Gazette Hebdomadaire*, No. 44.

Hydatid Tumours.—M. Wunderlich relates the following case:—A young man, aged 22, entered the Hospital, complaining of headache, vertigo, etc. On examination, two large tumours were discovered—one in the epigastrium, and the other in the right iliac fossa. He was feverish; his feet were œdematous; and there was albumen in his urine. The tumours gradually increased, and at length the patient died. Two days before his death he was suddenly seized with great pain in the epigastrium and intense dyspnœa. After death an hydatic vesicle was found in a branch of the right pulmonary artery. A tumour of a like nature, as large as the head of a child occupied the position of the left lobe of the liver, and communicated with the pericardium, which was highly inflamed. The liver was pressed back by the tumour, which adhered to the diaphragm and abdominal walls. There were other hydatid tumours in the spleen, in the cellular tissue beneath the peritoneum, in the omentum, under the cæcum, in the mesorectum, in the mesentery, and in the free extremity of the vermiform appendix.—*Gaz. Hebd.*

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, November 7, 1859.

The Ecole de Médecine and its precincts which usually wear so dull an aspect during the summer recess, are now beginning to resume their wonted appearance, and the entire neighbourhood seems, within the last few days, to have undergone a change. The Secretary's bureau is literally besieged with Students, inscribing themselves for the coming Session, and the examinations for degrees in medicine, which usually take place at this season of the year, are now in full operation. The *Ecole pratique* has, I observe, undergone some important and long-desired changes. The old pavilions, where the Students dissect, notorious for their filth and general inconvenience, have at length been cleaned out and reformed, and some of them made larger. The "stars" of the Profession are returning from their autumnal holidays, and in the course of a week the work of the Session will have seriously commenced. Through the kindness of M. Hardy, one of the Physicians of the Hôpital St. Louis, I had an opportunity of seeing, some weeks ago, what is not met with every day in this part of Europe,—a well-marked case of genuine Hebrew leprosy, or, as it is called by writers of the present day, "elephantiasis of the Greeks." The subject of it, a man, aged about forty, and a native of the Mauritius, is at this moment under treatment in one of the private pavilions attached to the St. Louis Hospital. The disease is confined to the face, but threatens to spread to other parts of the body. Altogether he presents a peculiarly repulsive aspect. The face generally is swollen, and the extremity of the nose, where the affection is in its most advanced stage, is a mass of rugged and unhealthy ulcers, which pour forth a sanious-looking discharge. On the cheeks are several tuberculous patches, considerably elevated and separated by fissures. These patches are irregular in form and size, and the skin covering them is in a state of comparative anæsthesia. The sensibility of the healthy tissues in their immediate vicinity is, however, slightly increased. Although M. Hardy, in common with the majority of writers on this disease, regards it as incurable, still, in the present case, the treatment, together with the hygiène to which the patient has been subjected since his admission, have to a certain extent had a salutary influence. His general health has benefited, and the local symptoms present a shade of improvement. M. Hardy does not consider the affection as contagious; in proof of which I may mention, that the patient occupies a bed in a small room where there is another individual suffering from a totally different disease.

In the male ward of M. Nonat, at La Charité, I saw lately a highly interesting case of aneurism of the arch of the aorta. The aneurismal sac formed a prominent tumour, visible at some distance, situated below the right clavicle. It was as large as a full-sized orange, its outer covering being formed of the parietes of the chest. The pressure of the sac had completely destroyed by absorption considerable portions of the two superior ribs. The pulsations of the tumour were very marked, and were synchronous with the heart's action. The subject of the disease is a locksmith, aged forty-two, and its origin is attributed by him to an unusual effort made while he was engaged in raising a very heavy weight some two years ago; since that accident, he has been from time to time affected with palpitation, giddiness, dyspnœa, and hæmoptysis. It is only nine months ago that the tumour has become visible externally. For the first part of this time it was quite globular in shape, but latterly it has become flatter, and seems now to be extending in the direction of the axilla. It is to be presumed that the aneurism must be of unusual size, as it is more than probable that all the soft and less resisting parts in its vicinity would be displaced, before it produced that amount of pressure on the bony parietes of the chest, necessary to the absorption of the ribs. The patient, for whom little could be done, was dismissed from the Hospital, after having been relieved of an attack of distressing dyspnœa and hæmoptysis, by bleeding, cupping, and the internal use of astringents.

It would appear that the Medical Staff of the French Army, during the recent campaign in Italy, while courageously discharging the duties more immediately belonging to them, had

not been inattentive to other matters bearing on the sanitary condition of the inhabitants of Lombardy. During their hurried march they had collected some thirty specimens of water, taken from the streams and rivers of the country, particularly in those districts where goître prevails. These specimens they analysed with great care on their arrival at Milan, with the view of ascertaining what influence they might have in the production of that curious affection, the causes of which have been for many years the subject of much conjecture, and concerning which so much mystery still prevails. The conclusions arrived at, and which were communicated, in the first instance, by M. Demortain, the Pharmacien-en-chef of the Army, to Marechal Vaillant, who afterwards submitted them to the Académie des Sciences, are altogether at variance with the observations made some time ago by Bouchardat. The researches of Bouchardat show that the salts of magnesia are found in abundance in the soil of all districts where goitre is endemic, and to them he is disposed to assign an important part in the production of that disease. The analysis conducted by M. Demortain and his assistants, show, on the contrary a total absence of the salts of magnesia in the water collected in those districts of Lombardy where goître, or wen, is most prevalent, as also the simultaneous absence of all muriates. In fact it was only on treating large quantities of these waters at a time with nitrate of silver and nitric acid that even a trace of a muriate could be detected. M. Gosselin, of the Hôpital Cochin, at the meeting of the Academy of Medicine on the 25th ult., read a very interesting and somewhat remarkable paper on the taxis, and especially its *forcible* and *prolonged* employment in the treatment of strangulated hernia. In this paper, after alluding to some eighty-five cases which had come under his care, thirty-five of which he had treated with considerable success by the forcible and prolonged use of the taxis, he entered into details of his mode of procedure. He commences his manœuvres by exercising on the hernial tumour gentle and moderate pressure, and if at the end of five or six minutes the reduction has not been accomplished, he increases the pressure by using both hands at the same time leaning over the patient so as to add to the pressure made by his two hands, a certain part of the weight of his body, and sometimes even causes the hands of a powerful assistant to be placed over his own. To this latter manœuvre he gives the name of "*taxis à quatre mains.*" He continues this prodigious force steadily during twenty, thirty, forty, or fifty minutes, until the hernia is reduced or until the resistance is such as at the end of this time its reduction appears impossible. He regards as of little value all the preparatory means usually recommended by authors previously to the employment of the taxis, such as warm baths, lacking the use of tobacco, enemeta, etc.; such measures he considers lead only to the loss of valuable time. He however, subjects all his patients to the anæsthetic influence of chloroform, not for the purpose of producing muscular relaxation, but to overcome their sufferings and so permit him to employ an amount of force which the cries and expressions of pain on the part of the patient might otherwise deter him from using. The conclusions arrived at by M. Gosselin, and which, I venture to say, will not be generally accepted as orthodox, are, 1st. That the forcible and prolonged use of the taxis is not so dangerous as Surgeons generally suppose, and that its utility is far greater than that usually attributed to it; and, further, that it may be had recourse to without any risk during the first seventy hours in crural and umbilical hernias. 2nd. That the treatment of strangulated hernia is essentially Surgical, and should consist in the immediate employment of the taxis when this is possible, or in an operation where prudence does not sanction the use of the taxis. Temporisation is, according to M. Gosselin, permissible only when the diagnosis is not complete, and where, for the purpose of clearing up the difficulty, it is necessary to have recourse to a purgative.

Although the opinion of M. Gosselin is, from his position and great experience as a Surgeon, entitled to very considerable respect, still I cannot help thinking that in the reduction of strangulated hernia it is an exceedingly difficult, or, I ought rather to say, an extremely thankless task to lay down any fixed rules, either in reference to the amount of force to be employed in the taxis, or as regards the length of time the manipulation should be continued. On these two points Surgeons will, and must, in each individual case judge for themselves. Besides, by tact and ability, one man will often succeed with one-half the amount of force (and consequently with less risk of doing mischief), than that required by another, who goes about his work clumsily and awkwardly. I well remember having seen an illustration of the deplorable results of the prolonged and forcible use of the taxis in the service of M. Robert some twelve months ago. The operation was performed by that distinguished Surgeon almost immediately on the admission of the patient, when the mesentery was found so much lacerated, and the gut so much injured in consequence, that a large portion of the former, together with some three or four inches of the latter, required to be cut away. M. Robert at the time expressed his conviction that the entire mischief had been the result of the injudicious and forcible employment of the taxis.

GENERAL CORRESPONDENCE.

PROPOSED REMOVAL OF ST. THOMAS'S HOSPITAL.

LETTER FROM DR. STONE.

[To the Editor of the Medical Times and Gazette.]

SIR,—An article appears in your Journal for October 29, 1859, on the subject of the probable removal of St. Thomas's Hospital to a suburban site.

It is perhaps fortunate that a question which has for some time excited considerable interest, and has been the subject of conversational discussion, should be brought to a more precise consideration through the medium of the Medical press.

It is not my intention to enter into the general arguments on either side. But the position of Medical Registrar to the Hospital enables me to speak with accuracy on certain statistical facts which seem liable to misrepresentation, and in which undetected error may vitiate the results of all consequent reasoning.

The first of these fallacies lies in a single word. The town establishment of the Hospital, "for the immediate reception of sufferers from accidents and attacks of acute disease" is proposed as *small*. Now the result of the figures which I will give leads me to fear that such an establishment could not be made small, at least in proportion to the size of the whole Hospital. For on examining the statistics of the year 1858, I find that the total number of Medical cases discharged or dying was 1953. Of these 67 need to be subtracted as "not treated," "turned out," or "leaving of their own accord" on the day of admission. There remain 1886, which underwent treatment more or less protracted. Of these 578 were from the first acute and serious in character; while 275 more were in such a state as would not have justified removal beyond the Hospital walls. Without making any further deductions from removable cases, such as would certainly have occurred from the necessity of instant surgical aid and the like, we have 1033 cases which would probably have borne removal, against 853 which would certainly have sustained injury by the process.

On the Medical side alone, therefore, the acute and urgent cases amount to 82·5 per cent. of the chronic and removable. It follows, that during the year 1858, a year not marked by any special epidemic which, like the cholera, would tend to crowd the urgent wards, very little more than half the beds on the Medical side of the Hospital could have been removed to a distance without risk of injury to the patients admitted into them.

A second error seems latent in most of the usual comparisons between mortality in large town Hospitals and corresponding Institutions in more rural districts. That there is some real difference cannot be doubted, nor that it is in favour of the country situations. But statistical comparisons of death-rates greatly exaggerate it, for the following reasons:—

1. The patients admitted into the country Institutions are in a more healthy previous vital condition, independent of the specific disease for which they seek admission; whatever intrinsic difference exists between town and country dwellers, tells doubly under the drain of serious illness; the countryman comes in with a stock of surplus health, whereas the

townsman is weighted with the accumulated depression of a life-long struggling against innumerable causes of exhaustion.

2. But a more real cause of error lies in the fact that the death-rate of Hospitals differs in kind from the same estimate in the general statistics of a district, and requires other grounds of appreciation. For Hospitals are special and exceptional places, to which ordinary rules do not apply. Their doors are practically always open to the call of disease; and as in most places the supply of beds falls far below the number of qualified applicants, it becomes necessary to reject the less acute and dangerous cases in favour of those which are acute, critical, or even moribund. Thus it comes about, that wherever a Hospital is in the greatest demand, its occupants will be the most dangerously ill, and its death-rate the highest proportionally to its admissions. A Hospital death-rate is thus not a measure of the cures performed, or of its internal healthiness, so much as of the number and intensity of cases of serious disease in its district, and of the general anxiety among the lower classes to avail themselves of its benefits. It is physically what the House of Correction is morally—the "*sentina reipublicæ*,"—and in the present state of society, the more foul its contents, the more efficiently is it doing its duty.

Indeed, largeness of death-rate, so far from being a sign of defective administration, or of bad sanitary condition in a Hospital, on the medical side at least is of quite an opposite import. This is exemplified in St. Thomas's by what are called the Clinical Wards, to which are brought at all hours, cases marked by the greatest urgency, requiring the closest attention, and affording the best school of instruction for the pupils. The death-rate in these wards is high, although it is obvious that in them more critical points of practice occur, and more real cures are brought about than can be attained in wards full of chronic disease, where the death-rate is much lower. But a far stronger evidence is found in the examination of death-rates in specific diseases. For this purpose a few have been selected from the Report for the year 1858, which I have recently had the honour of presenting to the Hospital authorities, and in which every case has been verified by personal observation of the reporter, independent and corroborative of the diagnosis appended to the bed-ticket.

From this it appears that the death-rate of typhus fever was 18·1 per cent.; in typhoid, 20·0 per cent.; in delirium tremens, 17·3 per cent.; in pneumonia, 17·0 per cent.; in diarrhœa, 16·0 per cent.; in erysipelas, 7·0 per cent.; and in poisoning cases, accidental or suicidal, 17·6 per cent. All these death-rates are very high, indeed; yet no person of any experience can deny that these are, of all others, types of disease which benefit by the accurate diagnosis, bold medication, liberal dietary, abundant stimulants, and careful nursing of a Hospital. Probably the chief medical triumphs of the year will be found among the cited instances; undoubtedly more lives have really been saved among these patients than among any other equal number. And yet the death-rates are some of the very highest of any on the register.

This seems to complete the appeal from blind figures to discriminating intellect. Abstract death-rate is evidently no fair method of testing the sanitary condition of a Hospital, whatever be its value in estimating the healthiness of a district. And it is always to be regretted that fallacious reasoning should be put forward in defence of an object which actually stands on more solid grounds, and offers some real advantages.

I am, &c.

William H. Stone, M B.
Medical Registrar to St. Thomas's Hospital.
13, Vigo-street, W.

FAMILY DOCTORS.

Letter from Mr. W. Ogle.

[To the Editor of the Medical Times and Gazette.]

Sir,—Though you advocate a measure in your leading article of October 22, which embodies principles for which I have long contended, and though you have adopted the very form that I have myself chosen for giving expression to those principles (a), yet my first feeling on coming to the close of your interesting essay is one of fear lest your words should be mistaken.

So much oftentimes depends upon a single word, and especially when that word is the keystone of the arch, that it is all-important to have a clear understanding from the commencement if any doubt is admissible as to its meaning. Without this precaution we may discover, when too late, that the boon—as we think it—which we have acquired is something very much the reverse of what we expected.

The boon you offer to the Profession is, that instead of giving advice gratis so indiscriminately at Hospitals, we should receive many of these patients on terms which are in accordance with their circumstances, and that we should stand to them in the relation of "Family Doctor."

You take it for granted, that at present it is not considered to be quite consistent with the dignity of a Physician that he should be a "Family Doctor;" and you seem rather to imply that in obedience to necessity he should give way. Forgive me if I have misunderstood you; but this doctrine of expediency is so common and so perilous, that it cannot be too jealously guarded against, nor too often exposed as a mistaken and short-sighted policy.

Customs are always worth looking at, and into. They have generally—may I not say universally?—some truth, more or less, to rest upon; and it is worse than folly to disregard the voice of past experience. There must be some good reason for the dislike on the part of the public and of the Profession to the office of "Family Doctor." It may be that we shall discover that, strictly speaking, it is not consistent with the dignity of any Professional man whatsoever to be a "Family Doctor," according to the general acceptation of the term; but that if the term be properly defined, the office, so far from being disreputable, is more honourable even than any other.

Much depends upon the meaning assigned to the word "reputable." What is it that makes a Professional act reputable or the reverse? Surely it does not altogether depend upon the amount of the commercial return—else every guinea is reputably gained; and to give advice gratis is to be guilty of a base act. Some would have it so; but morality is not so easily gauged. We know, on the contrary, that a guinea may cover a very base transaction, and that the act that was done "for nothing" may be the only one at the close of a long day which will bear to be looked at. There must be some other standard than that of gold whereby we measure Professional respectability.

It is a matter of congratulation to see on every side that a different standard is adopted, and that with reference to the particular element of a return, the *mode* of payment, and not the amount, is the point which is always held to be of most importance in our Profession.

The College of Physicians recognises this in maintaining that the fee is "an honorarium," and consistently with that view it declines to accept the right to sue for a fee. The public tacitly affirms the same by wrapping the fee in paper, and by the common feeling of awkwardness that a fee gives rise to. The anatomist discovers a "guinea muscle," because he cannot otherwise understand how his own hand can ever take a fee. There is a good reason why it is, that to receive a fee is not an unmixed pleasure, and that the giver may be actuated by the highest regard of what is due to the Profession when he feels a reluctance to offer one. This is as it ought to be; it is something more than the over-sensitiveness of a young Doctor; and it is not necessarily the close-fistedness of a selfish patient. It is strict Professional propriety, and it is matter for regret, and not of congratulation, when a man has lost *all* dislike to the guinea fee.

These remarks are true of fees in general, however small. The practice of taking small fees, or, which is doing the same thing less openly, of paying from two to ten visits for one fee, is a miserable subterfuge, and is only worth mentioning as a further proof that the dislike to the fee is more general than is commonly supposed. There is, however, danger, when the absurdity of the guinea fee as a rule is once admitted, lest it should be thought advisable to try a smaller sum. This would be a public—I say not Professional, but a public—disaster. A guinea, or more, or nothing, must be strenuously maintained; and not only maintained, but acted upon. For to say one thing, and to do another, is to be a rogue.

A hundred voices cry "Impossible!" Starving Doctors, needy patients echo and re-echo this easy solution to a

(a) See abstract of paper read at Bradford on "Professional Remuneration," given in the Medical News of the *Medical Times and Gazette*, Oct. 22.

difficulty; but clamour is not argument. The truth remains firm. Small fees do not go to the root of the matter. Small fees would lower the Profession; and, therefore, small fees would be disastrous to the public. It is the mode of payment, and not the amount, that requires modification.

The question therefore is, How can the public establish a claim upon a Professional man for Medical aid, if not by fee? There seems to be but one answer possible, namely, by making a periodical payment. Rather, I would say, a periodical agreement, for the idea of money should be kept in its subordinate position. Under ordinary circumstances a payment would of course be part of the agreement, but even then only part. Under exceptional, or extraordinary circumstances—as of charity, relationship, or other social tie—money would form no essential part, and may be altogether out of place. A periodical agreement, therefore, is the answer to the question; but, as in the case of a fee, it depends upon the terms of the agreement, whether it is reputable or not to make it. Though the amount paid be nil, yea, less than nil, the agreement may be perfectly honourable. On the other hand, it may be in the highest degree un Professional, though the money payment is considerable.

It is because the terms that accompany a periodical payment are generally so un-Professional that this office of "Family Doctor" is deservedly in disrepute. It matters not whether he receives three shillings per annum as a club Doctor, or a hundred a-year as a family Physician, it is generally considered to be not quite the thing. It is winked at, and of course the more readily the larger the sum offered. The fact, however, is undeniable that club-practice is a by-word, and that the office even of family Physician must be very highly spiced before it is considered reputable.

Thus we are on the horns of a dilemma. The rule of fees, and advice gratis (the two are inseparable), is not all that can be desired; and a salary seems to be still more objectionable. The difficulty vanishes when the attention is confined to a consideration of the necessities of the case. In every provision for the many an attempt to promise more than is necessary, ends in failure to perform that which is enough. "Efficient Medical Aid" is the necessity in this case. We are for the present only concerned with that part of the Medical aid which the Professional man supplies—viz. advice. In order to give this efficiently, it is essential that he be in the relation of a friend to his patient. Unless the terms of agreement imply this relationship, the transaction is *ipso facto* unprofessional. Now, the family doctor, according to the ordinary terms of agreement, is a servant; he may be paid well, and even treated with confidence, and ultimately he may become the friend of the family—but it would be far better to begin right, and until the wages be converted into an honorarium, and the terms themselves imply consideration as well as confidence, the post of family doctor must remain, as now, the refuge of the necessitous, but not the position of honour.

The following terms embody the principles that have been laid down:—

First.—The Agreement should be prospective; the payment, if any, should be in advance.

Second.—It should establish a claim upon Professional service only if made before a certain hour in the day.

Third.—A summons after the hour named, or at any time specifically determined by the patient, should be by fee.

I am, &c.

William Ogle.

9, Lower Belgrave-street, Nov. 2, 1859.

THE "FELL" TREATMENT OF CANCER.

Letter from Oswald Foster, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—In consequence of a remark that you would be happy to receive and arrange information relative to cases of cancer that had been subjected to the "Fell treatment," I beg to forward you the following brief outline of a case that was under the care of Dr. Fell, and reported by him, and believed by the patient and her friends (for a time) to be a successful one; but a short time served to dispel the delusion under which the poor lady and her relatives laboured.

Miss M. W., from Ireland, aged 56, discovered, in October, 1854, that she had a tumour in the left breast, for which she consulted the best Surgical authorities in Dublin, who pronounced it to be malignant. She came to London on a visit, in 1856, when she consulted Sir Benjamin Brodie, who confirmed the opinion already given, and discouraged any active measures being taken; at this time the skin had commenced to ulcerate, and she had enlarged glands in the axilla. "The great success" attending Dr. Fell's treatment of such cases did not fail to have its due influence upon the sufferer, and he was consulted by her in March or April, 1857, when every prospect of success was held out to her and her friends if she would only come and be under his treatment. She complied, and remained under Dr. Fell's care through April, May, and June, 1857; and both the poor patient and her friends have often alluded to the "torture" which she endured until the "cancer dropped out," after which the wound healed, or nearly so; the case was pronounced cured, and a report of the same no doubt placed an additional laurel in the temporary wreath of Dr. Fell's reputation. But this laurel soon withered, for in October of the same year, only four months after *the cure*, the part began to swell, the pain to increase, and by the end of the year glands above the clavicle had become enlarged, while those in the axilla had increased in size. In March, 1858, Dr. Fell renewed his treatment again, holding out a prospect of ultimate success, stating that they were enlarged tubercles, which he hoped soon to get rid of. She continued more or less under his care and treatment until early in the year 1859, by which time the disease had made such progress, that Dr. Fell seeing her constitution giving way from the misery, the great discharge, and repeated hæmorrhage, was compelled to acknowledge that he could do nothing more for her.

As soon as the weather permitted, and family arrangements could be made to receive her, she came to the house of a near relative in this neighbourhood, that she might spend the remainder of the days that she had to live in quiet, when my attention was called to her, and I do not know that I ever saw a more appalling wound or suffering case than hers, for the last two or three months of her existence. She died August 2, 1859.

I am, &c.

Hitchin, Nov. 4, 1859. Oswald Foster.

Academy of Medicine of Brussels.—M. Fallot, retiring after serving his three years as President of this body, M. Vleminkx, the Military Surgeon, has been chosen as his successor.

State of the Public Health.—"104,339 persons died in the last quarter. This number is 6079 in excess of the deaths, 98,260, in the corresponding summer quarter of last year; and the rate of mortality, 2·093 per cent., is below the average (2·138); the excess in that average being due to the epidemics of cholera. A certain number of the deaths in the quarter may be set down as natural deaths, and they would not have exceeded 73,533 if the mortality in sixty-three districts of England, by no means in unexceptionable sanitary condition, be taken as the standard. The 30,806 deaths in excess of that number are unnatural deaths, the results of causes which it is the duty of every member of the community to endeavour to remove. It is a remarkable fact that the mortality of the quarter in the small towns and the country parishes was above their average to the extent of more than one death annually out of every 1000 living. A still greater excess might have been expected in the large town districts, whereas the reverse was observed; the mortality having been at the rate of 2 in 1000 less than the average. The summer mortality in the town districts was formerly to that of the rest of the country as 26 to 18; in the last quarter it was as 23 to 19; and the difference will undoubtedly be still less considerable when all the dense districts are supplied with pure water, and with the means of returning all their refuse to the fields as manure in an innoxious state. The deaths in London during the quarter exceeded the average. The high temperature facilitated the decomposition of the impure refuse under the houses, in the streets, and in the river. Diarrhœa was unusually fatal all over the London area; scarlatina and diphtheria were epidemic. In the surrounding divisions the mortality was also above the average, as there the same diseases prevailed, with variable degrees of severity."

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 2, 1859.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

Twenty-eight gentlemen were elected into the Society, and the names of thirteen were read as Candidates for the Fellowship.

The following eminent obstetricians were proposed by the Council for election as Honorary Fellows, according to the bye-laws. They will be balloted for at the next meeting of the Society, in December—viz.: Fleetwood Churchill, M.D., Professor of Midwifery in King and Queen's College of Physicians, Dublin; James Matthews Duncan, M.D., M.A., Lecturer on Midwifery and Diseases of Women, Surgeons' Hall, Edinburgh; Alfred H. M'Clintock, M.D., Master of the Lying-in Hospital, Dublin; Archibald Hall, M.D., Professor of Midwifery, University of M'Gill College, Montreal, Canada; W. F. H. Montgomery, M.D., M.A., Late Professor of Midwifery, King and Queen's College, Ireland; James Y. Simpson, M.D., Professor of Midwifery, University of Edinburgh; Ed. C. I. von Siebold, M.D., Professor of Midwifery, Göttingen; F. W. Scanzoni, M.D., Professor of Midwifery, Wurzburg; Rudolph Virchow, M.D., Professor of Pathological Anatomy, University of Berlin; F. J. Moreau, M.D., Professor of Midwifery in the Faculty of Medicine, Paris; Paul Dubois, M.D., Professor of Clinical Midwifery in the Faculty of Medicine, Paris; Chas. D. Meigs, M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia; and Walter Channing, M.D., Professor of Midwifery in the University of Cambridge, Boston, United States.

A paper by F. W. MACKENZIE, M.D. etc. was read, entitled

NOTES OF A CASE OF CRANIOTOMY

IN WHICH DELIVERY WAS READILY EFFECTED BY TURNING AFTER PERFORATION, WHEN INSTRUMENTAL EXTRACTION WAS FOUND IMPOSSIBLE.

In this case the conjugate diameter at the brim was only two inches and three-eighths. As the woman had arrived at the full term of gestation, it was thought necessary to perforate the cranium; but all subsequent attempts at extraction by the crotchet and craniotomy forceps failed. Turning was, however, easily performed, and the child brought away. The mother died, apparently from exhaustion, a few hours afterwards. The paper concluded with the suggestion that turning should be had recourse to in all cases of craniotomy similar to the one detailed.

Some discussion followed, in which Drs. Rigby, Barnes, Hall Davis, Rogers, Tyler Smith, and Waller, and Mr. I. B. Brown, took part. It appeared to be generally thought that the plan of treatment recommended by Dr. Mackenzie was that usually followed in the present day; while Dr. Tyler Smith considered that turning would probably have succeeded, had it been at first tried, without resorting to perforation.

A paper by Dr. R. BATTEY was read on—

A NEW PRINCIPLE OF TREATMENT AND APPARATUS FOR VESICO-VAGINAL FISTULA.

The principle which the author proposes to introduce in the treatment of this affection is moderate pressure upon the approximated edges of the fistula, with the object of so condensing the tissue as to make a water-tight joint, through which it shall be impossible for the urine to flow. The apparatus is so constructed as to give a power over an obstinate fistula for its ready closure, not heretofore possessed by any of the appliances in use—a power also which may be usefully exerted for bringing down the uterus and vagina so as to render the fistula easily accessible. It is so constructed as to permit a full inspection of the edges of the fistula up to the last step of the operation, so that the operator may determine by the eye the exact co-aptation of the edges. The compress and splint are combined in a simple leaden bar, which has a row of perforations on one edge and notches on the other; by this arrangement enabling the operator to avail himself of the advantages above mentioned.

Mr. BAKER BROWN observed that the plan recommended by Dr. Battey would only apply to the simple transverse lesion, running in a straight line, and therefore could not be considered an improvement on Bozeman's button, which applied to all forms of fistula. It is notorious that these lesions are frequently very tortuous, and in such the plan just exhibited by Dr. Battey would not answer. Mr. Brown had lately invented a simple and certain mode of securing the sutures by a small bar clamp, which he exhibited to the Society. He intended shortly to place details of his plan before the Profession.

A paper by Dr. ROBERT DUNN, F.R.C.S., etc., was read

ON THE STATISTICS OF MIDWIFERY, FROM THE RECORDS OF PRIVATE PRACTICE.

In this paper was comprised a summary of the author's midwifery records for twenty years. He began by expressing his conviction that the records of private practice might be usefully and advantageously contrasted with the statistics of Lying-in Hospitals and public institutions; and that while his own experience could only be brought to bear upon the working and middle classes of society, he hoped—seeing how important was the influence which the different modes and habits of life had upon the parturient process—that other Fellows of the Society would not be wanting to supply the desiderata in relation to the other grades and ranks of social life: not only to the highest, to those living in the lap of luxury, surrounded by the elegances and enjoying all the indulgences of life, but also to the lowest, to those sunk in the depths of indigence, ignorance, and penury, and often without even the ordinary comforts of life. The author considered that what had been said of statistics in relation to medicine in general, applied with peculiar force to obstetrics in particular; for what we wanted in midwifery "were facts comparable facts, numerous facts, well observed, carefully arranged, minutely classified, and acutely analysed." From 1831 to 1850, a period of twenty years, he had registered 4049 cases of midwifery as occurring in his practice. Of these, after deducting 228 for premature births, there were 2133 male, and 1688 female children. In regard to plurality of infants, there were 2 cases of triplets and 45 of twins. He had met with 3 cases of monstrosity, one of which was worthy of notice, and had been put upon record in *The Lancet* for April 27, 1844. It was that form of monstrosity which Dr. A. G. Otto has designated *Monstrum humanum sereniforme*. He had met with one instance of the hydatidiform or vesicular mole, and several cases of cranial blood-swellings, 3 of hare-lip, 4 of cleft palate, 3 of spina bifida, and 5 of imperforate anus. In one of the last, Amussat's operation for artificial anus in the left lumbar region was attempted, but was not successful—the descending colon was found to be impervious and not larger than a crow-quill. There were 170 still-born children in all, from various causes, and in 30 cases death was attributable to the pressure of the cranial bones upon the brain in tedious and difficult labours. There were 60 instances of preternatural presentations. Of 11 cases, in which there was a prolapsus of the funis, 8 were born dead; and of these, in 3 instances the cord came down with the head, in 2 with the head and arm, in 1 with the foot, and in 2 with the shoulder. Of 25 breech presentations, 9 were still-born; and of these, 5 were putrid. There were three face presentations, 1 child dead; 11 cases face to pubes; 2 head and arm, both dead; 3 hand, and 3 footling cases. In the use of the forceps the author confessed to have had but slender experience. Impressed with the importance of the maxim, that "a meddlesome midwifery is a bad midwifery," he had always, in the absence of danger to the life of the mother, and when convinced, in his own mind, that the natural efforts would effect delivery, been content to wait, and had avoided instrumental interference. He had had ten cases of craniotomy; two proved fatal to the mothers—one from sloughing of the bladder, the other from a tumour at the neck of the womb. Once satisfied that the child was dead, he had never hesitated to have recourse, without delay, to craniotomy. The use of the stethoscope in such cases he considered of paramount importance. Of placenta prævia, six cases had occurred in his practice; three since the promulgation of Dr. Simpson's views and mode of treatment. He gave a brief narrative of two of these; one as having presented evidence to his own mind that the detached portion of the placenta, rom its appearance and condition, had afforded the channel hrough which the blood had gushed; and the other as being

an instance of the instantaneous arrest of the hæmorrhage as soon as the placenta had been entirely and completely separated from the uterus. He had met with thirty cases of adherent placenta requiring the introduction of the hand into the uterus; and four instances of the hour-glass contraction. He had witnessed two fatal cases from sheer exhaustion after delivery, where the hæmorrhage before the birth of the child had been great; and one fatal case of internal flooding. Other fatal cases of exhaustion he referred to, which were unconnected with the loss of blood. One interesting and instructive case had come under his notice, in which, while the mother lay in a state of coma from an apoplectic seizure, and the phenomena of life were reduced to a mere series of automatic movements, a fœtus of five or six months was expelled from the womb. Of twelve cases of puerperal fever which had occurred, three were acute, and terminated fatally. In one of these, the placenta had been found adherent, with hour-glass contraction of the uterus, and great hæmorrhage. In all, excepting where an hereditary tendency existed to mental disease, the loss of blood had been great. Of puerperal convulsions, he had met with four cases —none fatal; of phlegmasia dolens, six, and two proved fatal; of scarlatina, three, and one died.

Dr. Barnes made some brief observations—the hour for the separation of the meeting had arrived—on Mr. Dunn's treatment of his cases of placenta prævia, to which Dr. Waller replied, as he had partly been responsible for their management.

Dr. Tanner remarked that the ruling law in Dr. Dunn's practice seemed to have been the old proverb, that "meddlesome midwifery is bad." Dr. Tanner considered that this rule was the cause of a great deal of mischief. In practice it was not only necessary to consider the life of the mother, but also to how great an extent we might beneficially mitigate her sufferings. A lingering labour could hardly be otherwise than injurious to both mother and child. Although his practice had been much smaller than Mr. Dunn's, yet during the last twelve years he had employed the forceps much more frequently than this gentleman, and had obtained only the happiest results from such a proceeding. He had never found the slighest mischief result from it either to offspring or parent.

Mr. Baker Brown said he was glad to hear the opinion just expressed by Dr. Tanner. In almost all the cases of vesico-vaginal fistula which had come under his care, this accident had happened from the long retention of the fœtal head in the pelvis, giving rise to inflammation and sloughing. In reply to an observation from Dr. Graily Hewitt, that he had traced cases of vesico-vaginal fistula to the improper use of instruments, Mr. Brown stated that he had only known of one such instance.

What is Social Science?—"It includes the Constitution of Woman—Total Abstinence—Decimal Coinage—the Encouragement of Natural History—Ought Punishment to be Vindictive or Medicinal?—Sewage Irrigation—the Statistics of Consumption—the Government Grant—Diseased Teeth—the Registration of Deeds—Competitive Examinations—Chambers of Commerce—the Mortality in Towns—the Relations of Law and Equity—the Condition of Journeymen Bakers—the Financial Reform Association—the Law of False Pretences—the Purchase of Stale Food—Patent Right—the Education Grant. If Social Science is all this, there is nothing which it is not. Only let us understand what the Associates are driving at. If this is what we are to take Sociology for, it is only what all books, all Parliaments, all pulpits, all leading articles are. If Sociology is only a fine name under which everybody who has some other profession or calling may become an essayist, preacher, lawyer, divine, or moralist, then what it comes to is, that everybody at these gatherings is to have an opportunity of airing his pet crotchet or riding his favourite hobby in very good company. The really pleasant thing is, that nobody seems to care about contradicting his brother Reformer at the great annual palaver; nor is there any reason that he should. Utopia is a spacious realm; and, as Uncle Toby said to the fly, the world is wide enough. Cuckoo Cloud-Town presents ample space in which Sociologists may buzz about without interfering with each other's airy schemes of pantological philanthropy."—*Saturday Review.*

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on November 4:—

Baxter, Joseph, Clitheroe, Lancashire
Blakely, Samuel, Aughnacloy, Tyrone
Couper, John, Finsbury-circus
Crofts, William Carrick, Church Gresley, Ashby de-la-Zouch
Peniston, John, Bury, Lancashire
St. John, Charles, Foulis-terrace, Onslow-square

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 3rd November:—

Booth, Samuel, jun., Huddersfield
Daniel, Thomas Palmer, Beaminster, Dorset
Hughes, Adolphus James, Dartford, Kent
Ruck, David, Cirencester
White, William Acraman, Frome, Somerset

The following gentlemen also on the same day passed their First Examination:—

Duke, Stephen, Chichester
Hocking, Joseph, St. Ives, Cornwall
Williams, John, Brecon, South Wales

APPOINTMENTS.

To be Honorary Physicians to her Majesty.

Bryson.—September 27, Alexander Bryson, M.D. F.R.S. Inspector-General of Hospitals and Fleets.

Liddell.—September 27, Sir John Liddell, C.B. M.D. F.R.S. Director-General of the Medical Department of the Navy.

Nisbett.—September 27, Alexander Nisbett, M.D. Inspector-General of Hospitals and Fleets.

Wilson.—September 27, John Wilson (b), M.D. F.R.S. Inspector-General of Hospitals and Fleets.

To be Honorary Surgeons to her Majesty.

Dunn.—September 27, Thomas Russell Dunn, M.D. Deputy-Inspector-General of Hospitals and Fleets.

Evans.—September 27, Oliver Evans, M.D. Deputy-Inspector-General of Hospitals and Fleets.

Johnston.—September 27, James Wingate Johnston, M.D. Deputy-Inspector-General of Hospitals and Fleets.

Stewart.—September 27, John Grant Stewart, M.D. Deputy-Inspector-General of Hospitals and Fleets.

DEATHS.

Abram.—November 4, at North End, Fulham, John Frederick Abram, late of Kensington, M.R.C.S. and L.S.A.

Cholmeley.—September 9, at Calcutta, after a very short illness, Assistant-Surgeon Henry Cholmeley, M.D., Madras Army, Staff-Surgeon and Medical Storekeeper at Rangoon, aged 33.

Darwin.—November 6, at Breadsall Priory, near Derby, Sir Francis Sacheverel Darwin, Kt. M.D. aged 74.

Eastcott.—November 1, at No. 20, Stratford-place, Camden Town, of a rapid decline, Richard Duke Eastcott, L.S.A.

Everest.—On board the "Earl of Eglintoun," on the homeward passage from Hong Kong, Dr. James Everest, R.N., late of H.M.S. "Highflyer," aged 38.

Grosvenor.—November 2, at Tunstall, Staffordshire, John Boden Grosvenor, L.R.C.S. Edin. aged 29.

Hatch.—October 26, perished in the wreck of the "Royal Charter," George E. F. Hatch, Esq., M.R.C.S., of Farnham Royal, Bucks, Surgeon-Superintendent in the Government Emigration Service.

Leath.—October 21, at his residence, at Notting-hill, aged 83, J. G. Leath, Esq., M.D., late of the Army Medical Staff.

Manuel.—November 4, at his residence, 5, Albion-square, Dalston, the Rev. William Manuel, D.D. aged 74.

Shaw.—November 8, at the residence of his Father at Dublin, Henry Shaw, M.D., aged 25.

Williams.—November 1, at Mold, John Williams, M.D., formerly of Corwen, aged 59.

Williams.—November 3, very suddenly, at Llanberis, William Rumsey Williams, formerly of Carnarvon, M.R.C.S. Eng., 1824, aged 51.

Williamson.—November 5, at 17, Gloucester-place, Brighton, late of Cupar, Fife, William Williamson, Esq. M.D. L.R.C.S. Edin. aged 43.

The Prince Consort has honoured Dr. Mayne by accepting the dedication of his elaborate work, the "Expository Lexicon."

The Society of Arts once offered a prize for a cheap microscope; and we are informed that the house which obtained the prize has sold above 1500 of such microscopes.

French Scientific Congress.—The next Meeting of this body will take place at Cherbourg, on September 3, 1860.

Lord Elgin and Mr. Disraeli are pitted against each other as candidates for the Rectorship of Glasgow University.

Sir Emmerson Tennent tells of a wealthy native of Ceylon, who kept a *cobra di capello*, as we keep house-dogs, to guard his house and protect him from unpleasant visitors.

St. Andrew's University.—Professor Forbes, who at present fills the chair of Natural Philosophy at the University of Edinburgh, has been appointed Principal of the United College of St. Salvador and St. Leonard, in the University of St. Andrews.

The Actual Cautery in Cancer.—M. Sédillot, of Strasbourg, strongly recommends the use of the actual cautery in the removing of epithelial cancers; removing as early as possible (under chloroform) the healthy parts immediately surrounding the cancer.

Madame Lind Goldschmidt, on the 27th ult., paid a visit to the Mercers' Hospital, Dublin, for the benefit of which she had given her gratuitous professional services. The Governor presented her with an address of a very flattering kind signed by most of the leading people of Dublin, and by the Medical men of the Hospital.

Professor Cruveilhier's Purgative Mixture.—Narbonne honey, 30 grammes; syrup of buckthorn, 30 grammes; powdered senna leaves, 4 grammes; powdered jalap, 4 grammes; powdered scammony, 1 gramme; powdered squills, 40 centigrammes; powdered calomel, 40 centigrammes; powdered digitalis, 40 centigrammes. Divide the mixture into four parts, and take the four doses in eight days—one every other day. Used in albuminuria.—*Répertoire de Pharm.*

Rations of Meat in the European Armies.—M. Lunda, a Spanish journalist, states that the daily distribution of meat amounts to 375 grammes in the English army; 250 in the French and Belgian; 250 in the Russian (given only four times a-week); 192 in the Neapolitan (twice a-week); 170 in the Prussian; 156 in the Piedmontese; and 125 in the Austrian. In Spain, with the exception of a few regiments, no butchers'-meat is furnished, the soldiers receiving only from 33 to 38 grammes of bacon.

Sir D. Brewster in Office.—The Winter Session of the University of Edinburgh was opened on Tuesday afternoon by an address from the Principal, Sir David Brewster. The chemistry class-room and the lobby and stairs leading to it were crowded to excess long before the hour for the delivery of the address, and many were unable to gain admission, while a large number of those who effected an entrance could not hear the address in consequence of the noise and confusion caused by the overcrowding. Sir David Brewster was accompanied to the class-room by nearly all the members of the Senatus, and by Bailies Grieve and Johnston.

Warm Bath in Burns.—Dr. Passavent, of Frankfort, has had an opportunity of observing this treatment in all the different degrees of burns. In the wounds of thirteen cases a permanent warm bath was used wherever it was applicable; to the wounds of the head, etc., warm fomentations were constantly applied; the water was kept at thirty-two degrees Réaum., and the bath continued until cicatrisation took place. Pain soon ceased; the reaction was moderate; exfoliation of the dead parts gradually took place; the wounds remained clean; in no case did purulent absorption occur. Dr. Passavent adds that this application softened, and rendered more extensible the cicatrices.

Edinburgh University.—The election for the office of Rector will, it is expected, lie between Mr. Gladstone, M.P., and Lord Neaves, one of the judges of the Court of Session, the other names mentioned having been withdrawn. The election will take place this day. The constituency, it is expected, will number from 1,200 to 1,400. It is to be hoped that the Students who have seen the Town Council elect such a Principal as Brewster, and the University Council such a Chancellor as Brougham, will not elect as Rector an unknown Lord of Session when a Gladstone is in the field. On Saturday last the Senatus Academicus unanimously made choice of Professor Christison to represent them in the University Court.

Cause of the Rale Crepitant.—Professor Wintrich and Dr. Carr object to the explanation of this râle, as given by MM. Barth and Roger—viz.: "That it results from the passage of air through liquids contained in the pulmonary vesicles." They then give what they consider a *new* explanation of the fact, but one which we venture to think is pretty generally accepted at the present moment by Physicians:—"The mucous membrane of the vesicles and last ramifications of the bronchi is swollen and covered with a viscous mucus. During expiration, their walls come into contact and are stuck together; but during inspiration, on the contrary, the current of air dilates the tubes and vesicles, separates their walls thus stuck together, and so occasions a dry sound, which is, in fact, the *râle crépitant*." As we have said, surely there is nothing new in this explanation.

Bromide of Potassium.—The Fellows of the Medico-Chirurgical Society of London will recollect the alleged uses of bromide of potassium, as pointed out by their late President in reference to certain affections of the nervous system. Dr. Pfeiffer, of Paris, has lately experimented with the compound on the male sex. M. Thielman, in 1854, obtained good results, as he asserts, from its use in painful erections, satyriasis, and spermatorrhœa; and his results are now confirmed by Dr. Pfeiffer. He finds that it exercises a happy influence over seminal losses, abnormal erections, and neuralgia of the neck of the bladder. It has a special power over the muscular part of the genito-urinary apparatus, and at the same time causes a marked amelioration in the secreting action of the same organs. In large doses it appears to produce symptoms like those caused by iodide of potassium.

University College, London.—The Council held their first session of the academical year 1859-60, on Saturday last. Bequests to the Hospital were reported—viz., by Richard Joseph Reed, late of Middle Temple-lane, gentleman, 100*l.*; by Mrs. Hannah Bull, of Earl-court, Old Brompton, widow, 100*l.*; by Mrs. Mary Ann Worley, of Stoney Stratford, 1,000*l.*; by Mr. Sigismund Stiebel, late of Gordon-square, 200*l.*, free of duty. The Longridge Prize of 40*l.* for general proficiency in medicine and surgery, by the recommendation of the Faculty of Medicine, was conferred on Mr. Thomas Charles Kirby. The award by three physicians of the Hospitals—Professor Parkes, M.D., Professor Walshe, M.D., and Professor Garrod, M.D.—of Dr. Fellowes's Clinical gold medals, for the best observations on cases in the Hospital, to Mr. Thomas Charles Kirby and Mr. Augustus Mawley, equal in merit, was reported.

Pneumonia, Bleeding, and Delirium.—A man, 53 years old, vigorous, but given to drink, was seized with acute pneumonia on the 14th, and falls into the hands of M. Degranges on the 16th, who bled him at once, and then gave oxide of antimony and morphia, then emetic tartar, and twenty-two leeches were also applied to the part in pain. Hereafter the breathing was slightly relieved; but on the 19th signs of delirium showed themselves, and the patient became very violent, calling out incessently in the most vehement manner for food. M. Degranges, after duly weighing all circumstances of the case, took the happy determination of satisfying his desire. He ordered coffee and bread and a mutton chop, and some wine. Hereupon the delirium ceased, and the patient lay quietly down in bed and gradually recovered. [We are not told whether or no our French brother considered that the delirium was the consequence of the loss of blood. In this country we should say, that it undoubtedly was. Nor should we have required any deep weighing of the case, in order to have arrived at the conclusion that nutriment was necessary.]

The Induction of Premature Labour Authorised at Rome.—Professor Finizio, of the Obstetric Clinic of Naples, having received into the Maternity a rickety, deformed girl, about seven months gone with child, in whom the internal pelvimeter only indicated an antero-posterior diameter of three inches at the inlet of the pelvis, and a coccy-pubic diameter of two inches, induced premature labour by means of uterine douches. The operation was quite successful both for mother and child; but the case having made much noise in Naples and formed the subject of the most injurious commentaries in the papers, Professor Finizio laid the circumstances before the metropolitan archbishop, who referred the case to the Sacred Penitentiary at

Rome. The following was the decision of the sacred Body: "*Si intelligatur partus immaturi qui prævenit ordinarium naturæ cursum, ita tamen ut fœtus eam maturitatem absecuturus fuerit, ut in lucem editus vivere possit, affirmative. Cardinal Castracano.*" This decision, it will be seen, only applies to a child having attained the age of viability. The really thorny question of abortion is, therefore, reserved, or rather, if would appear from the eare taken to separate it, resolved negatively.

List of Office-Bearers of the Royal College of Surgeons of Edinburgh, October, 1859.—President—D. Maclagan, M.D. Treasurer—J. Gairdner, M.D. Secretary—J. Seott, W.S. President's Counell—J. S. Combe, M.D.; J. Simson, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; Patrick S. K. Newbigging, M.D.; John Struthers, M.D. Librarian—Archibald Inglis, M.D. Library Committee—Arehibald Inglis, M.D., Convener; Riehard Huie, M.D.; Patrick S. K. Newbigging, M.D.; James Robertson, M.D.; William Husband, M.D. Curators of Museum—Professor Syme, and Professor Miller (*ex. officio*); John Struthers, M.D. (*ordinary*); James D. Gillespie, M.D.; Joseph Lister; Patriek H. Watson, M.D.; Henry D. Littlejohn, M.D.; Alexander Mackenzie Edwards; Thomas Williamson, M.D.; David Wilson, M.D.; William Walker; Robert E. S. Jackson, M.D. Examiners—John Gairdner, M.D.; James Simson, M.D.; Richard Huie, M.D.; William Dumbreek, M.D. Archibald Inglis, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; Patrick S. K. Newbigging, M.D.; Benjamin Bell; James Dunsmure, M.D.; John Struthers, M.D.; James Spence. Inspector of Students, Course of Study—James Simson, M.D. Assessors to Examiners—David Maelagan, M.D.; James S. Combe, M.D.; James Syme; Samuel A. Pagan, M.D. Conservator of Museum—William R. Sanders, M.D. Officer—John Diekie.

Sanitary Condition of England.—The last quarterly return of the Registrar-General presents a favourable view of the state of the eountry. "The marriages inereased as they do when the prospect of life among the working classes is cheering. Thousands of children in excess of the average were born; the rate of mortality diminished; and the population increased at an unusual rate. As the diminution in the rate of mortality took place in the towns it may be fairly aseribed to the prosperous state of tradc, to the supply of better water, the abolition of cesspools, the purification of the air, and the various sanitary works which many of them have earried out. 63,972 was the exeess of the number of births over the number of deaths, and that was therefore the natural increase of the population of England and Wales in 92 days. On an average 695 were added to the population daily, and the probable daily increase of the population of the United Kingdom was 1042, whieh at the ordinary rates of mortality will supply 347 men daily at the age of twenty. The youth of the country are growing at sueh a rate as to add a battalion to its strength every two or three days. A certain number of them are transplanted, and go to people the colonies. 34,864 emigrants sailed during the quarter, or 379 men, women and ehildren on an average daily, from the ports of the United Kingdom at whieh there are Government agents; of whom about 12,464 were of English origin. The mean temperature of the quarter was 62°·8, or 3°·3 above the average temperature of the season during eighty-eight years. The excessive heat was accumulated ehiefly in July, when the mean temperature was 68°·1; while on July 12, the air in the shade reached 92½°, and 93° on the 13th and the 18th; so that during ten sueeessive days the mean temperature of day and night exceeded 70°, a thing unprecedented during the period over which eorrect observations extended. The air was drier (·72) than usual; but the rain-fall (8 2 inches) somewhat exeeeded the quarterly average. The thermometer on the grass never fell below 40° in July and August, whereas it usually falls several times to the freezing point of water. Pauperism is below the average in the kingdom. The average number of paupers in reeeipt of relief during the quarter was 783,449, or less by about 29,000 than the numbers receiving relief in the corresponding quarters of the two previous years."

The Late Dr. Malcom, of Perth.—Death has just removed one of the best known and most highly respeeted citizens of Perth. Dr. Maleom, whose age was about seventy, beeame a lieentiate of the Royal College of Surgeons of Edinburgh in 1808, and a graduate of St. Andrews in 1813. He was also a member of the Royal Medical Society of Edinburgh. Soon after taking his diploma as L.R.C.S. Edinburgh, he entered the service of the East India Company, and became Assistant-Surgeon in the Bengal Army. He was twiee made a prisoner by the French; and after being two years in India, he returned home with a system somewhat shattered by the climate. He soon after retired from the East India Company's service on half-pay. Dr. Maloom settled as a Medical Practitioner in Perth about the year 1813; and after a few years, attained to high distinetion in his Profession, being especially acceptable to the nobility and gentry in the city and county, while at the same time, he gathered "golden opinions from all sorts of people." For very many years he has held several public offices of high trust and responsibility. He was promoted to the offiee of Physieian to Murray's Royal Asylum and Surgeon to the General Prison for Scotland at the opening of these Institutions; and in his later years he was eonsulting Physician to both. In these official situations it is well known to the authorities that he fulfilled his professional duties with zeal and singular ability. As a Professional man, he was much valued by his brethren, being always ready to oblige and lend his aid and advice.

A Medical View of Yorkshire.—In one of those eloquent passages with which the Registrar-General—or Dr. Farr, in the name of this offieer—concludes so frequently his statistical quarterly return, and enforees the lessons taught by figures, we find the following admirable pieture of Yorkshire:—"Yorkshire, lying between the Humber and the Tees, lofty moorlands and the German Ocean, is now occupied by nearly 2,000,000 of people, living mueh in aggregated masses, but with families characteristieally distributed in 400,000 separate dwellings. The varieties of the geological strata—the eoal and iron of the earth—the plains and hills, feeding flocks of sheep, and horses—the rapid hill streams, and the smooth waters, easily made navigable far into the interior from the Humber—the position between Lancashire and Germany—between Ireland and the North of Europe—enabled a hardy, intelligent race of men not only to obtain all the ordinary products of the English soil, but to found the chief manufaetories of woollen goods in the world. The men of the West Riding beeame the clothiers of mankind. And so intent were they on their work, that the health of the workpeople was sacrificed, and the race in a few generations must have degenerated. But a reaction set in; Lord Shaftesbury's Bill, limiting the hours of children's labour, was first agitated at Bradford, and promoted actively by some of the heads of the leading firms. The first temperance soeiety, it is said, was formed in this centre. As substitutes for insalubrious proeesses, exquisite pieces of mechanism not only card but comb the wool, spin it, weave it, dye it, and finally convert the fleeces of England, with the fleeees of Germany, and the finer wools of Australia, either alone or combined with cotton, silk, and alpaca, into the finest textures, whieh vie in beauty and utility with the furs of animals or the gayer plumage of birds. The workpeople are now in average town health; and, through the incessant noises of maehinery are often heard as the day declines pleasant voices singing the coneerted songs of the Bradford minstrels. The mortality of Yorkshire during the ten years 1841—50 was at the rate of 23 in 1000; so 6 in 1000 died in excess of the deaths out of the same numbers living in comparatively healthy districts; and the unnatural deaths in the ten years amounted to 101,195. The loss of life in Yorkshire was unequally distributed; in the North Riding the mortality was at the rate of 19, in the East Riding (with York) 24, and in the West Riding 23 in 1000. The climate of Yorkshire is not naturally unhealthy; in the Guisbrough Distriet the mortality was at the low rate of 16 in 1000, in Easingwold it was 17, in eight districts it was 18. Upon the other hand the mortality in the Hull District was at the rate of 31 in 1000; Seuleoates, 25; Leeds District, 30; Hunslet (including parts of the borough of Leeds), 25; Bradford, 25 in 1000. As Yorkshire ehimneys do not yet eonsume their own smoke, it covers whole distriets, and is neeessarily consumed by the people, its producers say, with medicinal effect, which may, however, well be questioned. If we suppose, for a moment, all the causes of mortality suddenly to become visible like smoke over Yorkshire, then the disease particles will be seen to hang densely over Hull, Sheffield, Leeds, York, and their environs, less densely over the

Southern Districts and the East Districts of the coast, clearing as you ascend the rivers to their sources in the moors, and almost disappearing over Easingwold, and the Guisbrough District by the side of the sea and the waters of the Tees. Bradford has commenced various works which have already reduced the mortality. In the fourteen years 1841—54, the people of the Bradford District died at the rate of 26 in 1000 annually; while the mortality during the three years 1855—57 has been nearly at the rate of 21 in 1000. Mr. Hudson, the town clerk, has shown at the meeting of the National Association, that a part of this satisfactory result is fairly referable to sanitary measures. The full water supply, and the rapid removal of the entire refuse of the town to the surrounding land, are still on hand; and when these salutary measures are achieved, and others that an intelligent Medical Health Officer will suggest, Bradford will realise benefits which all the county will desire to share. The race of Yorkshire men, instead of degenerating, will then every year grow finer, more vigorous, more intelligent, better."

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 5, 1859.

BIRTHS.

Births of Boys, 980; Girls, 908; Total, 1888.
Average of 10 corresponding weeks, 1849–58, 1569·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	595	587	1182
Average of the ten years 1849–58	524·4	513·5	1037·9
Average corrected to increased population ..	..	..	1141
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	47	18	65

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	6	6	12	1	4	4	4
North ..	490,396	7	4	24	1	5	6	6
Central ..	393,256	1	11	16	1	4	5	4
East	485,522	8	5	14	1	7	4	7
South ..	616,635	10	2	23	4	5	9	15
Total . ..	2,362,236	32	28	89	8	25	28	36

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·218 in.
Mean temperature	47·6
Highest point of thermometer	58·0
Lowest point of thermometer	34·8
Mean dew-point temperature	43·1
General direction of wind	S.W.
Whole amount of rain in the week	0·97
Amount of horizontal movement of air in the week	2607miles.

TO CORRESPONDENTS.

We are obliged, by an accidental circumstance, to defer replies to several Correspondents until next week.

Emeritus has not sent his real name.

Dr. Henderson's case of Moveable Kidney shall appear.

Dr. Ladd.—The report only arrived on Thursday, too late to be of use.

Mr. Long.—If friends on the spot cannot settle the dispute, we do not see that any good could be done by submitting it to the Profession in our columns. So far as we can judge of the case by Mr. Long's account, the remarks of the Coroner upon Mr. Salmon's conduct were quite just.

Graph.—Syphilis ends much more frequently in death than is generally supposed, if we are to credit M. Bazin. And this termination of it is brought about especially by syphilitic affections of the brain and spinal marrow, whose nature is entirely unknown. In his opinion, these affections are very common, and he calls the earnest attention of observers to them.

Scabies.—Chloroform aspersions have been found by Professor Bock a useful remedy for itch. The chloroform destroys the insect, and diminishes the irritability of the skin Its use is not followed by any unpleasant consequences. The sensation of burning, momentarily produced by the chloroform, is nothing—according to the patients—in comparison with the insupportable itching caused by the disease.

Mr. Chavasse has sent us a reply to Dr. Barker's letter to the Medical men of Birmingham. The following extract ought to close this discussion. Mr. Chavasse says:—"I hereby declare that I never once wrote to Mrs Barker, nor did Mrs. Barker ever write to me; that I never gave directions to my solicitors to write to Mrs. Barker; that I was not aware that my solicitors had written to Mrs. Barker, until I received a copy of a letter from them to that effect; that I regretted at the time, and regret still, that they had taken such a step."

ERRATUM.—No. 488, third line from foot of p. 466, for "volunt" *read* "nolunt."

A KNOTTY POINT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can you give me an opinion as to how the New Medical Act applies to such a case as the following:—A quack Doctor has for some years pursued his calling, placing after his name the initials M.D., in virtue of some purchased foreign diploma. He applies to be registered and is refused on the ground of his not having been examined for his diploma, and for his quack practices. Can he now legally continue to advertise himself on his bills and bottles as M.D., by adding thereto the clause "Not Registered under the New Medical Act?" Can he claim the title of "Doctor" before his name, as on the address of letters? This is not a hypothetical case, but I know an actual instance where an irregular Practitioner, as above described claims to have letters simply addressed "Dr." followed by his surname and name of the town, and transmitted through the Post-office, and forwarded to his house, when there. At the same time, resides in the same town a regular Practitioner of the same surname who is a registered M.D.—on the ground that the latter is the junior of the former in point of residence in the town. The Postmaster-General has been already applied to on the matter, and has replied that the case comes under a rule which provides that where two or more individuals of the same name reside in one town, and when letters are not distinguishable as for which intended, the Postmaster of the town shall transmit the said letters to the London office, there to be opened and sent back to their writers. The local Postmaster, however, asserts that he has discretionary powers; and in the present instance his discretion evidently leans to forwarding undistinguishable letters to the quack—the style of reasoning being, that as the quack gets by far the greater number of letters, the chances are on the side of any equivocally addressed letter being for him. This plan, of course, saves the Postmaster trouble, but frequently inflicts injustice and annoyance on the legal Practitioner.

I am, &c.
November 9. CIVITAS.

COMMUNICATIONS have been received from:—

Sir JAMES CLARK; Professor SIMPSON; Dr. WEST; Dr. ROBERT LEE; Dr. PEACOCK; Mr. WALTON; Mr. LAURENCE; REGISTRAR-GENERAL; Dr. R. D. THOMSON; Mr. LONG; Dr. LADD: Dr. JOHNSON; Mr. LONGDON; Mr. CHAVASSE, &c., &c.

APPOINTMENTS FOR THE WEEK.

November 12. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

14. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. Habershon "On Pain as a Symptom of Disease of the Stomach."

15. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

16. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. Mr. Solly "On Aneurism of the Arch of the Aorta."

17. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m.

18. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Practical Evening for the Narration of Cases and Exhibition of Specimens.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

Mr. Fergusson: Fistula in Ano; for Prolapsus Ani. Mr. Bowman: for Varicose Veins.

And on Monday, Nov. 14, 1859, by Mr. Partridge: Stricture of Urethra; Examination of Stump after Amputation.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIV.

ON OVARIAN DROPSY.—ITS SYMPTOMS AND DIAGNOSIS.

Gentlemen,—In my last lecture I spoke of some of the leading points in connection with the pathological anatomy of cystic diseases or dropsies of the ovary, and showed you that they sometimes, though rarely, assumed the unilocular form,—that by far their most frequent type was the multilocular,—that in some cases the malady appeared in the form of a colloid growth,—and that, lastly, it was sometimes combined and complicated with malignant disease or degeneration of the component walls of the cysts. Before passing on to the consideration of the Symptomatology of the disease, let me only state in addition here, that there has been a great deal of discussion as to the probable causes, or

The Ætiology of the Disease.

Now this is a point regarding which our positive knowledge amounts to almost nothing. We do not know why an ovary ever enlarges and assumes this form of morbid growth or dropsy; nor why the tumour should take on a different type of development in different cases. We know that the disease occurs alike in the married and in the unmarried; and when present in the former it does not always form a necessary hindrance to the occurrence of impregnation. Sometimes ovarian dropsy is found to be associated with an overturn of all the menstrual functions; but in many cases these functions are carried on, in the earlier stages, at least, of the malady unaltered and unimpaired. Age seems to have little specific influence; for although the disease is most frequently seen between the ages of thirty and forty, yet it sometimes does not occur, or, at least, is not observed till much later in life, and till the function of menstruation has long passed; while again, in other instances, you will occasionally find the malady fully developed by the twentieth or twenty-fifth year of life. In some few and rare cases ovarian dropsy seems to be hereditary, being developed in one or two females in successive generations of a family. I have known the disease affect three sisters in a family. The right ovary is somewhat more frequently affected than the left. Both ovaries may be simultaneously diseased, and in that case we usually find one preponderating greatly in size over the other; but I know of no satisfactory reason that has been given to explain why the one should become the seat of the disease in any case in preference to the other. The fact that both ovaries are not unfrequently affected in the same patient is a strong reason for the belief that the malady has its origin often, though it may not be always, in constitutional rather than in local causes and changes. But, I again repeat, we know as yet little, or indeed nothing, regarding the ætiology of ovarian dropsy, and let us pass on to the consideration of

The Symptomatology of the Disease.

In studying the symptoms of any disease of the organs of generation, the first point for inquiry is, as to whether there be any particular disturbance of the functions of these organs, which should lead us to guess at the probable occurrence of the special disease.

1. *Functional Derangements of the Generative System.*—You will greatly err, let me at once tell you, if you expect to find any particular disturbance of the generative organs, or any special and constant interference with their functions in connexion with ovarian dropsy, dependent on the presence of that disease, and, therefore, indicative of its occurrence. The strangest mistakes have often enough been made by those who have become possessed of erroneous ideas upon this point, and the most unmistakeable cases of the disease have been altogether misunderstood in consequence. I once saw a case, where the nature of the disease was most evident, and the merest tyro could have diagnosed it correctly, and with certainty by physical diagnostic means; yet the old and excellent Practitioner who had charge of the patient, could hardly be convinced that the case was one of ovarian dropsy, because the menstrual functions were unaffected, and altogether normal. That these functions may proceed naturally and normally in cases of this disease is a fact, then, that you would do well to impress upon your memory. Often enough, indeed, these functions are interfered with; and they may be altered in every possible way. The catamenia may be suppressed and the patient has Amenorrhœa—a condition of little moment as a diagnostic mark, particularly in those who have passed the climacteric period of life. Or, on the other hand, the flow may be excessive; though such a form of altered menstruation is of more rare occurrence; and the patient suffers from Menorrhagia. Or the performance of the function may be attended with pain; and the patient is the subject of ovarian Dysmenorrhœa. Any of these deviations from the normal course of menstruation, may be found present in any case of ovarian disease; but often enough we can find none of them; and, most certainly, no one of them can be regarded as in any way pathognomonic of the disease. In short, all our knowledge of the matter amounts to this,—that the menstrual functions may be found quite natural, especially in the earlier stages of the malady; or they may be perverted in every possible way. But does the disease not interfere, you may ask, with the other functions of the generative organs? Though the uterine hæmorrhagic secretion be duly furnished, may not the product of the ovary be withheld and sterility result from the ova not being formed, or not finding their way into the cavity of the uterus? Even here there is not necessarily any disturbance, for patients affected with ovarian dropsy occasionally become pregnant and bear children; though, assuredly, in a smaller proportion than married women who are free from all disease. Many years ago, in investigating the subject of the alleged comparative sterility of females born co-twins with males, I had occasion to estimate the proportion of barren women among ordinary married females in general society, and I found that about one in every ten was sterile. In the case of married persons suffering from ovarian dropsy, the proportion of childless to child-bearing patients is usually estimated as one to three or four; so that the presence of the disease has a marked effect upon the chances of conception. But the disease, I repeat, does not necessarily prevent impregnation, even when the ovary is very much enlarged. If, then, you try to lay down any rule as to the diagnosis of ovarian dropsy, founded upon aberrations in the functions of the generative organs,—that is to say, in the functions of menstruation, conception, and pregnancy,—you will fail completely; for, as I have said, there is no deviation or disturbance of these functions found in such constant connection with the disease as to make it of any sufficient value as a diagnostic sign.

2. *Constitutional Symptoms.*—Some authors have spoken of nausea and vomiting as symptoms indicative of the presence of ovarian tumours; and patients who are the subject of them do suffer, not unfrequently, from disorder of the stomach. But nausea and vomiting do not, by any means, necessarily or even frequently occur when the ovary becomes enlarged and dropsical; and these same symptoms too frequently result from other causes to be of any value as a sign of this form of disease.

3. *Local Mechanical Symptoms.*—The earliest indications of any certainty seen in connexion with the development of an ovarian growth, are usually the symptoms produced by the pressure of the tumour on the surrounding pelvic organs; and they are thus all chiefly of a mechanical kind. Thus the patient may complain of a numbness and relative weakness of one of the lower extremities, caused by the pressure of the tumour on the sacral nerves of the limb. Or she has a feeling of dragging, or of a weight in one or other side, from the stretching of the ovarian and uterine ligaments, and the size of the enlarging growth. From its pressure on the bladder, again, the tumour may give rise to dysuria; or it may interfere with defecation, from its pressure on the rectum. But the existence of these symptoms is not at all enough to entitle you to decide upon the presence of an ovarian tumour; for you may have mechanical irritations and injuries of precisely the same kind from totally different causes. In

short, there are no rational symptoms on which you can depend as pathognomonic of the presence of an ovarian tumour. This observation holds good for almost every form of disease to which the organs of generation are liable; and for ovarian dropsy, as for all the others, you can, as a very general if not a universal law, never make perfectly and practically sure of the real nature of the case without having recourse to

Physical Diagnosis.

The physical signs of ovarian dropsy vary according as the tumour is in the first or second stage of its growth—according, namely, as it still is limited in size, and lies in the pelvic cavity, or has enlarged and ascended above the pelvic brim and begun to occupy a space among the abdominal organs. For I must here remark—as perhaps I ought to have done sooner—that when the tumour is small in size it still lodges within the pelvis, and it does not rise into the abdominal cavity until it has attained such dimensions that there is no longer any room for its expansion within the pelvic cavity. We see the same phenomenon in the case of the retroverted uterus when it becomes impregnated; for, instead of rising gradually into the abdominal cavity, it remains hidden in the pelvis till about the fourth month of utero-gestation, and then ascends, sometimes almost suddenly, into the more roomy abdomen above.

I. When the Tumour is still in the Pelvis.

It is comparatively rare that the advice of the Medical Practitioner is required for a cystic ovarian tumour while the tumour is still of such small dimensions as to find space enough for its development within the confines of the pelvic cavity. The mere mechanical symptoms produced by pressure and irritation upon the neighbouring pelvic organs, sometimes induces the patient to consult her Medical attendant, and the diseased ovary may be thus discovered by a vaginal examination while still early in its course. There are also other cases in which cystic tumours of the ovary become the objects of diagnosis and treatment while still small, and contained within the pelvic cavity; as, for example, when the tumour happens to be attacked with inflammation and becomes the seat of pain, or where the patient has become pregnant and the ovarian growth is found obstructing the passage of the child when the time comes for her delivery; or, when the enlarged ovary has changed its place and fallen down into the bottom of the peritoneal sac between the rectum and the vagina. It is certainly not very common to meet with a simple cystic tumour of the ovary small enough to be lodged within the pelvis, maintaining its normal position up at the inlet of the cavity, and yet causing so much distress to the patient as to lead her to seek for Medical aid. But when, instead of remaining at the brim and enlarging towards the abdominal cavity, the tumour sinks down into the lower part of the pelvis, then its presence comes to interfere with the function of the pelvic organs, and may prove a source of great discomfort and distress. Such displacements of the ovary, as you know, have been shown by Dr. Rigby to be of not unfrequent occurrence, even when the organ is healthy and unchanged; and if the normally-sized ovary proves a source of annoyance to the patient when it prolapses down upon the roof of the vagina, it will only distress and annoy her the more when, in addition to being displaced, it is at the same time increased in size. When such a dislocation of the ovary occurs, where is it to be found? When the ovary, in enlarging maintains its normal position at the inlet of the pelvis, it is felt, per vaginam, to lie mostly to one or other side of the uterus, and somewhat behind it; and if the enlargement have gone to any considerable extent the uterus will most likely be found displaced, being pushed forward and lying to one or other side. But when the ovary is dislocated the uterus is felt to be in its normal situation, while at the upper part of the vagina, behind the cervix uteri, the exploring finger comes into contact with an unusual projection, due to the presence of the prolapsed organ in the recto-vaginal fold of the peritoneum. For, you will please to remember, the ovary is attached to the broad ligament on its posterior aspect, and when such a relaxation of the ligament of the ovary itself occurs as to permit the ovary to fall out of its place, it necessarily falls backwards and downwards behind the uterus till it comes to rest, as I have said, in the sac of the peritoneum, which is known as the cavity of Douglas. There it forms a tumour oval in form, and readily moveable with the finger, projecting into the posterior cul-de-sac of the vagina on the one hand, and on the other pressing upon and partially occluding the cavity of the rectum. The situation, the form, and the mobility of the tumour, more especially when conjoined with the peculiar sickening pain which is sometimes produced in it by pressure—a pain resembling in character that which results from pressure on the testicle—will usually serve to guide you to a correct diagnosis of the nature of the case. But to attain absolute certainty something more is required; for a tumour situated on the back wall of the uterus, or even the fundus of the retroflexed uterus itself, might be found to present all the characters of which I have spoken, and to distinguish between such tumours and a prolapsed ovary, you must endeavour to ascertain whether the tumour moves consentaneously with the uterus; or whether it is still capable of free and independent motion after the uterus has been fixed. With this view you must keep the finger always in contact with the cervix uteri, while testing the degree of mobility of the tumour; or, better still, you must introduce a sound into the cavity of the uterus, which will at once dispel all doubt as to the probability of a retroflexion of that organ, and by which you can keep the uterus steadily fixed, while with the finger you ascertain whether or not the tumour is still freely moveable. If, let me add, you find the tumour to be soft and fluctuating, your certainty as to the nature of it will be all the greater, and in such a case you would rightly conclude that the organ had begun to be the seat of a cystic degeneration.

II. When the Tumour has Entered the Abdomen.

Usually, however, it is not till an ovarian cystic growth has risen above the brim of the pelvis, and ascended into the cavity of the abdomen so as to have become partially or entirely abdominal, that the disease gives rise to symptoms of such urgency as to lead the patient to seek for Medical advice or aid, and then you will have to make out the nature of this abdominal tumour. In attempting to do this there are various points to be attended to.

1. *The Position of the Tumour.*—Reasoning hypothetically only, you might think it would always be easy to distinguish between an ovarian and a uterine tumour by finding the former lying to one side of the abdominal cavity. The uterus you know to be placed in the mesial line of the body, while the ovaries are situated on either side, and you might naturally suppose that in enlarging the organs would maintain these respective positions. Such actually does occur in some cases, and to a certain extent. You will sometimes be guided to a direct diagnosis of the existence of an ovarian tumour by being told by the patient that she noticed it first in one or other side, and in the lowest part of the abdomen. But when the tumour has attained such a size as to cause it to interfere seriously with the functions of the abdominal organs and the diaphragm, and to bring the patient into such distress or danger as to induce her to seek your aid—and, let me warn you, the tumour may sometimes have attained to a great bulk before

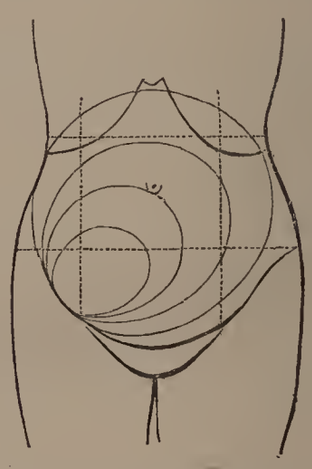

Figure showing the lateral position of ovarian tumours in their earlier stages, as contrasted with the central position assumed in the later stages of their growth.

the patient begins to be aware of its existence—when, I say, the ovarian tumour has come to be of considerable dimensions, then it is very often found to occupy a position in the cavity of

the abdomen, which is at least as central as that of the gravid uterus; and if the patient have not had her attention attracted to the first beginning of the growth, all observation of its position may only serve to lead you astray in your diagnosis. An enlarged ovarian cyst, I repeat, may come to fill up the whole of the abdominal cavity, and to press forward the walls equally on both sides of the mesial line; while on the other hand, you must remember that the gravid uterus is very frequently somewhat lateral; and where this deviation was very distinct, as is not unfrequently the case, the pregnant uterus has been tapped under the impression that it was a dropsical ovary.

2. *Form of the Tumour.*—The tumour may vary in form, but it is usually more or less rounded or spherical. Often its surface feels smooth and equable; but often, also, it is unequal in its form and bossellated on its surface from the projections and protuberances formed by the unequally enlarging cysts. When development has taken place to such an extent that the small cysts have all coalesced to the formation of a single large one, the surface is perfectly regular, and feels as smooth and even to the touch as the surface of the gravid uterus. In those cases also where the tumour is made up of an infinite number of very small cysts filled with a glairy fluid, the surface is very smooth and unbroken. But in the ordinary multilocular ovarian growth you can usually trace on the surface indentations surrounding protuberances of larger or smaller dimensions, and corresponding to the walls of the subsidiary cysts. Sometimes, in its earlier stages, it presents an irregular mass, as if a series of large balls or cysts were tied together within one investing membrane.

3. *Consistence of the Tumour.*—When still small, or when composed of a multitude of separate and distinct cysts, an ovarian tumour feels firm and elastic; but, usually, when a patient comes to consult a Practitioner, it is already soft and fluctuating. The feeling of fluctuation is in most cases quite unmistakeable; but you must bear in mind that when the quantity of liquor amnii is very great the gravid uterus will likewise be felt to give a feeling of fluctuation; and, besides, the elasticity of solid tumours sometimes comes to resemble fluctuation in a most deceptive manner. The colloid tumour of the ovary—that which is made up of many small cysts, and which usually is only elastic to the feel—may sometimes be so soft and fluctuating as to lead you to tap it under the idea that it is formed of one or two large cysts; and even a soft fibroid tumour of the uterus, when infiltrated with fluid, may yield a deceptively fluctuating feeling. Besides, if you lay too much stress on fluctuation as a diagnostic sign of ovarian dropsy, you may sometimes be led into error by mistaking encysted ascitic collections for examples of this disease. In short, the observations I have been making in regard to the physical characteristics of ovarian tumours are only sufficient to guide us to the discovery of a case, without enabling us to recognise it with certainty. A positive diagnosis is only to be arrived at by remembering the various forms of disease with which ovarian growths may be confounded, and by knowing how to distinguish between them; and, therefore, the hints that I have still to offer for your guidance will best be classified under the head of the

Differential Diagnosis of the Disease.

There are a great many pathological products, and many physiological conditions of the pelvic and abdominal organs as well, with which ovarian tumours are very liable to be confounded, and for which they are very frequently mistaken. In what I am about to say, however, I shall not enter into a discussion of all the signs and symptoms of these several morbid and functional changes, but must content myself with pointing out in what they differ from ovarian tumours, and by what means the distinction may most readily be made between them.

1. *Retroverted Unimpregnated Uterus.*—When an ovarian tumour is still of small dimensions, and is still contained within the pelvic cavity, one form of disease with which it may readily be confounded is retroversion of the uterus. I have not yet had occasion to direct your attention to the displacements of the womb; but I may so far anticipate my remarks on that subject, as to say that a very frequent kind of displacement is that in which the whole organ is turned backwards, or retroverted, or in which it is bent backwards, upon itself, or retroflexed, so that the fundus comes to lie in the Douglas' space, where it can be felt by the finger on making a vaginal examination. Unless when bound down by inflammatory adhesions, it is readily moveable in this position; and as the mechanical and functional disturbances which it produces are the same in character and kind as those caused by a small ovarian tumour which has descended into the same situation, it is not always easy by the mere touch of the finger to make a definite distinction between them. The great mark of distinction between the two diseases is that when the body, felt through the posterior portion of the roof, or cul-de-sac, of the vagina, is moved with the finger, a consentaneous movement is produced in the whole uterine organ in the case of retroversion, while the tumour and the uterus are each capable of a distinct degree or amount of independent movement when that tumour is of ovarian origin. If the finger be kept in contact with the cervix uteri, when movement of the doubtful body is attempted to be made, the consentaneous or independent movement of the uterus may usually be easily recognised. But to make sure of your diagnosis you may require to introduce a sound into the cavity of the uterus; and if the case be one of retroversion of that organ, you will find that the sound, instead of passing upwards and forwards, as it always does when the uterus is in its normal position, passes nearly directly backwards, and by simply turning round the instrument after it has been passed in this unusual direction, you can make the supposed tumour disappear, if you should find this step necessary to complete the diagnosis; for by this means the displacement is rectified, and the womb restored to its proper position. On the other hand, if you have to deal with an ovarian tumour, you will find that the sound passes readily upwards and forwards behind the pubis, and when it has been thus introduced into the interior of the uterine cavity, you can use it to fix the womb with perfect certainty, while the tumour remains freely moveable in every direction. Should the retroversion be complicated, as it sometimes is, by the presence of a small fibroid tumour of the uterus, growing from the posterior wall, its fixity when the uterus is fixed and its consentaneous motion when the uterus is moved, will prove its connexion with the organ, and prevent your falling into the error of mistaking it for a small cystic tumour of the ovary, an error which has been often committed.

2. *The Gravid Uterus.*—Perhaps there is no mistake more frequently made in connection with the diagnosis of ovarian tumours than that of confounding them with the enlargement of the uterus consequent on impregnation. Patients have often been suspected and pronounced to be pregnant when they were the subjects of ovarian dropsy; and, on the other hand, the more dangerous error has often been fallen into of supposing the patient to be the subject of so grave a malady when she was merely in an advanced stage of utero-gestation. Many years ago, perhaps thirty or forty, a case of this kind occurred, where a female, with an abdominal tumour, was supposed to be the subject of an ovarian tumour, and where it was decided that the best hope of a successful termination was to be obtained from the operation of ovariotomy. Several gentlemen, who ought perhaps to have known better, saw the case and concurred in their diagnosis, and in their opinion as to the propriety of performing the operation. The day was fixed and everything prepared for the operation, when the patient saved herself all the horrors and dangers of it by giving birth to a baby a few hours beforehand, dispelling most satisfactorily and efficiently the supposed morbid growth. Such an error was more excusable in those days when obstetric auscultation was still unknown, than it would be now that we can have such a certain sign of the existence of a fœtus as the sounds discovered by the stethoscope. The sounds of the fœtal heart enable us now to recognise a case of pregnancy in the later months, and prevent us from mistaking it for one of ovarian tumour, in which no sound at all is heard on listening with the stethoscope. But even in the use of the stethoscope there is a possible source of error against which you must be warned. The sounds of the fœtal heart are usually recognised by the rapidity of the beats, 120 or more in the minute. But when you apply a stethoscope over an abdominal tumour, and hear through it heart-sounds beating at the rate of 120 or 130 times in the minute, you must not immediately decide these sounds to be indubitably of fœtal origin, and thence conclude on the existence of pregnancy. The frequency of the pulsations is not always enough. The late Dr. Merei, of Manchester, once brought a patient for me to see, who had an abdominal tumour, the

nature of which it was rather difficult to determine. From palpation and vaginal examination I had a conviction that the tumour was of ovarian origin, but on listening with the stethoscope we could hear beatings in it between 120 and 130 in the minute. These sounds were very like the pulsations of the fœtal heart; but on applying the finger to the patient's pulse at the wrist found her heart to be beating at this same rate of frequency. The sounds were not those of a fœtal heart, but of the patient's heart, transmitted through an ovarian tumour. Whenever, therefore, you hear a pulsating sound in the abdominal tumour, however rapid or however slow, you must always carefully determine whether it corresponds or not to the impulse derived from the patient's heart, before you can decide as to its fœtal or maternal origin. Other points of difference between ovarian tumours and the gravid uterus have been insisted on, but the great distinction, as I have been saying, is the absence in the former of those fœtal heart-sounds which are usually so distinct in the latter; and all other marks of distinction are of such secondary importance that I need hardly enumerate them. The rapidity with which the pregnant uterus enlarges is usually so much greater than is seen in the case of ovarian growths that it may sometimes serve to aid the diagnosis. But in using it you must bear in mind that the ovarian tumour, in some cases grows as rapidly in size as ever the pregnant uterus does. Then, in pregnancy, you have further the placental bruit; and on making a vaginal examination you can produce the movements in the womb which is described as *ballottement*, both of which signs are absent in ovarian growths.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ON PRURITUS PUDENDI MULIEBRIS.

By EDWARD RIGBY, M.D.

In my previous communication on the subject of Pruritus Pudendi Muliebris (a) I gave the details of a severe case arising from constipation and chylopoietic derangement, and pointed out the frequent connection of pruritus with a rheumatic or gouty condition of the system. The subject is one of considerable interest, not only on account of the great importance of being able to relieve such severe sufferings, but also as regards the different characters which the local affection will assume (although arising from the same constitutional cause), depending chiefly on different states of the circulation, and therefore, as in gouty affections, requiring very different and even opposite remedies. The frequent occurrence of Pruritus, in connection with these forms of constitutional derangement, and the numerous modifications which it presents, renders its nature and habits especially worthy of our consideration, and must be my apology for giving the details of some more cases of this character:—

Miss B———, aged 32, brunette, May 2, 1848.—Constant sense of fulness, swelling, flushing, and throbbing of the vagina, with intolerable itching, and occasional pain on sitting down, uterine flatulence, hæmorrhoidal congestion, bowels offensive, urine thick, much gastric derangement, general lassitude. Catamenia regular, is of a rheumatic habit, has had rheumatic fever.

℞ Extr. taraxaci cochl. min. ½ o.n.

℞ Potassæ bicarb., gr. x.; potassæ nitrat., gr. v.; tinct. colchici, ɱxv.; aquæ ʒj. M. ft. haustus bis die post cibum sumendus.

19th.—Writes from the country that she is better in every respect. Rep. taraxacum, o.n.

℞ Pulv. guaiaci, magnesiæ, āā gr. x.; o.m.

℞ Potassii iodidi, gr. ij.; liq. potassæ ɱx. ex decoct.; sarzæ co. bis die post cibum. Let her walk before breakfast.

June 14.—Feels much better. Catamenia have appeared twice, quite healthy. All internal flushing and irritation have ceased, bowels confined. Has left off her medicine for the last few days.

℞ Pil. hydr. extr. colocynth. comp. ext. hyosc. āā ʒj. M. ft. pil. xij. sumat ij. h. s. p. r. n. Rep. mistura.

(a) Vol. XXXIX, page 4.

Oct. 28, 1851.—Has had another attack of rheumatic fever two years ago with pericarditis; since which has enjoyed tolerable health till lately, when the vaginal flushing and throbbing returned, with a slight amount of uterine flatulence; has been regulating the bowels by the pills and guaiacum powders. Urine thick, catamenia regular, except that at the last period the discharge was discoloured and somewhat clotted; must take more exercise. Rep. pil. pulv. and mist. potassæ bicarb. and nitr.

Nov. 5, 1852.—Has been pretty well till lately, when having overtaxed her strength in nursing a sick relative day and night for a fortnight, her former symptoms have returned. Rheumatic pains of left arm, and so much vaginal flushing and swelling that she can scarcely sit down; much flatulence, bowels latterly have been confined, frequent profuse perspirations with a strong disagreeable odour. Catamenia regular.

℞ Acidi hydrochlor. dil., acidi nitrici dil. āā. ʒj.; liq. taraxaci, ʒj.; infusi aurantii co. ʒvij. M. Rep. pil. hydr. coloc. and hyosc.

℞ Sodæ potassio-tart., primo mane p. r. n.

10th.—Writes that her general health is improved, but that the irritation is very distressing. Rep. med., lotio plumbi c. decoct. papaveris.

Dec. 15.—Pruritus very troublesome; says that there is a hard lump inside one of the labia, which swells and becomes purple at the catamenial periods and before an attack of the pruritus, when the whole vagina is intensely congested; the pulse is feeble, and she finds that the irritation is relieved by taking a glass of wine at these times.

℞ Acid. nitro-mur. c. liq. taraxaci ex infuso cinchonæ cordifol. bis die.

℞ Hydrarg. nitrico-oxydi, ol. jecoris aselli āā ʒj. M. ft. linimentum inter labia applicandum.

Date omitted, but early in 1853.—States that her general health is good, but that the local irritation and inflammation are much increased.

Examination per Vaginam.—Os externum intensely tender; os uteri natural. ℞ Sodæ biboratis, ʒj.; vini colchici, ʒss.; decoct. papaveris, ʒvijss. M. ft. lotio.

October 5, 1855.—For two years and a-half has been completely relieved by the above lotion until lately; returns with much general gastric derangement; unhealthy bowels; cold extremities; great flatulence; a clammy, damp state of skin, etc.; a slight return of the pruritus. Pil. hydr., extr. coloc. co., extr. hyosc. āā ℈j. M. ft. pil. xij., sumat ij. alt. noctibus, acidi nitro-mur., liq. taraxaci ex. infus. aurantii co. bis die ante cibum. ℞. Potassæ bicarb. gr. x., potassæ nitr. gr. v., post cibum. Rep. lotio colchici.

August 8, 1857.—Has had a slight return of the pruritus before and after the catamenial period; leucorrhœa; pulse feeble; tongue pale, indented; face sallow; has alternate chills and flushings; urine very high-coloured; says that the bowels are regular. Rep. pilulæ. ℞. Pulv. guaiaci, magnesiæ, āā gr. x., o. m. ℞ Potassæ bicarb. ℈iv.; potassæ nitr. ℈ij.; sp. ætheris nitr. ʒss.; aquæ ʒvijss. M. ft. mist. sumat cochl. magna ij., bis terve die post cibum.

September 5.—Writes that the pruritus is troublesome, especially at night; leucorrhœa; says that she is "bilious." ℞ Pil. hydrarg. extr. hyosc., āā ℈j.; M. ft. pil. viij., sumat ij. alt. noctibus. ℞ liq. potassæ, fl℈iv.; potassii iodidi gr. xvj., liq. taraxaci ʒj.; decoct. sarzæ co. ʒvij. M. ft. mist. sumat cochl. magna ij. bis die post cibum.

23rd.—Health improved, but complexion still dusky; tongue pale; pruritus has diminished; has been suffering from a boil in the vagina. Nitro-mur. acid c. liq. taraxaci ex infuso cinchonæ oblongifoliæ, bis die ante cibum. ℞. Ferri sulph. gr. ij.; magnesiæ sulph. ʒj.; acidi sulph. dil. ɱvij.; syrupi rhœados, ʒss.; aquæ menthæ pip. ʒvijss. M. ft. haustus primo mane sumendus; applicetur glycerina vulvæ.

October 23.—Great local discomfort; much vaginal swelling, heat, and soreness; at times the vagina is so swollen as to induce an inclination to bear down; tongue very pale; pulse feeble. Mist. ferri. citratis effervescens. Rep. lotio sodæ biborat. c. vino colchici.

November 21.—Much relieved by the lotion. Rep. mist. and lotio. Pil. Plummeri, gr. v. in septimanâ, let her apply some glycerine after using the lotion.

The above is a severe case of pruritus very distinctly connected with a rheumatic, or rheumatic-gouty condition of the system, as is not only shown by her rheumatic habit, her former rheumatic fever, hæmorrhoidal congestion, and disposi-

tion to gastro-enteric derangement, but also by the relief produced by those remedies which are known to give relief under such conditions of the system. After a preliminary treatment for two or three weeks with taraxacum and salines, with colchicum to rectify the deranged state of the chylopoietic functions. I ventured to attack the pervading taint of her system in a more decided manner, with a course of liq. potassæ, and potassii iodidi in decoct. sarzæ co., keeping up a moderate action on the liver by means of taraxacum, and regulating the bowels by Dr. Prout's well-known combination of guaiaeum and magnesia, which is so valuable in these atonic cases. I did not see her again for more than three years; in about a year after she had ceased to call upon me, she experieneed another outbreak of rheumatic fever, which appears to have relieved the system, and enabled her to enjoy tolerable health for two years, until October, 1851, when she again began to suffer from vaginal irritation, etc. The rheumatic-gouty nature of the local affection was now still further indicated by that remarkable symptom, uterine flatulence, which I hold to be a certain diagnostic of this condition when it occurs, and which I have found to be a valuable guide in these and other complicated cases depending upon, or connected with, this general taint of the system. She returned to the same course of treatment, and continued in tolerable health and freedom from her annoyanee for more than a year; when, in consequence of prolonged over-exertion in nursing a relative, the symptoms returned. Besides well-marked rheumatism of the left arm, and considerable gastro-enteric derangement, the vaginal congestion was so severe as to almost prevent her sitting down, having probably been much aggravated by being constantly on her legs for a fortnight. Her powers were much reduced, and this, coupled with the frequent profuse and unhealthy perspirations, appeared to contra-indicate her previous treatment, and require the use of the nitro-muriatic acid with a mild tonic.

It is curious to observe how the effects of salines appear to depend on a certain amount of vigour in the system. As long as the pulse is tolerably strong, they agree with the stomach, neutralise the acid urine, and relieve the patient; but if the pulse is feeble they give no relief, and have no effect in removing the sediment of lithate of ammonia; whereas the urine will now become clear under the use of nitro-muriatic acid, combined with some light tonic.

Under this treatment the general health rapidly improved, but her local sufferings experienced little if any abatement. A lotion of Goulard and poppy decoction failed to relieve her, and the health began again to suffer; her debility had increased, and the engorgement of the vulva at times was worse than ever. Guided by the fact that a glass of wine mitigated the severity of these attacks, I now prescribed an infusion of yellow bark with the nitro-muriatic acid, and reasoning on her feeble condition, I ventured to try the liniment of red precipitate and cod-liver oil, for which I am indebted to my late friend, Dr. Girgens, of Wiesbaden. In this I erred sadly, for experience had hitherto told me that this application was successful only in that form of pruritus where the part affected is pale and relaxed—the tonic agreed well, but the local application made matters worse; and, finding her strength improved, I returned to the lotion of borax and colchicum, which had given her on former occasions so much relief. For two years and a-half she kept free from her enemy; but, again failing in health, it returned, and gradually assumed a greater degree of severity than ever. A similar plan of treatment was adopted, and again the application of the lotion was attended with complete relief.

36, Berkeley-square.

MOVEABLE KIDNEY IN CONNEXION WITH SPINAL DISEASE.

By WILLIAM HENDERSON, M.D.

Physician to the Clifton Dispensary, etc., and formerly House-Surgeon to St. Bartholomew's Hospital.

In addition to the cases of moveable kidney already recorded by Rayer, Oppolzer, Dr. Hare, Hennoch, Dr. George Johnson, etc.—in all, I think, about thirty cases—I wish to publish the following, as there are some points of especial interest attached to it, and which were elucidated by a post-mortem examination.

On July 10, 1858, I was consulted by Mrs. ——, aged 51, on account of a tumour in the abdomen, which she said she had observed for a long time, but she could not say exactly when she first noticed it; and, as it caused her no pain nor inconvenience, she had not paid much attention to it.

On examination I found a solid tumour situated in the right hypochondriac region, and which could be easily moved towards, and to within an inch of, the umbilicus; on slight pressure the tumour would disappear under the liver, and there remain imperceptible until by an effort of bearing down the patient caused it to again protrude. It appeared to resemble a healthy kidney in form and size, and was not in the slightest degree painful, even when freely handled. Her digestive organs were not in any way affected, and she passed a normal amount of healthy urine, which was not increased after free examination of the tumour.

She had curvature of the spine caused by disease of the bodies of the fifth and sixth dorsal vertebræ, which had commenced four years ago; but reparation had apparently taken place, for she could now move about with ease, and had performed her ordinary domestic duties for two years without much inconvenience. She was the mother of four children, the youngest being ten years old. Her menstruation had always been regular. As the tumour, which I conceived to be a moveable kidney, caused no inconvenience, and as she was in good health, I did not then prescribe any treatment.

On August 19 I was summoned to see her, when I found her suffering from pleuro-pneumonia; she complained of great pain in the region of the diseased vertebræ, and declared that she could feel the bones grate when she tried to turn in bed, and when she coughed; she complained also of shooting pains extending round the abdomen. After five days she expectorated about four ounces of very fetid pus, and after that she gradually improved under treatment by counter-irritation, a generous diet, with a free allowance of wine, and small doses of dilute phosphoric acid, being, of course, kept at perfect rest, and by the middle of October she could again get about by wearing an apparatus; but she still complained of the shooting pains occasionally passing through the abdomen, and which she referred to the tumour. These pains being entirely distinct from the constant pain caused by the diseased vertebræ, I was at that time led to suppose the tumour to be of a malignant nature, and probably connected with the mesentery or omentum. She continued in much the same state, and occasionally expectorating fetid matter, until June 12, 1859, when she had a severe attack of hæmorrhoids, attended by intense pain; these, however, disappeared under treatment by application of ice, etc.

The tumour at this time could not be discovered; and any effort on her part to cause it to protrude was attended by the same shooting pain passing through the abdomen. I now felt convinced that the tumour was malignant, especially as she had that anxious expression of countenance so peculiar to those suffering from malignant disease.

The grating sensation of the spine, and occasional expectoration of fetid pus, still continued, but there was not the slightest symptom of paralysis; the appetite continued good, and the digestive organs in perfect order. On September 6, she again had a severe attack of pleuro-pneumonia, with intense pain in the back, and under this she gradually sank and died on October 25, 1859. The day before her death there was anasarca of the right leg, but no diminution of the power of sensation, nor any sign of paralysis. She died rather suddenly, having at five p.m. declared that something had burst in her abdomen, and in half-an-hour she was dead.

Post-mortem, twenty hours after death.—The right lung was firmly adherent to the parieties of the chest to its whole extent, and the pleura had the appearance of a sheet of parchment; round the diseased bone there was a very firm band of adhesion, which enclosed a cavity containing fetid fluid, and several spicula of bone. The lung round this spot was consolidated, but all the other parts were pervious to air. There was no tubercular disease; the left lung was firmly adherent, but not consolidated; the pericardium contained about an ounce of fluid; the heart was healthy; the bodies of the fifth and sixth dorsal vertebræ were so far gone, as to leave an open space by which the two fingers could be passed into the spinal canal.

On examining the abdomen, the right kidney was found to be perfectly moveable, and was suspended, as it were, by a prolongation of the peritoneum enclosing the kidney, and

forming a distinct mesentery, which allowed it to be moved in all directions. Both in size and structure the kidney was perfectly healthy. The left kidney was loosely attached, but not moveable from its position. The liver was smaller than natural, but not apparently diseased; all the other abdominal organs appeared perfectly healthy and normal, and there was no appearance of any malignant disease.

It is curious that, with such extensive spinal disorganisation, there was not at any time the slightest symptom of paralysis, and that the digestive organs performed their functions so perfectly; the moveable kidney I conceive to have been a congenital affection, as the mesentery which held it was perfect, and the vessels were greatly lengthened; it is singular, however, that it had never been noticed at the time of her different confinements.

The disease of the spine was so far above the ordinary position of the kidney, that it does not appear to have been the cause of the latter being moved; indeed, she had observed the tumour before the spinal disease commenced. What could have caused the sensation of something bursting in the abdomen just before death I cannot conceive; the shooting pains, which induced the belief that the tumour was malignant, must have been caused by the spinal disease.

Clifton, Bristol.

DIFFICULTY OF DELIVERY IN RUPTURE OF THE UTERUS.

By J. H. AVELING, M.D.

Fellow of the Obstetrical Society of London, and Hon. Member of the Obstetrical Societies of Edinburgh and Dublin.

The cases to which I wish to call the attention of the reader in this paper, are those in which either the body or the fundus of the uterus has become ruptured, and in which either one or both of the child's legs have escaped into the abdominal cavity.

Dr. Dewees, in the treatment of these cases, where the child is only partially protruded into the abdominal cavity, says that "pains may effect the delivery of the child, or it may be readily extracted by art." But how different is the pleasant reading of a fluently-written work on Midwifery, to the painful practice of it with a suffering patient before you, and alarmed faces around! That the child may be readily extracted when the rent extends to the vagina, I do not deny; but, if the rupture be situated in the fundus or body of the uterus, great difficulty may be expected frequently to be met with.

In support of this statement, I shall quote two cases, the first of which Mr. James Baron, of Gosforth, has the credit of having given to the Profession in the *Medical Times and Gazette*, December 3, 1853.

Case 1.—The woman, aged 38, was in her twelfth labour, which proving to be lingering, two doses of ergot were given. About an hour and a-half after, the head was found bearing well down towards the perineum, when the patient became violently excited, and cried out that "the pain was dreadful, of an intense burning character, which never left her, and which she could not live under." After an ineffectual attempt to restrain her, she got out of bed, but scarcely had she done so when she was observed to become deathly pale, and she said, quite calmly, "I feel very waffish." Rupture of the uterus was at once suspected, and after some delay, caused by having to send for his instruments, Mr. Baron proceeded to deliver. After a little difficulty in locking his forceps, Mr. Baron began to extract. But I will here use his own words:—"Immediately on doing so (extracting) she commenced to complain of the 'burning' pain, and, as I proceeded, she became excited in the same violent way as before; but having more help, we restrained her. In about half-an-hour, after much labour, I succeeded in delivering the head, but, as I did so, she expired. The shoulders defied all my efforts to extricate them, and I was obliged to be content, and allow the child to remain. It showed no symptoms of life."

At the post-mortem examination, immediately on cutting into the abdomen, the breech and legs of the child, together with the placenta, were found lying in the peritoneal cavity. The contracted uterus was found low down in the left iliac region, hid from sight by the intestines. The rent was extensive, and situated in the anterior wall; but whether it was continued through the os tincæ could not be ascertained, as the child occupied the entire pelvis, and could not be moved.

Case 2.—I received a note in the middle of the night from a Practitioner in the country, saying that he had met with a difficulty, and would be glad if I would come directly. On arriving, I found two Medical men in the house, and the patient, a fine dark, handsome woman, of about 30 years of age, in a very weak state, with an anxious, dusky countenance, and suffering from violent and rapid pains. The arm had presented, and my Medical friend had succeeded in bringing down the left foot, with the intention of turning. No amount of traction, however, on this foot produced any other effect than that of causing the patient intense agony and violent contractions of the uterus. Hoping to relax the uterus, I put the patient under chloroform, but with no effect, for the uterus continued as firmly contracted as ever, and the fœtus remained as immovable. A dose of opium was given, hoping that the spasmodic character of the pains would abate, but the patient sank rapidly, and died undelivered.

On examining the body the next day the whole of the right lower extremity of the child was found protruding through a rent in the uterus into the abdominal cavity. The rupture had taken place in the anterior and upper part of the body of the uterus, and was not large enough to allow the child to be drawn through it without being enlarged by the knife. Very little hæmorrhage had taken place. The child was a fine healthy male.

The great question which arises after reading these two cases must be with everyone, What was the *cause* of the difficulty in delivering? And the answer to this question, as far as my reading goes, is not to be found in any work on Midwifery. If the reader will recal to his mind the position of the fœtus in the uterus, and more especially the manner in which its thighs are firmly flexed upon the abdomen, he will have no difficulty in understanding how one or both of these flexed thighs may, when protruded through the walls of the uterus, become hooked over the edge of the ruptured opening, and thus defy any effort to extract the child short of that which would be sufficient to bring the uterus with it.

In Mr. Baron's case, the same "burning" pain and violent excitement was produced when he began to extract with the forceps, as had occurred at the time of the rupture. These were, doubtless, caused by the strain upon the edges of the rent caused by the body of the child, and the two thighs hooked over, being pulled downwards. At the post-mortem the uterus was found low down in the iliac region. This is exactly the position, supposing the child to have presented naturally, in which one would have expected to have found it: for the legs of the child would naturally incline to the right, and being protruded from the uterus, would occupy the right side of the abdominal space. Mr. Baron attributed the difficulty of delivery to the shoulders of the child; but, at all events, in Case 2, such could not have been the cause.

Treatment.—Baudeloque, in the treatment of these cases, says:—"When the head presents after the rupture of the uterus, even if it should not be engaged in the pelvis, provided the deformity of the latter does not offer any great obstacles to it, we ought to terminate the delivery with the forceps—whatever part may have penetrated into the abdomen. We ought not to extract the child by the feet, but when they are found in the neighbourhood of the orifice of the uterus; or when the child is still entirely in that viscus."

Dr. Collins says,—"When the head presents and does not recede, it is rarely that lessening it and delivering with the crochet will not be found the most eligible mode of proceeding. Efforts have been frequently made to deliver with the forceps in such cases; but this instrument is seldom applicable, as the introduction of the blades generally forces the head out of our reach; besides, but little would be thus gained, for the child dies shortly after the rupture takes place."

Dr. Burns, in the treatment of these cases, says,—"Delivery by turning the child, has advantages over the other modes, and certainly ought, with scarcely any exception, to be resorted to. When the uterus is spasmodically and violently contracted between the rent and the os uteri, which I know is apt to happen if the fundus be lacerated, I consider attempts to deliver as adding to the danger." In Case 2, therefore, he would have done nothing.

Madame Boivin says,—"Si la tête est engagée dans l'excava-

tion, il faut l'extraire avec le forceps. Si la tête n'était point suseeptible d'être saisir avec l'instrument, il faudrait faire l'extraction de l'enfant par les pieds; si ces extrémités étaient passées par la crevasse de l'utérus, il faudrait y faire pénétrer la main pour les ramener dans la cavité utérine et les extraire par l'orifice naturel."

So almost universally fatal are these cases that many authors have advised that they should be left to Nature, some patients having recovered when so treated. They have been, perhaps, led to this conclusion, partly from the humane feeling that the few remaining minutes of the patient's life ought not to be embittered by the agony which any attempt at delivery would be sure to produce. But these feelings must be allowed to have no weight with us when we know that any little chance a woman may have is greatly decreased by her remaining undelivered. Out of thirty-four cases reported by Dr. Collins, *two* recovered. Who can tell, when he has the misfortune to meet with a case of ruptured uterus, that the patient under his care may not be one of the few who, if properly delivered, may again be restored to health? It is our duty, therefore, to consider no case as hopeless, and to continue to exercise, while life remains, our utmost skill. The question left then is:—

What is the Best Treatment in these Cases?

(*a*) All modern writers are pretty generally agreed that in cases of rupture of the uterus the child speedily dies. Unless, therefore, delivery be rapidly completed, the child must necessarily be sacrificed. The knowledge of this is of great importance, for we might sometimes be induced to adopt modes of delivery both more painful to the mother and more difficult to the attendant, if we thought there was any likelihood of saving the child.

(*b*) If rupture of the uterus takes place during the presence of the Medical attendant, and be at once recognised, turning, if practicable, should at once be accomplished—unless

(*c*) The head be so nearly born that the forceps can be readily applied, and the labour to all appearances be easily terminated. In this case the forceps should certainly be used, for as the laceration usually takes place at the junction of the uterus with the vagina, the obstacle to delivery, which it has been the object of this paper to demonstrate, would in a large proportion of cases not exist. The patient should have the benefit of our knowledge on this point, for if we attempted to push back the head for the purpose of turning we might either increase the extent of the laceration or cause the child to be protruded still further into the abdominal cavity.

(*d*) If at the time of the rupture the head of the child is firmly fixed in the pelvis, and does not recede before the hand, turning in such a case would be madness. The child must be considered doomed, and the treatment recommended by Dr. Collins would be the best to adopt. The head should be lessened and the child brought away by the crotchet.

(*e*) But if, after lessening the head, delivery be still impracticable, the thighs of the child will then be found most likely to be hooked over the edge of the rupture, and in this case the treatment of Madame Boivin would be best. The hand must be introduced into the uterus, and the extremity or extremities of the child must be withdrawn from the abdominal cavity into the uterus and the child extracted by the feet. Case 2 shows how necessary it is to secure both feet.

(*f*) If at the time of the rupture the head recedes so as to make it difficult to operate upon it, it will be better to turn at once, and to secure both extremities as above.

(*g*) If the arm presents, as in Case 2, it will be best to lessen the thorax and to bring down the hips. If it be found from the difficulty in extracting, or from external examination, that the thighs were hooked through the uterus, the operation will still have been of service, for the hand will be more easily passed for the purpose of securing the extremities and turning as above.

(*h*) Whatever mode of treatment is adopted, it will be found worse than useless to drag away at the child while one or more of its thighs are hooked over the edge of any laceration of the uterus not extending into the vagina.

5, Howard-street, Sheffield.

The Emperor of the French has presented a gold snuff-box to Dr. Kenny, of Hong Kong, for services rendered to the French Mission in China.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

DELIRIUM TREMENS OCCURRING AFTER FRACTURE—DEATH DURING THE ADMINISTRATION OF CHLOROFORM.

J. P., aged 57, was admitted into the London Hospital on November 5, for fracture of the tibia and fibula. The fracture extended into the knee-joint. He was a waiter at a low public-house, and suffered the injury by falling through a trapdoorway. He was immediately taken to the Hospital, and the limb placed in a swing apparatus. He was a stout, not flabby, muscular man, and apparently vigorous, although it was ascertained that he was very intemperate, and was accustomed to drink largely of gin (half-a-pint before breakfast).

The next day symptoms of delirium tremens set in. His usual stimulants and nutritious diet, etc., were freely supplied, but the delirium increased. He also took forty drops of tincture of opium on two occasions, but without any apparent benefit. An attempt was made to examine the heart, but from its extremely rapid action, and from his great restlessness, it was impossible to come to any conclusion.

Early on the morning of Tuesday, the 7th he became furious, shouting and raving, and trying to get out of bed. Mr. Braden (House-Surgeon) was called to him, and, with the assistance of Mr. Griffiths, attempted to administer chloroform. About half-a-drachm was placed on a little lint, and with difficulty was kept applied. After no more than three inspirations, however, the man "writhed," and fell back dead. Very little of the chloroform could have been given, as, independently of the short time the man respired, there was necessarily the greater portion lost by his struggling.

The autopsy was performed next day by Mr. Braden. No disease whatever was found anywhere, except some slight deposit on the tricuspid and mitral valves, not sufficient to cause any symptoms during life. The brain was apparently quite healthy. The fracture was found, as stated, to extend into the knee-joint.

ST. BARTHOLOMEW'S HOSPITAL.

RETENTION OF URINE IN A CHILD —DEATH—EXTENSIVE TUBERCULOSIS OF THE GENITO-URINARY ORGANS.

(Under the care of Mr. WORMALD.)

A very instructive case has recently occurred under Mr. Wormald's care, in which symptoms of urinary disease in a young child were exceedingly difficult of interpretation. Pathologically, as well as practically, the case is also well worthy of attention, inasmuch as the conditions found at the autopsy were such as are but very rarely seen, more especially at so early an age.

An emaciated child, aged 9, but looking more like 6, was brought to the out-patients' room, complaining of pain in the lower part of the abdomen. Mr. Wormald remarked to the students that the child had an aspect as if it were suffering from phthisis, and prescribed accordingly. This was on a Monday. On the following Thursday the child was much worse, and his mother stated that he had much difficulty in making water. It was now ascertained that the bladder was distended, and also that there was a circumscribed effusion of urine into the perineum. It appeared on inquiry that the retention had been incomplete, and that there had been some dribbling away. Mr. Wormald at once admitted the child into the Hospital, and made an incision into the perineal effusion. An instrument was passed with great care into the bladder, and that viscus was emptied. No stone was felt, nor any impediment whatever encountered. The cause of the retention of urine and of the urinary abscess were exceedingly obscure. The child appeared at first relieved, but subsequently fell off, and, having gradually lost strength, died about three weeks after his admission. It should be stated that he had not suffered any very great degree of pain while under observation, nor was he particularly restless or fretful.

The autopsy gave a very complete explanation of the symptoms which his case had presented. Both kidneys were found totally disorganised by the deposit of masses of tubercle. The ureters were filled with tuberculous matter, and the prostate, which was enlarged, was riddled throughout by tuberculous abscesses. Beneath the mucous membrane of the bladder there were also deposits of tubercle. A little anterior to the bulb was an abscess cavity into which the urine had been extravasated, and which had evidently originated from the giving way into the urethra of a submucous collection of tubercle. In addition to this extensive disease of the genito-urinary apparatus, tubercles were also found in both lungs and in the mesenteric glands. The retention of urine had in all probability been caused by the pressure of the tuberculous collection under the track of the urethra prior to its giving way.

SYMPTOMS OF STONE—PASSAGE OF CALCULOUS MATTER—DEATH—CALCULOUS CONCRETION LINING THE INTERIOR OF BLADDER.

(Under the care of Mr. WORMALD.)

A lad, aged 19, was sent up from the country to be placed under Mr. Wormald's care for what was supposed to be stone in the bladder. His symptoms had existed for about a year, and although somewhat emaciated he was not very ill. The condition of his urine was very peculiar, as it contained a deposit which much resembled mortar. He had repeatedly suffered from retention, which after lasting for a time, would be relieved on the expulsion of a softish mass of mortar-like concretion. Mr. Wormald attempted to introduce an instrument, but could not get it into the bladder. During the attempt a large quantity of glairy mucus escaped, and the discharge continued for some time afterwards. Mineral acids with opiates were prescribed, but the lad continued to suffer severely and failed in general health. On a subsequent occasion Mr. Wormald succeeded in introducing an instrument and ascertained the presence of a large quantity of calculous matter in the bladder. Wherever the point of the instrument was turned this concrete matter was felt, but no where did it give to the finger the impression of hardness and density usually afforded by a stone. A consultation was held on the lad's case, when Mr. Wormald stated that he was not inclined to submit the lad to lithotomy believing that the whole interior of the bladder was diseased, and that there was no isolated calculus. This opinion, as the result proved, was a well founded one. The lad got gradually worse, and after the lapse of some weeks died.

At the autopsy the whole lining membrane of the bladder was found concealed by a thick crust of concretion, which looked exactly as if mortar had been plastered on. Both kidneys were tuberculous, and the urethra was extensively ulcerated, apparently from the irritation of impacted masses of calculous matter.

MALIGNANT DISEASE OF THE TESTIS WITH MASKED SYMPTOMS—EXCISION.—RECOVERY.

(Under the care of Mr. STANLEY.)

About five weeks ago, among the operations at St. Bartholomew's Hospital, was one on a case of diseased testis, which presented features of unusual interest. The patient was a somewhat cachectic man, aged 24, and by trade a blacksmith. When placed on the table, the right side of his scrotum was seen to be distended by a swelling larger than an adult fist. The integuments were adherent, and of a dusky red colour. In one part it appeared as if pointing were about to take place, and pseudo-fluctuation was present. The cord in its lower part was somewhat thickened, but higher up was quite healthy. The left testis was normal in all respects. Mr. Stanley gave the following history of the case:—He stated that he had not yet been able to make any positive diagnosis as to the nature of the disease. Whether the tumour was an inflamed hæmatocele, an abscess in the testis, or medullary cancer, he was still in doubt. The proposed operation would, therefore, be one of exploration, and its ultimate extent would be determined by the condition reached by the first incision. The man had stated that his testicle had only been enlarged for about eight weeks, before admission (he had been in the Hospital six weeks). Not long before the enlargement was first noticed, he had received a blow on the part from the handle of his hammer. This pointed to hæmatocele; but against such diagnosis was the fact that the swelling had increased gradually, and had not formed suddenly after the blow. The increase in size, both prior to and since the man's admission to the Hospital, had been attended by considerable pain, and there had also been aching in the back and loss of flesh. No positive history of cancer in the patient's family had been made out, but one of his aunts had died from "tumour in the side."

The Operation.—The man having been rendered insensible by chloroform, Mr. Stanley made a long and free incision into the front of the tumour. This opened a cavity, which most took for that of the tunica vaginalis, and from which Mr. Stanley turned out with his finger nearly a tea-cup-full of softish material, somewhat resembling decolorised blood clot. In this material, however, were small portions which were evidently organised, and which looked like medullary cancer. Mr. Savory, to whom the parts were handed for minute examination, gave a confident opinion on this point. Mr. Stanley accordingly removed the testis in the usual way. After its removal it was found that the large cavity which had been supposed to be that of the tunica vaginalis, was in reality that of the distended tunica albuginea. The latter tunic had been freely laid open by the knife, and the whole of the gland, which had been converted into soft medullary cancer, had been scooped out by the finger. Not a trace of normal testis-structure remained, but the condition of things was most deceptive, and unless a careful examination of the removed material had been made it might easily have been supposed that the cavity was that of an inflamed hæmatocele. The medullary material had in most parts undergone the change known as "saponification of cancer," thus being converted into an opaque material very dissimilar from its original and typical state, and closely resembling altered blood clot. To make the deception still greater there was at the posterior part of the cavity a mass of firmer structure, connected with the epididymis, which closely resembled, both in position and form, a testis in the cavity of an inflamed hæmatocele. It should be stated that the opinion given at the time of the operation, as to the malignant nature of the disease, was afterwards fully confirmed by microscopic examination.

Subsequent Progress.—Since the operation, the man has done well in every respect; he has been free from pain in the groin, and has had less of aching in the loin. The wound is now, after the lapse of five weeks, just healed. He has already gained flesh, and is of clearer complexion.

LARGE FIBROID AND FIBRO-PLASTIC TUMOUR CONNECTED WITH THE FEMUR.—AMPUTATION.

(Under the care of Mr. STANLEY.)

A fairly healthy young woman, aged 26, was brought into the operating theatre on Saturday last, to have her thigh amputated on account of a large tumour surrounding the lower third of her right femur. She had known of its existence for five years; she had experienced but little pain during its growth, and had not materially suffered in her general health. The tumour was irregular and bossy in outline, and was developed both before and behind in the shaft of the bone. The inguinal glands were not enlarged, nor were there any indications of internal disease. Mr. Stanley stated that the history and present symptoms both inclined him to the opinion that the tumour was not malignant. He proposed, therefore, to amputate not at the hip-joint, but through the upper third of the bone.

The patient having been put under the influence of chloroform, the limb was removed in the usual manner, and with but little loss of blood. Some suspicions being entertained as to the condition of the medulla at the point of section of the bone, another inch of its shaft was subsequently sawn away.

On examination, the tumour, which in its whole bulk was little less than an adult head, was seen to be of a firm fibroid structure. It involved the shaft of the lower third of the bone, and extended down into its condyles. At the upper part some large bossy out-growths appeared to have been developed between the periosteum and the shaft. The knee-joint was healthy, and the muscles, etc., overlying the tumour were in their normal state, there being no tendency to the infiltration of adjacent parts. In the middle of the tumour, that is, in the parts nearest to the interior of the bony shaft, were portions of soft structure, and of yellow or reddish colour, closely resembling myeloid. Portions of deposit of the

same fluid were also seen in the medullary cavity of the shaft for several inches above the tumour.

There could be little doubt that in this case the tumour was of mixed fibrous and fibro-plastic elements. The history of its comparatively slow growth corresponded with this character, and so in all probability will its future progress. Its myeloid elements were evidently very limited in extent, and nowhere was there any structure which resembled true cerebriform cancer. If called upon to decide as to the malignancy or non-malignancy of such a growth, the answer ought to be, that the question is one of degree more than of kind. As compared with a typical specimen of myeloid, or of enchondroma, it is probably malignant, that is, the risks of its return are much greater; but if contrasted in regard to the same points with medullary cancer of bone, then it is innocent. The Hibernian verdict of "Guilty, but not much," might be said to be fairly applicable to it.

On Thursday last, November 16, she was reported as doing well in every respect.

POPLITEAL ANEURISM.—LIGATURE.—SECONDARY HÆMORRHAGE. — DEATH.—AUTOPSY.

(Under the care of Mr. PAGET.)

W. N., aged 30, was admitted into Darker Ward, in St. Bartholomew's Hospital, under the care of Mr. Paget, June 13, 1859.

June 13.—Is a sparely-nourished man of temperate habits. He has been actively engaged as a cheesemonger up to the time of his admission. He states that five weeks previously he first noticed a swelling in the left popliteal space, which has not since increased in size, and has caused him no inconvenience except a slight feeling of stiffness in that leg. This tumour, about the size of a hen's egg, is situated just below the bend of the knee, between the two heads of the gastrocnemius, is soft, and has the pulsating character of an aneurism. The femoral arteries on both sides are remarkably large, compared with the radial, which are small; the posterior tibial artery on the left side cannot be felt, but the anterior pulsates strongly. There is some slight œdema of the left leg. His tongue is clean; pulse good, about seventy per minute. There is no evidence of any other disease, and he has always previously been in good health.

15th.—The circumference of the tumour, measured at the most prominent part, is 14⅛ inches.

20th.—It having been determined to treat the case by flexion, the leg and thigh were to-day rolled, and the knee bent nearly to a right angle. This occasioned him no inconvenience, and stopped all pulsation in the anterior tibial artery.

23rd.—The bandage becoming loose in the night after it was first applied, it was replaced on the 21st, but has been removed to day, as he complains of its feeling painfully tight. The whole leg is much more œdematous, and warmer than the right. The tumour now extends about three inches down the calf, pulsation in it is much less evident, and none can be felt in the arteries below it. The circumference of the leg measured at the point before mentioned, is now 15½ inches. His general health seems unaffected, his pulse scarcely more frequent than natural; tongue clean; appetite good, etc.

At a consultation of some of the Surgeons of the Hospital, the conclusions arrived at were either that the sac of the aneurism had given way, or that inflammation of the sac, and the parts around it, had set in. Mr. Lawrence held the former opinion, and advised the immediate ligature of the femoral artery. Mr. Paget the latter, and fearing lest that operation should be followed by gangrene of the leg, thought it best to postpone it for a few days, and ordered his leg to be raised, and kept cold with Goulard's lotion, and changed his diet from meat to broth.

28th.—His condition has not much changed. The circumference of the leg at the same point as before, now measures 16⅛ inches; the tumour, too, extends rather lower down the calf of the leg, and is harder than before. Mr. Paget to-day tied the femoral artery in Searpa's triangle, and all pulsation in the aneurism has since ceased.

July 8th.—Has not had a bad symptom since the operation; the ligature has come away to-day; only a small part of the wound at the lower end has healed, the remainder is suppurating healthily. The œdema of the leg has much decreased, but the tumour is but little changed. Ordered a mutton-chop daily.

16th.—The wound healing very slowly, and the granulations looking pale, it was ordered to be dressed with a weak solution of sulphate of zinc, and he is to have four ounces of wine daily.

August 6.—The wound has not yet healed, and he progresses but slowly, though his general health is good, The tumour is rather smaller, and has a feeling of fluctuation. The œdema has almost entirely subsided; the skin to a small extent has sloughed at two points at the outer side of the leg where it rested on the bed. Ordered full meat diet, and a pint of porter daily.

13th.—As the wound had nearly healed, but had a very unhealthy appearance, he was to have left the Hospital to-day; but, after walking down stairs, he observed some blood trickling down his leg on the pavement, he was therefore at once carried back to his bed. The quantity of blood lost was rather more than an ounce, and appeared to come from the upper end of the wound, close above which the femoral artery could be felt pulsating strongly. He is to take sulphate of iron and quinine, of each one grain three times a-day, and six ounces of wine, in addition to his pint of porter daily.

23rd.—There has been no recurrence of the bleeding, the wound still looks very unhealthy, and scarcely progresses at all, and he has to-day been carefully removed to his home at Twickenham.

Sept. 3, 8 p.m.—Is again brought to the Hospital, with the account that the wound was quite healed on the 1st, when while walking from one room to another, the cicatrix gave way, and he lost a large quantity of blood. This morning again there was a sudden and profuse hæmorrhage from the wound, which was scarcely restrained by a tourniquet. He is perfectly conscious, and his manner is quite natural. His skin is cold, and no pulse can be felt at the wrist, and his stomach rejects all food and stimulants. The cicatrix seems to have given way in its whole extent, and the wound is filled with a large clot. Thinking him too ill for any operative interference, and not knowing from which end of the artery the blood came, Mr. Paget firmly bandaged the leg and thigh, placing compresses over the femoral artery both above and below the place of ligature.

4th.—Slept a little during the night. Skin cold; still no pulse to be felt at the wrist. He took a little beef-tea, and iced milk; but vomited the greater part of it. About five o'clock this morning, about half-an-ounce of arterial blood escaped by the side of the clot, which now projects considerably above the margins of the wound. 3.30 p.m.—About half-an-hour ago, a small quantity of blood escaped from the side of the clot. A sudden gush has just taken place from its centre, and although the wound was at once cleared out, filled with lint, and a tourniquet placed over it, he must have lost not less than six ounces of blood. 9 p.m.—Became more restless after the last bleeding, but retained his consciousness up to an hour ago, when he became a little delirious, and has just died.

A post-mortem examination was made eighteen hours after death. The femoral artery below the place of ligature was obliterated for about two inches, but above it was filled only with a soft and recent clot, and showed no sign of any reparative process having taken place after the separation of the ligature; the profunda was given off about seven-eighths of an inch above this spot. On examining the tumour, it was found to have no sac separable from the parts around, and was filled with coagula and blood-stained serum. Mr. Paget considered that it was not a true aneurism, but that it must have originated in an ulceration of the popliteal artery. No trace of disease was found in any other part of the body.

KING'S COLLEGE HOSPITAL.

ILIAC ABSCESS.—FÆCAL FISTULA.—OPERATION FOR CLOSURE OF THE ARTIFICIAL ANUS.

(Under the care of Mr. FERGUSSON.)

W. O., aged 25, was admitted into King's College Hospital, in October of this year, suffering from an artificial anus. The patient is a healthy-looking man, and states that about six years ago he entered the navy, and was engaged in an action against the Russians in the Baltic. It seems that during the engagement he struck himself against the corner of "the companion hatchway," which gave him at the

time most exquisite pain; but he did not consult the Surgeon. The pain continued, and after three weeks he sought Medical advice. The bowels were now obstinately confined; aperients were ordered, and he experienced temporary relief. A few days after he was attacked with the diarrhœa, which was so prevalent at that time; this reduced his strength very materially, and he was sent to the Hospital-ship. Two months had now elapsed since the receipt of the injury, and he now noticed that a swelling had appeared in the right iliac region, and had attained so large a size that he was advised to go home on sick-leave. The tumour now gradually increased in size, and was as large as a child's head; this was punctured, and nearly a pint of fetid pus was evacuated. For six weeks the abscess discharged freely, and there appeared to be no communication with the bowel; but the patient having eaten a fig, the seeds were observed to pass through the opening. Various methods were adopted to close the aperture,—the actual cautery and pads were used, and the edges of the wound pared and brought in apposition without any benefit being derived. On admission into King's College Hospital, a fistulous opening was seen in the right iliac region, an inch and a-half above Poupart's ligament, and situated about two inches from the median line of the body; through this, fluid fæces were constantly escaping; but the discharge of evacuations from the rectum took place every four or five days, and were of a solid nature. A probe introduced into the opening clearly went into the bowel. His appetite was good, and all the secretions were healthy. Mr. Fergusson determined to make an attempt to close the opening; and chloroform having been administered by Dr. Anstie, the edges of the wound were pared, and the cut margins brought into apposition by silver-wire sutures. A pad of lint and a bandage were then applied, and the patient sent to bed. No bad symptoms supervened; but the fæces, which were still fluid, oozed through the wound. The external aperture was, however, clearly smaller than before the operation. Anxious that the patient should be improved as much as possible, Mr. Fergusson made a further attempt to close the opening, and on Saturday week, pared the edges and brought the parts together with iron-wire sutures, and the latter having been passed through a pad of cork, were then twisted. There was a good deal of irritation about the wound after the operation, and the pad was removed on the third day, but the granulations seemed to be healthy.

OBLITERATION OF VARICOSE VEINS FOR ULCER OF THE LEG.

On Saturday last Mr. Bowman tied the veins in the inner side of the leg above and below the knee by the subcutaneous method. The patient, a man, had had the ulcer for twenty-five years, but had continued at work. He was admitted when it was in almost a phagedenic state, the bed of the ulcer being matted with pus, and the edge for two or three inches hard and callous. It extended for a great distance over the front of the leg. The veins were enlarged and tortuous above and below, Mr. Bowman remarked that probably the same condition existed behind the ulcer. By rest in the horizontal position, the ulcer improved, became healthy, and commenced healing; but the source of the mischief still existed, and would certainly cause return of the disease. Mr. Bowman, therefore, decided on the operation. The patient was directed to stand on the operating-table until the veins were marked out by ink. Mr. Bowman next (the patient being now recumbent) passed two needles under each mass, an inch intervening between each. He next tied them, just tight enough to bring the included parts closely together and arrest the circulation, but not tight enough to strangulate them; he then divided the part of the vein included between the needle subcutaneously with a small tenotomy-knife, closing the opening immediately by a compress. Mr. Bowman remarked that in this mode of operating, he had found suppuration extremely infrequent, especially when compression was used after the incision; and that when it did occur, it did not extend into the vein above, and thus the pus ran no risk of being absorbed into the general circulation. In a few days he would remove the lower needle, but as a matter of precaution would leave the upper one in a little longer, in order to render certain the complete coagulation of the included blood. This operation, he stated, was similar to that of Mr. Lee; but differed in this, that Mr. Lee did not divide the veins until several days after the ligature of the veins.

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Medical Times & Gazette.

SATURDAY, NOVEMBER 19.

ADVERTISING QUACKS.

The efforts of the various Medical Registration Associations which have been formed since the Medical Act was passed, have been directed, for the most part very successfully, against those who have illegally assumed Medical titles. It will be well for these Associations to consider if they cannot protect the public from the swindling daily perpetrated, under the guise of philanthropy, by the "Manhood" class of practitioners. There are cases in which, under any other circumstances, we should not know which to wonder at most, the almost fabulous credulity and blindness of the duped, or the audacity and transparent roguery of the duper. We question, indeed, if more money is not lost among the middle classes of society, through the machinations of these pseudo-Medical sharpers, than in all the gambling-houses of the metropolis. Yet the law still allows them to ply their horrible trade with impunity, and the press lends itself to further their designs. To guard the timid and unwary youth against their toils has been the only course left to the Medical journalist; but more perhaps may be done by taking the public behind the scenes, and showing them the kind of language the "Silent Friend" will most probably use to them when once he has them within his clutches, and what the meaning of "self-preservation" is according to the views of the *soi-disant* counsellor. The cases we have alluded to before seemed as strong as well could be; but, as will be seen, they quite pale before the extraordinary statement of a poor dupe, who once filed a bill in Chancery for protection against the members of one of these firms. The case occurred some time ago, but has not attracted so much attention as it deserved. The complainant, an agriculturist, living in Yorkshire, was, according to his own account, troubled with a disease which rendered the wearing of a truss necessary, and at the age of eighteen or nineteen was afflicted with a continual discharge of seminal fluid. For this he applied to several Quacks, and took medicine without benefit. About the year 1848, however, he fell in with one of the most redoubtable Advertisers—with what result we will allow our readers to discover for themselves. The following is an abridgment of the complainant's own statement as sworn to before the Lord Chancellor Truro; and where we have used quotation marks the very words of this remarkable document are given.

"About two years ago your orator perused in a newspaper an advertisement, which recommended certain medicines as remedies, prepared by Messrs. Perry and Co., of 19, Berners-street; and your orator purchased several bottles of said medicines and boxes of pills, and for some time continued to take them. . . . . In November, 1848, your orator saw an advertisement, stating that the Messrs. Perry and Co. would be present at York, and *advice would be given gratis* to any person who should purchase medicines to the value of five pounds, and in consequence he attended and saw the younger defendant, Robert Perry, who told your orator that his case

was not hopeless, and that he could cure your orator, but it would cost a great deal of money—£100."

For this sum, the document goes on to say, a bill at six months was accepted by the orator, and Medicine was ordered for six months, at the expiration of which time the bill was paid,

"And the said defendant then told your orator that he could completely cure your orator, but it would require six or seven months longer, and that he must be confined to his bed-room and not stir out of doors. . . . That he was about to give your orator mercury, to salivation, and then described the horrible effects of mercury, and told your orator he must be prepared to endure it all, and went to a closet in the room and produced *a most horrible bust, exhibiting the head of one in a state of salivation.*"

We must not here omit to state, by way of parenthesis, that in the consulting-rooms of some of this class, a most diabolical model of a man's face, ravaged with syphilitic ulcers, is kept behind a silk curtain; when a patient turns at all restive the curtain is slowly withdrawn, and the head is exposed as a kind of gentle refresher, which generally, as in the present instance, has the desired effect.

The document then goes on to say that on the orator stating that he would not and could not undergo such treatment on account of his business, "Robert Perry then said he could cure the disease without mercury, and that Perry and Co. were the only people in London who could do so, but it would cost *a great deal more money*—£500 (!) Another bill at six months was then given by 'Your Orator,' and Medicine for that time was ordered. This bill he paid when due to Mr. Lewis Perry, the father, who then 'examined your orator's person, and said he was going on well, and must *not mind expense*,' as it 'would cost money to effect a cure.' Your orator thereupon told (Mr.) Lewis, otherwise Louis Perry, that Robert Perry had undertaken to cure your orator completely for £500; whereupon Lewis, otherwise Louis Perry, remarked that Robert Perry was but a young man, and did not understand the nature of the case as well as he did." . . . . . "That it would require a still longer time, and *more money*, to effect a complete cure, and that your orator must not mind expense in a matter so important to himself." Whereupon, says the document, the defendant still insisted upon having more money, alleging that they were at great expense *for advertisements*, and in other ways; and your orator, pleading poverty for the present, said "at the death of his mother he might have a thousand pounds or two. Whereupon Mr. Lewis, *alias* Louis Perry, told your orator that some of his patients had *paid him as much as* £7000, *and produced his books, from which it appeared as if such statements were true.*" "That your orator, if the treatment were not continued, would fall into a relapse, and never be cured; and that in case a relapse occurred, *he would not undertake to cure your orator for* £10,000!" but that now "he would undertake to cure your orator for £2000." The document goes on to state "that for the further sum of £2000, two bills were drawn by the defendant, and accepted by your orator, each for £1000, payable respectively at twelvemonths and two years after date. The first bill was dishonoured, whereupon the defendant came down to Yorkshire, and called upon your orator, and said, 'That if not paid he would *expose your orator's character in the country*, and that he would put the bill into the hands of a third party, who would come down 'slap-bang' upon your orator for the money.'"

It will not be necessary to follow this singular document any further, as it only goes on to recount the threats of proceedings brought by the defendants against their unfortunate dupe, and the appeal of "our orator" to the Court to prevent the negociation of the bills, and for protection against any further proceedings on the part of the defendants with respect to them. It will be almost needless to say that this was accorded by the Court, and that Perry and Co. were obliged to forego the splendid *coup* they had nearly made out of this unfortunate gentleman; and, in addition, they were forced to refund certain sums of money already extracted from his pocket by way of fees for advice and medicine. Our readers will not have failed to have remarked that in both the cases we have given the judicial decision was not only against the recovery of the amount for which the bills were fraudulently drawn, but the past services of the "advisers" were repudiated as a part of the fraud, and no remuneration whatever was allowed them for the time and trouble they had devoted to their dupes.

The moral we wish to draw from these and from several other cases which to our knowledge were never allowed by these "Silent Friends" to come into Court,—is that they are in reality much more afraid of the results of any exposure than any patient ever need be. That after some slight bullying and show of legal resistance they always give in in time, and that a determined lawyer's letter acts as surely upon them as a pinch of salt does upon a leech.

Our parting word, then, to all victims who may be secretly smarting from the rather expensive advice of a "Silent Friend," is to take the case at once into Court, unless your excellent "Friend" is too discreet to put you to such unnecessary trouble and expense; or if you do not wish to proceed in the matter yourself, to state the case to the Secretary of the nearest Medical Registration Association.

THE WEEK.

We last year alluded to the extraordinary and disgraceful proceedings enacted by Military authority at Chatham, relative to soldier-lunatics. The practice has been discontinued for some time, but the military authorities at Chatham are again about to resort to the system of setting at liberty insane soldiers, who are found incurable, in the public streets, a communication having been a few days since received by the town authorities at Rochester, in which city the Military Lunatic Asylum at Fort Pitt happens to be situate, that an insane soldier would be set at liberty in one of the streets in the morning, the notice being given in order that the necessary steps might be taken to prevent his committing any outrage, and to enable the police to apprehend him. A proceeding more opposed to common decency can hardly be imagined as perpetrated under the name of public authority. It is a *scandalum magnum* without any kind of defence; disgraceful to those who are responsible for it, and utterly repugnant to the feelings of the age in which we live.

We are glad to see that, notwithstanding the efforts made to secure the execution of Annois, the Portuguese murderer, judgment has been stayed, in order that further inquiries may be made concerning the antecedents of the wretched man. We at the time protested against the conclusion of the *Times*, and are satisfied that no man of science or sense would calmly send to death a man who had committed an act so manifestly insane and objectless. The counsel who conducted the prosecution has himself (and to his great credit) made efforts in behalf of the man, to prevent execution of the sentence.

Public opinion has, at length, so far prevailed as to bring about such a reformation in the Army flogging system as will doubtless eventually lead to its complete abolition. We still maintain that flogging—such flogging as produces mutilation requiring Hospital treatment—is utterly unjustifiable on any principle, except on those which justify *torture* as a punishment for crime. The new Regulations, though a wonderful step in the right direction, are far from actually

abrogating the practice of flogging. Every soldier is, on entering the Army, to be placed in a Class called No. 1, and is not liable to be flogged except for gross insubordination; but he is liable to the lash-punishment if he be degraded to Class No. 2, which, doubtless, many soldiers will be. However, the step is one in advance; and we hail it as a sign of still further improvement in the same direction.

A free pardon of Dr. Smethurst has been granted. This was necessary before he could be put on his trial for bigamy, because a man under sentence of death is dead in the eye of the Law, and incapable, therefore, of performing any legal act—for instance, of pleading to the indictment. He is to take his trial for bigamy in the Criminal Court at the next sessions.

The Herts Medical Registration Society has carried out a resolution agreed to at the first annual general meeting, and has published a list of all Medical Practitioners (as far as known) resident in the county of Hertford, distinguishing those who are members of the Herts Medical Registration Society, and those who are not registered according to the provisions of the New Medical Act, 21 and 22 Vict. cap. 90. Such a list published in every large town or county, would be of infinite service, by making known the names of those Practitioners who have not afforded the usual guarantees of the possession of such a Medical education as entitles them to the confidence of the public. We trust that the example of our brethren in Herts will be generally followed.

The appeal in the case of the London Medical Registration Association *v.* Frederick Gould, Kingston-on-Thames, will be heard this day at the Court of Queen's Bench. Mr. Lush, Q.C., is specially retained. The "Surgeon-Dentist" question is sure to arise in this case. Dr. Ladd (through Mr. Bowen May) submitted this question to Mr. Lush, whose opinion we quote:—

"I am of opinion that Dentists who are not registered are not entitled to use the prefix 'Surgeon,' and that they are consequently liable to the penalty prescribed by the 40th Section, notwithstanding the saving clause at the end of the Act. The question is rather one of fact than of law, and I advise, upon the assumption that there is, as stated in the case, a class of Practitioners who study Surgery, and who pass the College for the purpose of practising as Dentists in the higher department of the Profession, and who are known as 'Surgeon-Dentists.' Those who have not so qualified themselves have no right, I think, to assume that title. The question will probably be carried to the Superior Court upon a case stated by the magistrate, and this will be the most satisfactory course to all parties.

"Temple, Nov. 12, 1859." "Robert Lush.

Lord Elgin has been elected Rector of the Glasgow University. The following was the final state of the poll. The "Nations" do not appear to have "so furiously raged together," as they have been known to do on former occasions:—

	Disraeli.	Elgin.
Natio Glottiana	140 ..	193
,, Londoniana	91 ..	101
,, Rothseiana	72 ..	141
,, Transforthana	108 ..	118

Lord Elgin had thus a majority in all the Nations, and was numerically above his opponent by 142 votes. The total number of students who voted was 964, out of 1020 matriculated students in the University. There was nothing like a serious "demonstration" during the day, although the usual amount of pea-throwing, cheering, hooting, etc., prevailed. The return of Lord Elgin is mainly due to the energy and determination shown by the Liberal Association, ably backed up by the Independent Union.

Our readers will learn from an advertisement which appears on the cover of this number, that Sir John Forbes is retiring from practice—as a sale of some very valuable engravings, among other things, is to take place at his house, in Old Burlington-street, on the 30th inst. We allude to this now, as it may appear strange to many of Sir John's friends that no *books* are to be sold; and it is right it should be known that he has presented *all* his Medical works, numbering between two and three thousand, to his old *alma mater*, Marischal College, Aberdeen. We express very feebly the sincere wish of all Sir John's friends, and of the Profession to which he has so long been a "shining light," when uttering the heartfelt hope that he may pass many happy and useful years in the honourable retirement he has earned so well.

Small-pox is spreading in the Metropolis of the country of Jenner. Several deaths, and many more cases, are recorded in Dr. Thomson's last Monthly Report of the Health of Marylebone. This gentleman says:—

"Although the central vaccination station in High-street has not been so directly successful as could have been wished, it has been the means of bringing me into contact with the public vaccinators, and of obtaining, by the liberality of the Registrars complete lists of all the localities where births occur, which I have placed in the hands of the vaccinators. The establishment of the central station has, therefore, been the means of improving the vaccine organisation, and has contributed to the vaccination of many persons to whom I have given notices, whose names do not appear on the central station list, as I have traced several vaccinations to the district stations, and even to Institutions out of the parish. It is gratifying to state, that, although I have met with some obstinate parents, it has not been found necessary to issue a single summons, moral suasion having hitherto, as I anticipated, fully succeeded; but the decision of the Vestry to take action in extreme cases has undoubtedly exercised a powerful influence throughout the parish."

Two Medical men of the same borough have addressed a letter both to us and to the *Times*, pointing out the great danger incurred by inefficient and insufficient vaccination; urging the importance of obtaining a fresh supply of lymph from cows; and the appointment of a sufficient number of properly-remunera'ed Public Vaccinators. This last recommendation is what we have advocated over and over again in these columns.

The influence of the Medical element in the recent elections at the Edinburgh University has been of the most gratifying nature. We are indebted for the following facts to the able letter of an "Edinburgh M.D.," which appeared in the *Morning Post*:—

"Three-fourths of the total number of voters belonged to the professions of Divinity, Law, and Medicine. They voted thus:—

	Total.	Brougham.	Buccleuch.
Lawyers	259	117	142
Clergy	289	151	138
Medical Doctors and Surgeons	200	153	47
	748	421	327"

After analysing the votes of the other Professions, the writer goes on to say, that

"Medical men are, from their calling, thoroughly worked up with all parties and classes; and therefore, as might have been anticipated, their votes fairly represented public opinion. Of the 200 Medical Members of Council who voted, 153 polled for Lord Brougham. The small number of Medical votes is

explained by the fact that a Scottish Medical degree does not qualify to sit in a Scottish University Council, unless there is also proof of four years' resident University education."

The Medical element, at present small, will rapidly gain strength, and will ultimately become the most powerful (numerically) in the General Councils—a fact which is not easily believed till an examination of the subject has been made. If we are right in this calculation, and if voting by signed lists be allowed in the General Council elections (a point now before the Commissioner), the Scottish Medical Graduates may soon virtually have the election of a Parliamentary representative; for it is well understood, that in any new Reform Bill the Scottish Universities are to have at least one Member. The letter from which we have just quoted, shows in a remarkable though incidental way, that there is less political partisanship in the Medical than in the other Professions.—On the day our last number was published, the election of RECTOR took place; and as we hoped and anticipated, Mr. Gladstone was the victor. He beat Lord Neaves by a majority of 116. The numbers were, 643 and 527. The voting (by matriculated students) took place between eleven and one o'clock, in fourteen class-rooms, the polling being by hundreds in each room according to the number of the matriculation ticket. At one the Professors met, added the poll-lists, and announced the result by posting a certificate. There was intense excitement. The contest was in no respect a political one. The great majority of the Medicals were for Gladstone. Mr. Gladstone is now, therefore, President of the University Court of Edinburgh, with a deliberative and a casting-vote. He has also to name his "Assessor," who will be one of the eight Members of the Court.

Science and Literature seem to be reviving in Italy amidst the throes of its revolutions. Activity prevails in all the Universities freed from Papal and Imperial tyranny. Whole batches of new Professors are seated on newly-erected chairs at Parma, Modena, and Bologna. In the latter place the office of *Rettor Magnifico*, or President, has been offered to Count Carlo Pepoli, long a resident in England, and well-known as a poet and scholar.

"In Tuscany new professors are called together from all parts of Italy. The Sicilian historian, Michele Amari, had been summoned from Paris to the expressly-created chair of Arabic at the University of Pisa by one of the very earliest acts of the Tuscan Provisional Government in April last. Ferrara, also a Sicilian exile, for some time Professor of Political Economy at Turin, was lately destined for the same University. Both of them, however, have now been called to Florence, where they are to lecture at the Schola di Perfezionamento, or Upper School, which Ridolfi intends to place above the two Universities of Pisa and Siena, as a kind of Supreme Court of Learning for all Tuscany. Dr. Tommasi, a very able and distinguished Neapolitan physiologist, who practised Medicine at Turin since his banishment from his country in 1848, has been raised to the chair of Clinica Medica at Pisa. Not a few of the great Italian scholars and men of science whom political vicissitudes had for the last ten years congregated at Turin are now once more moving back to the more genial sojourns of the Lombard and Tuscan towns, especially to Milan and Florence."

A Dr. Airey, who has recently astounded Bristol by such advertisements as the following, copied from the *Western Times*, has been fined £20 for illegally assuming Medical titles:—

"A thousand patients receive benefit weekly, and no deaths—no bleeding to murder—no blistering to torture—no poisons to destroy. Dr. Airey, Member of two Colleges in New York (not registered in England), may be consulted daily, advice free, at his Lecture-hall, 30, Castle-street, Bristol. More wonderful cures.—Mr. John Crocker, 9, Barton-place, Barton-road, Bristol:—'I have suffered from the tic and pain in my head for two years, and have had four teeth drawn for it, but all to no use. I am happy to say that Dr. Airey has cured in one minute.—John Crocker.' Mr. John Saunders, servant, Clifton:—'I have suffered most severely from the piles and diseased liver for more than ten years. I have been cured by Dr. Airey in one week. It is really a miracle how the medicine cured me. The first dose gave me relief; I never was better in my life.—John Saunders.' Mrs. Mary Ann Davis, 46, Hill-street, St. Paul's Bristol:—'I suffered from the pain and tic in my head and face for two weeks, night and day, and I have been cured by Dr. Airey in one minute.—Mary Ann Davis.' Mr. Edward Robinson, Temple-street, Bristol:—'I have been affected with rheumatic pains in different parts of my body for three years. I have tried nine doctors in Bristol, without receiving any benefit. Dr. Airey has made a good cure of me in four days.—Edward Robinson.'"

And so on by the yard! A charge was made before the Bristol magistrates that,—

"The defendant did take and use the name of 'Doctor,' and did use the initial letters M.R.C.S, and M.R.C.P., as an addition to his name, thereby implying that he was registered under the Medical Act, and was recognised by law as a Physician and Surgeon, such not being the truth."

The use of the letters M.R.C.S. and M.R.C.P. was proved, and the defence advanced was,—

"That Dr. Airey was a duly-qualified Medical Practitioner according to the laws of the United States of America. That he was a Member of the Reformed College of Surgeons, and of the Reformed College of Physicians of New York, and therefore, that the title Doctor, with the initials M.R.C.S. and M.R.C.P., which he had assumed, were strictly conformable with truth, and with his diplomas from those colleges. Defendant's counsel also produced some of defendant's Medical works, hand-bills, and advertisements, to show that he had distinctly denied being registered in England. The diplomas from New York on which the defendant relied were produced, but he did not verify them by evidence, nor did he prove that he was a 'Doctor of Medicine of any foreign or colonial university or college, practising as a Physician in the United Kingdom before the 1st day of October, 1858,' within the meaning of Schedule A, clause 11, of the Medical Act. Nor that he had satisfied the Medical Council that he had taken his degree of Doctor of Medicine after regular examination; or that there was sufficient reason under sec. 46 of the Act for admitting him to be registered."

As this case is very important, we give the concluding portion of the judgment of the presiding magistrate in full:

"Two questions now arise for our consideration: 1st. Did the defendant take and use the title and additions which have been alleged against him for the purpose of implying that he was registered under the Medical Act? and, 2nd. Did he so act for the purpose of implying that he was recognised by law as a Physician and Surgeon? On the first point we think that reasonable doubt exists, and we therefore find that the defendant is not guilty of so much of the information as charges him with having done the acts in question for the purpose of thereby implying that he was registered under the Medical Act. On the second point we think that the words in sec. 40, 'recognised by law as a Physician or Surgeon,' mean that the person practising must be recognised by the English law. We think also that the Medical Act is *general* in its application, and that, although a person may be duly qualified according to the laws of a foreign country, he must satisfy the requirements of the Medical Act before he can legally practise in Medicine or Surgery in England. Under these circumstances we find the defendant guilty of so much of the information as charges him with having done the acts in question for the purpose of implying that he was recognised by law as a Physician and Surgeon, whereas in fact he was not so recognised, and we convict him in a penalty of £20, and in default of distress one month's imprisonment."

In a recent number we gave a full abstract of a paper by Dr. Hayes, late Surgeon to the United States Grinnell Arctic Expedition, in the *American Journal of Medical Science*,

containing some interesting remarks respecting the relations which exist between food and the capabilities of men to resist low temperatures. A Correspondent writes as follows:—"The remark of Dr. Hayes respecting the absence of phthisis among Esquimaux reminds the writer of these lines of an interesting circumstance which he remembers hearing of in Edinburgh some time after the departure of Sir J. Franklin's fatal expedition. In a letter from Mr. Goodsir, one of the Assistant-Surgeons of the expedition, it was stated, that he had been visiting an Esquimaux who was in the last stage of phthisis, that the man was half covered with earth, and that some moss was growing on his body. This was the last letter ever received by his friends from the young and talented writer of it."

REVIEWS.

On the Diseases and Injuries of the Joints. Clinical and Pathological Observations. By Thomas Bryant, F.R.C.S., Assistant-Surgeon at Guy's Hospital. Octavo. Pp. 273. London: 1859.

Mr. Braynt has made himself known to the Profession by some good papers on one or two important Surgical and Pathological subjects. In the work now under notice he has entered into the consideration of a class of diseases which have always claimed the most careful attention at the hands of every good Surgeon and Pathologist. A comprehensive work on the diseases of the joints, written by a Surgeon of large experience and sound judgment, would be hailed by every one as a real boon. The subject, however, is so extensive, and requires such a large amount of practical knowledge that it is hardly to be expected that any *young* Surgeon should be able to effect all that is desirable. We mention this because it is to be feared that many on reading the title at the head of the book will be disappointed. And as it is not fair even to hint at a charge of insufficiency without being able to prove it, we will, without proceeding into detail, just refer the reader to one point connected with articular disease, about which he would very likely seek for information in a new work on diseases of the joints,—we mean Gonorrhœal Rheumatism. This very interesting and difficult subject is discussed at page 25, just in ten lines and a-half, eighteen more lines being devoted to a case illustrating this disease.

Nevertheless, there is a considerable amount of useful matter in this book. The morbid appearances in diseased joints are in some cases faithfully, and in many very elaborately detailed. A true pathology is one of the most important foundations of Surgical knowledge and treatment: the author has executed this valuable part of his subject in a manner which shows his appreciation of this truth.

The first chapter is devoted to the Inflammatory Affections of the Synovial Membrane. The morbid appearances are well described. Mr. Bryant mentions a case where he distinctly discovered fine radiating vessels beneath the fibrinous material which was poured out over the cartilage in a case of inflammation of the synovial membrane. He considers that this case is sufficient to settle the point as to the continuation of the synovial membrane over the cartilage.

In the second chapter, which is brief, those serious disorders of the joints, known under the name of Pulpy and Gelatiniform Disease of the Synovial Membrane, are treated of. The author recognises, with most Surgeons, the extreme obstinacy and danger of the pulpy thickening; but at the same time seems to think that a good deal may be done by proper treatment in some cases.

In the next chapter the Morbid Changes taking place in the Articular Cartilages themselves are considered at length. The author agrees with the majority of well-informed Surgeons that diseases of cartilage are the result of extension of morbid action from other textures. In the treatment, Mr. Bryant gives no new directions or remedies, but advises great reliance upon hygienic measures, and absolute rest, which, if they do not cure the disease, may bring about a stiff limb:—"Much time and patience are required to procure this desirable condition upon the part of the patient and the Surgeon, but it may generally be obtained by due attention on both sides"—P. 67.

Chapter IV. is devoted to the consideration of the Diseases of the Articular Extremities of the Bones. The author divides them into two classes—the inflammatory, and those where morbid growths are developed. The changes which take place in inflammatory condition of the heads of bones are very well described. Strumous disease is rare, if the term be used in its strict sense; but we entirely differ from Mr. Bryant in his opinion that it should be confined to those cases where the true cheesy deposit is found. The term is very rightly applied to chronic inflammation of the end of a bone occurring in weakly, scrofulous persons, and is usefully applied as suggestive of the proper plan of treatment which should be adopted. Perhaps in the whole catalogue of articular disease there are no cases which so demand the attention of the Pathologist and Surgeon, for in many of the cases, especially those where the affection is situated at the knee-joint, morbid action, which may appear only to be limited, insensibly progresses, extends into the cavity of the joint, and produces irreparable mischief. Timely treatment, however, or a well-chosen operation will frequently hinder this; how often, for instance, it is possible in a case of circumscribed abscess of the head of the tibia encroaching upon the joint, by scooping out the diseased cavity and removing any portion of dead or loose bone, to prevent the implication of the articulation itself, which would almost infallibly take place were proper measures not taken! Some interesting cases illustrating important practical points are detailed in this section of the work.

After touching upon the subject of Tumours on the Articular Extremities of Bones, Mr. Bryant, in the eighth chapter, considers at considerable length the important question of anchylosis of joints, and describes the several conditions under which this is met with. There is a difference of opinion among Surgeons as to whether the true bony anchylosis is frequently seen. The author states, as his view, "that bony union is not an unfrequent termination of diseased joint, although it is somewhat difficult to decide with accuracy by what pathological process such a result may be produced."—P. 116.

The treatment of fibrous and partial anchylosis by forcible rupture is looked upon with favour, especially in the case of the hip; but when the knee is the joint affected, gradual extension, by the use of the posterior angular splint, is that which, with many other Surgeons, Mr. Bryant recommends. To tenotomy he is not very favourable as an adjunct in the treatment, or at any rate he considers that it is not advisable to put it in force in many cases where some orthopædists would practise it. With regard to the line of practice which is best in those cases where a true bony anchylosis of a joint in a position very detrimental to its owner has occurred, the reader will not gain any very definite idea from the author; nor does he enter into the very important question as to the propriety or expediency of removing a wedge-shaped portion of bone, or of performing excision in those instances where a useless and unsightly anchylosis has taken place.

Mr. Bryant after having, on various occasions in discussing previous points, referred briefly to the great question of amputation or excision, enters into the consideration of this important subject in the next chapter. We should have expected to find that a large amount of information on this matter would have been furnished by an author attached to a large Hospital. Mr. Bryant, however, throws no light whatever on the subject, and neither gives us information of his own, nor does he furnish the Profession with the experience of others. The ordinary remarks about the recovery of limbs after they have been doomed to amputation are made, and the author lays great stress upon the propriety of trusting to the powers of Nature, but cares little about pointing out those features which, notwithstanding the power of Nature, are seen associated with diseased joints in too numerous instances, and which render a surgical operation necessary, or doom the patient to a miserable life and early grave. The author, too, granting the necessity of active surgical interference, does not lay down any distinct rules for our guidance in the selection of the operation to be done. Moreover, he makes some mistakes which he should have avoided; thus, for instance, he denies the possibility of removing the diseased acetabulum in excision of the hip. Now, Mr. Bryant ought to know that it is not only possible, but that the object has been effected, and that patients have

recovered after the head of the femur and the whole floor of the acetabulum have been removed. No one would think of denying that the glenoid cavity of the scapula could be taken away; yet it seems to be little understood that the cotyloid cavity may be got at with almost equal facility when the head of the thigh-bone has been removed. From not considering this point, Mr. Bryant has fallen into grievous practical error, laying down the law that the "operation of excision (of the hip) should not be performed." We give his own words here, to avoid all chance of misconception:—

"Excision of the hip-joint is not suggested as a substitute for amputation, as such an operation is never performed for disease of the articulation, but comes before us as an extra means of affording relief in these painful cases. There is, however, this serious disadvantage, that both surfaces of the articulation cannot be removed. It is very rare for only one surface of a joint to be diseased, even in an early stage; and in such a condition where the joint has become disorganised, there can be no question that both surfaces will be involved; no means that we possess will inform us in which bone or upon what surface the disease is most extensive, nor can we learn what part is capable of repair. The great advocates for excision of joints dwell forcibly upon the rule of practice, which they hold out as the chief cause of success; that the removal of all the articular surfaces of the joint is a *sine qua non*, and that the section of the bone should be a liberal one. In the hip-joint this rule cannot be carried out. The pelvic portion of the joint can be but little interfered with, and can certainly not be removed; and one portion, therefore, only of the joint, viz. the head of the femur, can be excised. Under these circumstances, there are not many instances where much benefit can be expected, and as a consequence the operation of excision should not be performed.

"There are examples of acute and chronic inflammation of a joint terminating in necrosis, where the necrosed bone by its presence keeps up irritation and suppuration, and where good can be expected by the removal of the dead bone; in such, the bone may be removed, or such portion of it as will come away. But surely these are not cases of excision of a joint. The dead bone is keeping up the disease, and by its removal, if the disease is not arrested, benefit may fairly be expected."—Pp. 144, 145.

As regards excision of the ankle-joint, Mr. Bryant deals with the subject in a very summary manner. "When the ankle-joint is disorganised, I am unable to find any advantage in excision; if a stiff joint ensues, the foot is dreadfully in the way, and the chances of a obtaining a moveable one are very slight."—P. 146.

Now it is very evident from this passage that the author has never seen a case where excision of the ankle-joint has been performed. If he had had the opportunity of seeing one or two cases where the operation had been successfully done, he would find that the foot, instead of being in the way, was a very serviceable one. Surely Mr. Bryant can hardly be ignorant of the fact that this operation has been performed with great success.

We should have expected to find some useful information regarding that very important and much-discussed question of excision of the knee-joint; but the author gives us little help in clearing away the difficulties which beset this subject. In all probability he has not had much personal experience of the operation. He states that statistics prove that amputation of the thigh is less fatal than excision of the knee-joint.

"If then by the operation of excision of the knee-joint the dangers to life are greater than in amputation, and as the advantages gained by preserving the limb are not so great as to cover this extra risk, the propriety of selecting amputation cannot be questioned."—Page 142. After making this statement, he, in the next pages asserts, by his own statistics as compared with those of Mr. Butcher and Mr. Price, that excision is the more fatal operation, and nevertheless he states:—

"At the same time I would add, that in select cases there is no doubt that it should be performed; and that as time progresses, and more experience is acquired, the operation will become less fatal, and, consequently, more frequent."—P. 144.

It will be thus seen that it is difficult to ascertain what the author's real opinion about the matter is: for in one place he states, if there is more danger in the one operation, "the propriety of selecting amputation cannot be questioned;" and in the other, after demonstrating that the excision is much the more dangerous proceeding, Mr. Bryant affirms "that in *select* cases there is no doubt that it should be performed."

As regards statistical details there is such a wide divergence of opinion among the various writers who have collected them, that it is impossible to arrive at any correct conclusion as to what is the average mortality after amputation of the thigh; but with reference to excision of the knee, it is pretty well ascertained that the mortality is about one to five; and we fear that if all the cases of amputation for disease of the knee could be collected, the fatality would not be less than this. It is true that in the hands of one operator, or at one or two particular Hospitals, the deaths may have even been much less than this for a series of years,—but in other instances the mortality will have been found to be much greater. It is the case with excision of the knee. We know of one Surgeon who has operated largely, and has had a mortality of fifty per cent.; but we know an instance where another Surgeon has also operated largely, and has met with a mortality of only six per cent.

We strongly suspect that, after all, the deaths from each operation will be found to be much about the same; and if this be granted, or even if there be only a doubt about the matter, we do not hesitate to say, after having seen many cases where the patients have obtained most efficient limbs, that that Surgeon who would reject excision in proper cases, and select amputation, would be as guilty of as much neglect towards his patient, as though he were, in a case of popliteal aneurism, to refuse employing pressure, or, in certain cases of stone, to perform lithotomy rather than lithotrity.

The second part of the book treats of the Injuries of Joints. On this subject we shall do no more than give a passing notice. The most important point discussed is, perhaps, that of compound fracture into joints, a class of cases which will always demand the most careful study, and most skilful attention on the part of the Surgeon, and the difficulties of which cannot be appreciated by any one who has not had considerable opportunities of seeing and treating these formidable injuries. With regard to that terrible accident, compound fracture into the knee-joint, the extremely practical and important question of amputation is scarcely referred to by Mr. Bryant. We are glad to find that he is in favour of attempting to save the limb, even after this injury, warranted as he is by the result of a case detailed by him, where a man, aged 51, escaped with his life, and with a useful member. It has hitherto been generally considered that in the case of an adult, who has met with a compound fracture into the knee-joint, amputation should be at once performed if there be no internal injuries; but we agree with Mr. Bryant that there should be hesitation in resorting to this desperate measure. As regards excision in the instances of compound fracture, or dislocation into the smaller joints, there cannot be much doubt regarding its propriety, although every Surgeon must have met with instances where he has had to regret resorting to this measure instead of amputation. As to the expediency of the same measure in these severe injuries of the hip and knee, there must be greater doubt. Mr. Bryant speaks in favour of this measure.

With the consideration of the various Dislocations of the Joints the work is concluded. There is evidence in it to show that Mr. Bryant has very laboriously and carefully studied some part of the subjects upon which he has written. Many of his pathological illustrations are clear and correct; but in the matter of treatment, the end of all pathological and anatomical research, his views are undecided and imperfect. His references to authority are extremely limited, and there is no doubt that some of the errors Mr. Bryant has fallen into have arisen from the want of appreciation and careful study of the doctrines and opinions of other Surgeons. Still, with all the exceptions we have taken to it, we must regard the work as one of great interest to the practical Surgeon.

ALREADY 12,500 francs have been collected for the erection of statues to Lapeyronie and Barthez, at Montpellier. "Let us hope," says the French journal which announces the fact, "that the artists who have the execution of the work committed to their charge, will be more happily inspired than the author of the disgraceful statue of Jenner, which is destined for Boulogne, and at present exposed at the Louvre."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

POISONING BY PHOSPHORUS MATCHES IN FRANCE.

Probably owing to the difficulties which are thrown in the way of the purchaser of ordinary poisons, poisoning by phosphorus matches has become, since about 1846, of very common occurrence in France. It is evident that this can only be obviated by the manufacture and sale of matches of an innocuous character, and to this object scientific men, manufacturers, and the Government have for some time past been turning their attention. One of the most recent documents upon this subject is a Memoir on Poisoning by Phosphorus, read to the Academy of Medicine by M. Reveil, and reported on by M. Poggiale. The results of Orfila's, Reveil's and the reporter's experiments show that phosphorus introduced into the stomach may give rise to violent phlegmasia, going on to ulceration and fatal perforation. This is, however, not always the case, the phosphorus introduced into the economy seeming, in other instances, to modify the composition of the solids and fluids, and disturb their physiological action. In many cases the two modes of operation are combined. The phosphorus acts much more readily upon the empty stomach, and when in a state of minute division or solution. The acids of phosphorus are not poisonous, acting only as the strong acids do when in a state of concentration. Besides the expulsion of the poison, magnesia constitutes the best remedy, not only saturating any acids that may have formed, but sheathing and mitigating the effects of any of the unchanged poison, this latter effect being also producible by means of starch.

The reports, which have been made by Chevallier and Tardieu upon the subject have strongly recommended the substitution of red or amorphous phosphorus for the ordinary phosphorus; but no legislative action has as yet been taken in that direction. Still M. Poggiale regards this as the only feasible suggestion. The red, or amorphous phosphorus is an allotropic transformation of ordinary phosphorus, and takes place as a consequence of exposure to the sun's rays in vacuo, or in an atmosphere of azote or hydrogen. It may be prepared on a large scale for commercial purposes by M. Schrötter's process. The substance which results is a red powder, which does not disengage any acid vapours, may be preserved in the air without change, and is both innocuous to the manufacturers of matches, and destitute of poisonous qualities.

Here would seem to be the very substance, but in fact there are great obstacles to its production, for not only is this more expensive than in the case of ordinary phosphorus, but according to a most accomplished chemist's—M. Gaultier de Claubry—report to the Minister of Agriculture, the process of transformation of ordinary into amorphous phosphorus (the phosphorus requiring to be maintained for a long period at a temperature of 250° to 260° C., in closed vessels) is a highly dangerous one, and one if performed on a large scale would give rise to numerous dreadful accidents. The change would also then often be only imperfectly operated, and phosphorus believed to be innocent would still contain poison. M. de Claubry asserts that a patented process of M. Canouil, based upon the employment of chlorate of potash to the exclusion of phosphorus, unites every desideratum, both as to safety in manufacture and efficiency and innocuousness of the article produced.

We may here subjoin a notice of two or three of the most recent cases of poisoning that have occurred in France, related by M. Tuefferd. An infant three months old, in perfect health, was seized with vomiting, emitting a garlic smell together with colic and diarrhœa one hour after some phosphorus matches had been given to it, and died in about twenty hours. The stomach exhibited excessive friability, and not only the mucous membrane but the muscular coat was found reduced over large patches into a pale greyish pulp, the serous membrane alone resisting. The appearance was entirely different from inflammatory ulceration, there being neither injection, tumefaction or thickening. The bladder was colourless and completely empty. Another child aged three years was also seized with alliaceous-smelling vomiting in the midst of health after the poison had been given him and died in about ten hours. The autopsy was only performed 81 days after interment, and therefore the appearances were not so conclusive. The interior of the stomach was smooth and whitish and deprived of its mucous membrane containing sanguinolent matters of a gelatinous consistency. In both cases phosphorus in the state of acid was discovered, and the culprit confessed the offence. The other case was that of a man 46 years of age, who for the purpose of suicide, swallowed all the paste of two boxes of matches. After intense suffering, great vomiting, and the administration of magnesia, he so rallied that the next day he incautiously resumed a laborious business. Symptoms of gastritis next day reappeared, and in twenty-four hours after the relapse he died. The autopsy revealed acute gastritis.—*Bulletin de l'Acad.* tom. xxiii., page 1229.—*Annales d'Hygiène*, October, page 260 and 370.—*Journ. de Chimie Med.* August, page 480.

EXCERPTA MINORA.

Formula in Mentagra.—As a local application, M. Richard employs the following solution, frequently applied, with good effect:—Sulph. of zinc, 16; sulph. of copper, 5; water, 500; and laurel-water, 15 parts.—*Presse Méd. Belge*, No. 25.

Tannin Crayons in Affections of the Uterus.—M. Becquerel finds these of great service in affections of the cervix uteri, being advantageous substitutes for intra-uterine injections. They are formed of tannin 4, and gum tragacanth 1 part, mixed up with crumb of bread. They are about one-sixth of an inch in diameter, and an inch long, and are passed, by means of a forceps and speculum, through the os uteri into the cavity of the uterus, in which they are kept by means of charpie, moistened with a concentrated solution of tannin. The crayon softens and dissolves; and at the end of twelve hours the charpie is withdrawn by means of a thread attached to it. A new crayon is introduced every third or fourth day, and after a month's treatment the fungosities of the mucous membrane gradually disappear, and hæmorrhage ceases.—*Bull. de Thérap.*, t. lvii., p. 365.

Iodide of Ammonium in Syphilis.—As the result of several trials made by M. Gamberini, of Bologna, it is stated—1. That it is suitable in all cases in which iodide of potassium and sodium are employed. 2. It leads to a rapid cure. 3. The quantity given daily may be carried as high as from 5½ to 5½, and intolerance is rarely exhibited. 4. Employed in friction with olive-oil, it causes the disappearance of nocturnal syphilitic pains. 5. The signs of intolerance are a sense of burning in the throat and heat of the stomach; these rapidly disappearing on the suspension of the medicine for a couple of days. 6. Under the internal use of this medicine indurations consecutive to hard chancre disappear, as do also the indurated ganglionic pleiades in the groin. 7. Arthralgia, rheumatoid affections, periostitis, enlarged glands, and papulo-vesicular syphilide of the back, are the forms of syphilis which have best yielded to this drug.—*Ibid.*, p. 378.

Epidemic Catarrhal Orchitis.—When orchitis has occurred during the prevalence of mumps it has usually been considered as the result of metastatic action; but in a recent epidemic of catarrhal fever, described by M. Desbarreaux-Bernard, of Toulouse, to which the prevalence of mumps imparted a special character, this explanation would be at fault. For in several patients the affection of the testis appeared at once, without any preliminary affection of the parotid whatever. It came on during the catarrhal fever, the pain, however, being only slight, and the tumefaction assuming a globular—rather an ovoid form. Individuals of all ages were attacked, and several of these were patients in the Hospital, suffering from or convalescent from various serious diseases.—*Ibid.*, p. 378.

Chloride of Sodium as an External Resolvent.—M. Ancelon affirms that chloride of sodium employed externally, whether in powder, or incorporated with lard or linseed oil, forms a most admirable resolvent of indurated lymphatic glands. Frictions made with a pomade composed of it will induce an eruption resembling variola, which proves of great use in pulmonary phthisis and in chronic affections of the alimentary canal.—*L'Union Méd.* No. 132.

GENERAL CORRESPONDENCE.

THE MEDIAN OPERATION FOR STONE IN THE BLADDER.

Letter from Mr. Todd.

[To the Editor of the Medical Times and Gazette.]

Sir,—In consequence of my absence from home, your remarks upon Mr. Bowman's operation for stone at King's College Hospital, performed on Saturday, October 8, escaped my observation (a); but the other day my attention was called to them by Mr. Ferguson, of Giltspur-street, who has made, by my directions, an instrument supplying, I think, the deficiency which that eminent Surgeon, Mr. Bowman, complained of.

Some ten or twelve weeks ago, I had the privilege of seeing Mr. Lloyd perform his operation for stone, and the want of a proper dilator struck me forcibly. Mr. Lloyd himself felt it during the operation, and afterwards remarked upon it. I went to Mr. Ferguson, and requested him to make, according to my drawing, a dilator especially for this purpose; it is a modification of the dilators which you did me the honour of publishing in your Journal some months ago, for stricture of the rectum. In my remarks at that time, I stated that this form of dilator would be found useful in the median operation (Lloyd's); and as soon as the woodcut can be got ready, I shall ask you to receive a few remarks upon this method of operating, and a description of the instrument which Mr. Ferguson has made for me. I am, &c.

16, Old Burlington-street. Armstrong Todd.

THE "FELL" SYSTEM.

Letter from Dr. Synnot.

[To the Editor of the Medical Times and Gazette.]

Sir,—One instance of a "cure" of cancer by the Fell system has come under my notice, of which I send you a brief account. When Dr. Fell first made his appearance in this neighbourhood, I went, with several other Medical men, to his house. He received us most politely, and in speaking of his peculiar mode of treatment he boasted of its great advantage over the knife; in the first place, in its comparative freedom from pain; and in the second place, that the disease did not return after being removed by his process; as his remedy not only destroyed the local disease, but also exerted a specific effect upon the constitution. He also declared that his remedy contained no mineral caustic, but that all its virtue and efficacy depended upon a peculiar vegetable ingredient in his paste: but to return to the object of this note—

On July 4, 1857, I saw Miss J. Y., 46 years of age, of a thin and spare habit, dark and unhealthy complexion. In the preceding November or December she was operated upon by Dr. Fell, and after several weeks of his peculiar treatment the tumour came away. The wound was a very long time in healing. When I saw her, where the left breast had been there was a very large puckered cicatrix tightly drawn over the ribs, and in places of a stony hardness; some of the glands in the axilla were enlarged and hard, and scattered through the sound skin; around the cicatrix were several nodules of cancer. This lady having recovered from the attack for which I attended her, passed from under my observation, but I have heard that she died not very long afterwards of cancer.

I am, &c. Robert Synnot.

16, Eaton-terrace, S.W., November 14, 1859.

PLACENTA PRÆVIA.

Letter from Mr. R. F. Snape.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following case will illustrate Dr. Lee's principle of turning with two fingers:—

I was called to see Mrs. B——— at 9 a.m. November 10, 1859. She was expecting her confinement in three weeks or a month; found her suffering from sharp hæmorrhage, which ceased while I was in the house. Upon examination I found the os uteri high up and quite closed, and was unable to introduce the finger to ascertain presentation. Enjoined perfect quiet, cold drinks, and applied cold to vulva, also prescribed infus. rosæ co. c. acid sulph. dil. ʒj. om. two vel three hor. At nine p.m. next evening, November 11, I was hurriedly summoned, and found that most alarming hæmorrhage had taken place. Patient almost pulseless, and altogether in a very dangerous condition. Upon examination found os uteri in same position, rigid and dilated to about the size of a shilling, could feel the placenta presenting. I was determined to attempt delivery, for if another flooding came on I felt certain the patient would succumb. I accordingly administered a stimulant, then introduced my hand into vagina and with considerable difficulty succeeded in passing two fingers through the os uteri. I separated the placenta attachment as far as I could, and behind it felt the child's head enclosed in the membranes. By perseveringly tilting it upwards I succeeded in altering its position until I felt a foot; I then ruptured the membranes and seized it, and with considerable difficulty I brought it into the vagina. I had to keep up firm and lengthened traction before the rigid os would permit the passage of the nates, the trunk and superior extremities soon followed, but it took both time and force to extract the head. I quickly separated and removed placenta; all hæmorrhage ceased, and the mother is now rapidly recovering. Of course, the child was dead. I am, &c. R. F. Snape.

Bolton-le-Moors, Lancashire, Nov. 14, 1859.

TREATMENT OF NÆVUS WITH COLLODION.

Letter from Mr. Browning.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have lately employed collodion with marked success as an application for the cure of nævus. It is most applicable to nævi situate over bone, exerting in such cases a uniform pressure much more effectual and more readily applied than that produced by means of a disk of ivory or other similar substance adjusted by plaster and bandage,—at all times a cumbersome apparatus, and seldom effectual, from the almost insuperable difficulty experienced in thus maintaining continuous pressure for a sufficient length of time. The mode I adopt is to simply apply the collodion by means of a camel's-hair pencil daily. I subjoin a case or two in which this mode of treatment has been adopted with the best results.

A. M., aged 4 months. A few days after birth the nurse noticed a small red spot, situate over the anterior superior angle of the left parietal bone, which gradually enlarged until it had, when brought to me, attained the size of a sixpence. It was of a dark venous hue, prominent, and increased in size when the child cried. Collodion was freely applied each day for a week, and three times during the following week, when the crust thus formed becoming partially detached was entirely removed, and the collodion reapplied daily for a week, and occasionally during the following fortnight, with the effect of entirely removing all traces of the nævus.

E. J., aged 16 months, had a nævus over the right brow, which had been gradually growing larger since birth. When the case came under my notice it measured three-quarters of an inch in length, by half-an-inch in width, and was elevated considerably above the surface. Collodion was applied, as in the previous case with good result, a cure being effected in five or six weeks.

G. W., aged 8 months, was brought to me with a nævus as large as a shilling, situate over the left temple, and apparently connected intimately with the temporal artery. During the last three weeks it had rapidly increased in bulk, and was then prominent and pulsating. Collodion was applied daily at first, with the effect of only slightly reducing the size of the tumour. Under the protracted daily application, however, the nævus eventually disappeared entirely.

The result in this case, I think, tends to throw doubt on the supposition that there was any connexion of importance between the temporal artery and the nævus. The artery probably passed under the tumour, thus imparting to the latter its pulsation.

I would remark, that in no case have I found any evil

(a) *Vide* Hospital Notes of No. 485, October 15, 1859.

result from the free application of collodion to the surface, and, although in some instances a considerable time has elapsed (owing generally to the carelessness of parents) before any benefit has resulted, in no case where I have been able to apply it myself have I known it fail. The advantage over the painful ligature is obvious. I am, &c.

George Browning.

Oughtibridge, Sheffield, Oct. 24, 1859.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 8, 1859.

J. Skey, Esq., President, in the Chair.

This was the first meeting of the Session. The attendance was very large.

A paper, by Mr. Solly, was read, giving

A CASE OF ANEURISM OF THE ABDOMINAL AORTA ARRESTED IN ITS PROGRESS.

On October 16, 1855, I was sent for by Captain W———, I found him a man of 30 years of age, and writhing in pain. I have seldom, indeed, seen indications of greater agony. He was naturally a handsome man; but his face was now thin and sallow, with an occasional transient flush. He referred his pain to the epigastric region of the abdomen; it was not much increased by manual pressure, but he could not lie flat on his back without additional suffering. A belladonna plaster over the epigastrium prevented my examining the abdomen satisfactorily. He stated that his bowels were confined, and the motions had been lumpy. I ordered him a dose of croton oil, and, as soon as the bowels had acted freely, a grain of morphia, with three drops of tincture of aconite in water every three hours. After I had thus prescribed, I learned that Dr. Watson had seen him previously, and I therefore, with their permission, made an appointment to meet him the next day. In the interval I made out the following history of his case, partly from his own account and that of his wife, and partly from a written statement by Dr. Gibney, of Cheltenham, under whose care he had been. At first I could not ascertain any probable exciting cause of his disease; but after some questioning, I found that four years and a-half previously he first suffered from pain in his abdomen when following the hounds on a young and very unruly horse. The violent exertion required at times to keep his seat caused a severe pain in the abdomen, and, as far as he can recollect, at the same spot in the abdomen as at present. When he arrived at home in the evening, this pain continued so acute as to oblige him to go to bed, instead of going out to dinner, as he had intended. From this account I am certain that the pain could have been of no ordinary character, as he is a most energetic and active man. Since that time he has never been thoroughly well. It was not, however, until years afterwards that he began to complain of his back, and indeed he says that he did not really suffer much until the last six months, when, the pains becoming more frequent, he consulted a celebrated London surgeon, who ordered him mercury with sarsaparilla, and friction to the back, telling him that he considered his affection spinal. These means seemed of some service; but on a hurried journey to Ireland all his bad symptons returned. The pains extended through the abdomen to the back and chest. He had frequent nausea, and at times vomiting, and almost always pain in the stomach after food, solid or liquid. Dr. Gibney, when writing to me on the 18th of October, says—"When I first saw him on the 6th (twelve days ago), he had violent pains in the back, extending throughout the trunk of the body; his pulse was 92, of good strength, his tongue clean and bowels open. I tried to allay the irritation by hydrocyanic acid, and a pill of bismuth and morphia. This partially succeeded." Dr. Gibney in the same letter, intimates the probability of the case being one of aneurism of the cœliac axis, but without pronouncing a positive opinion. On the 19th I met Dr. Watson. Our patient was much relieved by the croton oil, which had acted freely, and he had had a good night's rest with the morphia. The belladonna plaster having been removed, I was able to examine the abdomen, which I did at Dr. Watson's request before he gave me his opinion. I found a distinct pulsating tumour a little above the umbilicus, at about the bifurcation of the aorta. This pulsation was felt not merely from behind forwards, but laterally also. This fact had also been observed by Dr. Watson on his previous examination, and to both of us it was the confirming point in the conclusion at which we arrived. On listening carefully, we could hear, both with and without the stethoscope, a distinct *bruit de soufflet*. I now felt no doubt that the tumour was an abdominal aneurism, and in this opinion Dr. Watson coincided, and added that it was almost the only case of many supposed cases of abdominal aneurism in which he could arrive positively at such a conclusion. He mentioned that Mr. ——, who had seen the case with him on a previous occasion, differed from him, regarding it as a case of enlarged lumbar glands. The urine was examined by Mr. W. Tyrrell: "Pale, white sediment suspended in a small quantity of mucus, exhibiting under the microscope crystals of oxalate of lime." On the 29th of October, Mr. Leggatt, of William-street, Lowndes-square, residing within a few doors of Capt. W——, was called in, and has kindly favoured me with his notes. He says—"I found him with a violent pain in the back. He had taken a grain of morphia at bed-time, and fifteen minims of Battley's solution, without effect. I examined the abdomen, but could not satisfy myself of the existence of aneurism. The pulse was quick when I saw him, but it came down under the influence of chloric ether and small doses of Battley's solution." Three or four days after this date, when the bowels had been well emptied by purgatives, Mr. Leggatt satisfied himself of the existence of an aneurism. Nov. 7.—I found him in a state of extreme suffering; the pain referred more to the back than to the abdomen. I agreed, with Mr. Leggatt, to put him under chloroform, and having raised a blister by means of a heated iron spoon on either side of the lumbar vertebræ, opposite the seat of pain, to dress the raw surface with morphia. 9th.—The chloroform relieved his pain so entirely, that the blister was not dressed that night with morphia; but on the following day, the pain returning, recourse was had to the morphia with success. 10th.—Still suffering, though somewhat less. I now met Mr. Hester, of Oxford, an old friend of the family. He came to the same conclusion as ourselves, and agreed to the same palliative plans of treatment, suggesting also a little digitalis three times a day. 12th.—Dr. Todd met Mr. Leggatt and myself in consultation, and agreed that it was aneurism of the abdominal aorta. 19th.—Met Dr. Todd again. Captain W —— is suffering severely; is much altered and worn in appearance; has taken scarcely any food; has no appetite, and almost constant sickness. Ordered—creosote, one minim; disulphate of quinine, two grains: every six hours. A drachm of tincture of opium to be used in an injection. 20th.—Met Sir B. Brodie. Mr. Leggatt announced to us that he was now not able to feel any pulsation in the right iliac artery. Both Sir B. Brodie and I were satisfied of the correctness of this statement as regarded the artery in its passage over the pubis. I thought I could feel a slight pulsation at the saphenic opening. In the left iliac and femoral arteries the pulsation was distinct, though feeble, but the circulation generally was feeble. The sickness had been alleviated by the creosote and quinine. Sir B. Brodie agreed in the opinion that the disease was aneurism. 29th.—Improving; has been tolerably free from pain since my last visit; does not look so haggard, and has taken his food better; no sickness, except on the evening of his removal into his present house. He was removed in a Bath chair, the distance being about a quarter of a mile. He bore the journey well. The aneurism is smaller, and the pulsation less distinct; less distinct also in the left femoral artery, and no bruit perceptible. In the hope of increasing the coagulum in the sac, he was ordered—disulphate of quinine, two grains; dilute sulphuric acid, ten minims; alumen, ten grains; syrup of ginger, one drachm; compound infusion of roses, one ounce; twice a day. Dec. 3rd.—This medicine, griping him, was abandoned, and he returned to the quinine and creosote. 12th.—Decidedly improved; is gaining flesh; free from pain; sleeps well without any morphia, but continues the injection of tincture of opium (one drachm) every night. The pulse is

stronger, and a slight bruit may be heard in the aneurism; its size is, however, not so large as it was, and there is still no pulsation in the right iliac. Jan. 4th.—Varies. The pulse, becoming fuller and more forcible, has been restrained by a less stimulating diet and digitalis; this medicine has, however, been discontinued, as it reproduced the nausea and sickness. On examination to-day, I found the tumour rather more elongated, and the pulsation is again very distinct both from before to behind and laterally. The whirring sound is very distinct, and, in addition, I heard very distinctly a whistling sound, which Mr. Leggatt informs me he has heard on several former occasions. To continue the quinine and creosote, with a quarter of a grain of the sulphate of iron twice a day. 11th.—No change in the aneurism; his general health somewhat improved. Meeting Mr. Jolliffe Tufnell at St. Thomas's Hospital, and knowing the interest he took in such cases, and aware of the fact of his having had one such under his care in Dublin (which so far recovered that the patient, a car-driver, had pursued his employment for three years after leaving the Hospital), I proposed a consultation, which was readily agreed to. Mr. Tufnell coincided most fully in the opinion as to its aneurismal character, and suggested his being confined entirely to bed, and in the recumbent posture, as affording the best prospect of a recovery. To this I entirely agreed. When I first saw him, his health was so impaired that I feared lest absolute confinement might prove injurious; but his general health having now improved, I had no hesitation in adopting this plan; and it had this additional reason in its favour, that with the improvement in his health the local pulsation had also increased, as well as the size of the tumour and the distinctness of the bruit. 12th.—I have procured a sofa for him, with a rack movement that will permit of some little alleviation of position without any exertion on his part. To have only four ounces of meat, eight ounces of bread, fruit and vegetables, of each three ounces, and twenty four ounces of water or tea in all; but no stimulants. Feb. 6th.—Tumour rather larger; pulsation the same; radial pulse not so full. April 20th.—He has continued in much the same state since the last date; his general health good, and free from pain. He has now submitted to the starving plan, and entire rest for nine weeks. He is desirous of leaving London. I have, therefore, consented to his getting up from the sofa, but still to keep very quiet. 28th.—I have again examined the aneurism; the pulsation is not so distinct, but it is more diffused, and extends more in the direction of the right groin; the bruit is not so clear, but can be heard almost as low as Poupart's ligament. He is very weak, and disinclined for walking; he sleeps well without the opium at night; his appetite moderate; his diet still spare. He leaves town to-morrow for Dover. He bore the journey well, and I placed him under the care of Mr. Sankey and Dr. Barton. May 9th.—Mr. Sankey writes me: "You will be pleased to hear that Captain W—— is progressing favourably, and that Nature is performing a cure no operation could have done." May 25th.—Mr. Sankey again writes: "I yesterday made a most careful examination of Captain W——, the result as follows:—Pulse 72; tongue clean; bowels acting daily; urine deposits a pink sediment. As to the aneurism, I can scarcely detect any pulsation below the umbilicus, and none in the external iliac or femoral arteries. I have strenuously advocated the most rigid adherence to your directions as to diet, quiet," etc. June 2nd.—Going on favourably. Report from Dr. Barton: "*Bruit de soufflet* distinct over a space of about two inches in diameter, being more marked half an inch to the right of the umbilicus. At this spot impulse is also perceptible, but not elsewhere." The following account is from a relative who was then with him, dated June 5th:—"He seems much the same as when I last wrote to you; dreadfully exhausted and weak in the day, although he gets pretty good nights, taking the enema, with thirty drops of laudanum in it. He continues the aconite pills and the creosote, three times a day, and twice a day is taking two tablespoonfuls of quinine mixture. There is constant nausea and vomiting every other day, and sometimes oftener. He takes very little nourishment during the day, but enjoys his cup of bread-and-milk for supper, and again in the night, better than anything else; he has the lime-water in it, as in London. He has not had a fresh blister on since Thursday, and then on his stomach. Dr. Barton thought that if he could possibly do without the blisters so much the better, as of course they must weaken him; and now, when he feels any slight pain in his back, he has an enema, with fifteen drops of laudanum." On the 10th of June I received a note asking if he might have a little table-beer. Up to this time the abstemious system had been pretty fully carried out; it was now a little relaxed. June 15th.—Is gaining strength; goes out every day, but does not use much exertion. July 9th.—I was summoned hastily to Dover, on account of the intense suffering he was enduring. I found him in the same agony as when I first saw him. It appears that after the date of the last report, he was persuaded to accompany Lord Y—— in his yacht on a cruise to Lymington. Here he walked for about half a mile, which was more than he had ever attempted at Dover, and from that time to the present the pain gradually increased until it attained its present intensity. The treatment which had been adopted in London with perfect success in relieving the pain—viz., chloroform, blistered surface dressed with morphia, and opium injections—had been again tried before my arrival, but with only temporary relief. On examination, I found that the tumour was decidedly smaller, the pulsation much less distinct, and the bruit fainter; withal, his radial pulse was stronger, he had gained flesh, his appearance was healthy, and his muscles were firm. Under these circumstances, I advised venesection to six ounces. He bore the bleeding well; no feeling of faintness followed, the pulse became softer, and for a time he was decidedly relieved. The blood, on the next morning, exhibited a firm coagulum, slightly cupped and buffed. The pain and sickness had now returned; I accordingly recommended a strong aperient, and a blister on the abdominal surface of the tumour to be dressed with morphia. On July 12th, I received the following from Dr. Barton:—"After applying the morphia to the blistered surface, Captain W—— had a very tolerable night, with a good deal of sleep at intervals, and this freedom from pain continued until about three o'clock this afternoon, when it again returned, but not so severely. He has taken very little food, as his stomach is irritable, and he has vomited twice. The bowels have been very obstinate; but, after taking six pills, and having had two injections administered, they acted twice. His tongue is still white, and he complains of thirst. He has taken the aconite pill you prescribed three times a day." I did not hear of him again until the 25th, when Dr. Barton writes: "On Tuesday last he had a great deal of pain and sickness. The latter was relieved by the creosote pills you advised, but the pain was very severe and obstinate. The endermic application of the morphia affords him more certain relief than any other anodyne. His tongue is cleaner, and his appetite is returning, but the bowels continue obstinate. I examined the aneurism to-day with the stethoscope; both pulsation and bruit are more distinct on the left side than they were, and less on the right." Dr. Barton writes again on August 23rd.—"About a fortnight since, I thought the pulsation decidedly greater and the bruit heard over a larger space; to-day, I thought it less distinct. He has had no severe pain for some time past, but complains of great weakness in his back; he has no sickness, and his appetite and general health are better. He intends to leave here on Wednesday *viâ* London for Cheltenham, so that you will have an opportunity of judging for yourself." As thus intimated, I saw Captain W—— on his return from Dover, Sept. 5th, 1856. I found him free from pain; pulse 86, rather jerking, not very full; the form of the tumour less defined, and the *bruit de soufflet* less distinct. He was not taking any medicine but the thirty drops of tincture of opium at night and fifteen at noon, and one glass of wine. From this date I never saw my patient again: he consulted, I believe, before he left London, two celebrated Surgeons and one Physician, who told him he had no aneurism. He also, on different occasions, consulted three of the Dublin Surgeons, and among them one whose name may be mentioned, as he is now no more—Sir Philip Crampton: they all told him he had no aneurism, and that he might act as he liked with respect to diet, exercise, etc. On January 23, 1859, I received a note from Dr. Gibney, of Cheltenham, in which he says:—"I am sorry I can tell you nothing satisfactory of Captain W——; indeed, to tell you the truth, he says that you, myself, Dr. Watson, and Mr. Tufnell, entirely mistook his case. Nay, on meeting him the other day, I said, 'Well, Captain W——, how is the tumour?' 'There never was a tumour,' said he, rather rudely. 'Oh! Mr. Solly, Dr. Watson, and myself, felt it; it was as large as the top of my walking-stick.' 'Ah! but Mr. —— said there was no aneu-

rism.'" The consequence was that he recommenced his hunting, driving four-in-hand, etc.; and thus he continued, until the poor fellow died suddenly at Cowes, on the 8th of August last—just three years from the time when he ceased to consult me. This event fortunately occurred when he was under the care of Dr. Hoffmeister, of Cowes, who, with Dr. Cass, made a post-mortem examination. Dr. Hoffmeister says:—"I had been attending Captain W—— for a week previously, during the whole of which time he had been suffering from very severe pain in the back and abdomen; there was marked abdominal pulsation, with a loud bellows murmur; he was occasionally soothed by opiates and chloroform. On my visiting him on Monday, just after noon, I found him pallid and dying. It appeared that, the bowels having acted, he lay down in bed, and immediately afterwards called out from the agony of the pain, and suddenly became deadly pale and faint. I was with him in about five minutes, and he lingered till nearly one o'clock." "The cause of Capt. W——'s death," says Dr. Hoffmeister, "was, on post-mortem examination, found to have been the bursting of an aneurism of the abdominal aorta, immediately above its bifurcation, nearly four inches in length, and between two and three in breadth, the rupture taking place by a small opening at the back part of the aneurism, a little to the inner side, and just above the origin of the left iliac artery. The coats of the aneurism, at the lower part, were plated with ossific deposits, and there were also fibrinous deposits. The cellular tissue behind the viscera was very extensively infiltrated with coagulated blood. Vertebra not diseased. I cannot help thinking that if this poor fellow had led a quiet life in every respect—in fact, had pursued the same plans by which the character of the aneurism was so much altered that eminent Medical men doubted its existence—he might have lived many years; that the sac might have become firmly consolidated, its cavity obliterated, and the fatal termination averted."

Mr. John Adams thought the subject one of great interest. He regretted that when the disease was first discovered in the patient, Valsalva's mode of treatment was not adopted—repeated small bleedings, absolute rest, the use of digitalis and those remedies which were calculated to diminish the heart's action. In a case of aortic aneurism under his own observation, that method had been adopted with undoubted success. The tumour had subsided to the level of the surface of the stomach, but he could not say that the disease was cured. In another case, after twenty or thirty small bleedings, the aneurism became closed, and a cure was established. The patient, however, died suddenly from an affection of the brain, possibly consequent on the cure of the aneurism. It often happened in cases of abdominal aneurism, which terminated fatally by rupture, that blood was found, not in the abdomen, but in the cavity of the chest. He had seen three cases of that kind, in which the aneurism made its way through the posterior mediastinum, and burst into the left pleural cavity. One of the cases was that of a member of the Society, who, while tying a wounded artery, felt excruciating agony in his chest, and he died the same evening. A small aortic aneurism had made its way into the posterior mediastinum and entered the left pleura.

Mr. Solly said, that when he first saw the patient he was in so low a condition that bleeding would have been out of the question. Digitalis was used occasionally, but it had to be discontinued on account of the sickness it produced. The only medicine producing any direct control over the heart's action was aconite, which was occasionally administered.

Mr. Holmes Coote concurred in the propriety of the treatment pursued by Mr. Solly. As to Valsalva's method, he had never seen it successfully adopted, and should be glad to know if any member had ever found it beneficial. He remembered a case some years ago in which an abdominal aneurism was partly controlled by depletion; but the patient died of phthisis; and Dr. Roupell was of opinion that he was destroyed by the plan adopted. No doubt there were some cases in which Nature herself effected a cure; but he was not aware of any case on record in which Valsalva's method had proved perfectly successful.

In reply to the President, Mr. Solly said he believed the aneurism was not removed.

Dr. Copland said he had seen several cases of aneurism of the aorta. In one of these the patient, whom he saw in consultation with Mr. Stephens, of Oxford-street, was considerably improved by the method adopted, the elevation of the ribs being much reduced. Valsalva's mode was not tried, and the treatment was mainly rest, regulated diet, free action of the bowels, anodynes, and friction. He considered that a tonic treatment was most likely to effect a cure in cases of aneurism, and that Valsalva's method could rarely be adopted with success.

Dr. Chambers said that in 1853 he was consulted by a lady nearly sixty years of age, whom he found to be the subject of aneurism of the aorta at the origin of the subclavian artery, there being no pulse in the left wrist. He gave large doses of liquor potassæ three times a day, and continued the treatment for three months. The pulsation of the aneurism diminished, but the pulse at the wrist did not return. The patient went into the country, and continued the treatment. He did not again see her till 1858, when the aneurism was considerably diminished, and the pulse at the wrist could be felt. It appeared to him that the disease was in progress of cure, and that if the patient had been a young woman, a modified application of Valsalva's treatment might have been quite successful. He took three ounces of blood twice during the first week, but instead of continuing the bleeding, he put the patient on a diminished diet, with meat only three times a week. Another case came under his care in St. Mary's Hospital, that of a man about fifty years of age. He was bled twice a week, and put on low diet, and ordered to take liquor potassæ; and at the end of nine weeks, when he insisted on leaving the Hospital, the pulsation of the aneurism could not be felt, and the pain was very much diminished.

Mr. Prescott Hewett said that some years ago a man was admitted into St. George's Hospital with a large aneurism at the upper part of the aorta. Valsalva's treatment was not employed; the man, however, was kept perfectly quiet, and in the course of four or five months the carotid artery ceased to pulsate, and subsequently the pulse at the wrist ceased. The tumour became perfectly solid, and no pulsation was felt about the chest. The patient was afterwards admitted into two other Hospitals, where he was told positively that he had never had an aneurism. He lived four or five years, and ultimately returned to St. George's Hospital, where he died of phthisis. On examining the body he (Mr. Hewett) found a very large aneurism, completely cured, which had occupied the upper part of the arch of the aorta; the carotid and axillary arteries being obliterated. He also found two other aneurisms,— one in the thoracic, and the other in the abdominal aorta, both of which were cured. He remembered seeing two cases of very large aneurisms in the thoracic aorta, which were perfectly cured by Nature.

Mr. Leggatt said that when he first saw Mr. Solly's patient he was in an extremely weak condition, as though he had been the subject of frequent bleedings, and been living on diminished diet; he also suffered extreme pain. By a tonic treatment, and rest, he improved rapidly; and had he continued the course recommended, and kept perfectly quiet, he (Mr. Leggatt) believed that the disease might have been cured.

Mr. Henry Thompson thought that no satisfactory conclusion could be arrived at without ascertaining the history of the patient, his mode of life, etc. during the two or three years between his treatment by Mr. Solly and his death.

Mr. Solly said the patient was a reckless, free living man, fond of hunting and active exercise.

A paper, by Robert Lee, M.D., F.R.S., was read, entitled

A HISTORY OF AN ADDITIONAL CASE OF TUBAL GESTATION.

This case, which occurred in the practice of Mr. Gregory Forbes, was that of a woman, who, having menstruated profusely a month before her death, was seized with pain in the abdomen, on the 8th of October, followed by complete prostration. She died the following morning. On examination of the body, three pints of blood were found in the cavity of the abdomen, which had escaped from an opening in the left Fallopian tube, where an ovum had been developed. The embryo was not found at the time of the post-mortem, nor was the amnion or vesicula umbilicalis discovered; and there was no deciduum in the cavity of the uterus. The Fallopian tube and ovarium were alone permitted to be removed; and these were examined, under spirit, by Dr. Lee, who found a deciduous membrane adhering to the inner surface of the tube, and enclosing the villi and membrane of the chorion on all

sides. The hæmorrhage was evidently traceable to a rupture in the decidua and adhering portion of the tube, by which a communication was established between the cells of the villi of the chorion and placenta and the sac of the peritoneum, through which the blood flowed from the cells of the chorion into the abdominal cavity.

Dr. Barclay, in the absence of the author, said he believed it was the object of Dr. Lee to confirm the statement he had made before the Society last session, that in cases of tubal gestation the deciduum was found in the Fallopian tube, and not in the uterus.

A paper, by Holmes Coote, Esq., was read, giving

A CASE OF DOUBLE CLUB-FOOT (TALIPES VARUS) AND CLUB-HAND IN THE SAME INFANT.

The author read the particulars of a case of double club-foot and club-hand in the same infant. He remarked that such an occurrence was very rare, no similar specimen existing in the museum of the Royal Orthopædic Hospital. There were cases on record in which both hands and feet were congenitally *deformed;* but in the present instance there was only displacement, the component parts of the hands being as perfect as were those of the feet in their abnormal position. He added some remarks upon the difference between deformities caused by arrest of development and displacements or alterations in form from mechanical pressure. He argued that club-foot, in its usual congenital form, was due to pressure during intra-uterine life. Some preparations of deformity were exhibited.

Mr. William Adams was surprised to find the case brought forward in support of the theory that such deformities were produced by pressure *in utero*, for if any class of cases told against that theory it was that class in which several parts of the body were found to be deformed. Such cases, in his opinion, rather favoured the view advocated by Dr. Little, that the deformities were due to dynamic causes, more or less through the nervous system. The worst case that had ever come under his care was that of a child born with two club-feet, two club-hands, two contracted knees, two contracted hips, two contracted elbows, and a contracted neck. Severe cases, in which several parts were implicated, could often be traced to an accident between the third and fourth month of pregnancy.

Dr. Little said that cases of double club-foot and double club-hand in the same individual were not so rare as might be supposed from the circumstances that the museum of the Orthopædic Hospital did not contain a single specimen. The museum in Berlin contained at least a dozen fœtuses illustrating that peculiarity. The oldest theory was, that pressure *in utero* was capable of producing such affections; but he thought that extended observations showed distinctly that deformities, both before and after birth, arose from a great variety of causes; that almost every cause of deformity which might occur after birth occasionally occurred *in utero*. Considering the symmetrical character of the affections, their number and variety, and the early period at which they occurred, when the proportion of the liquor amnii to the fœtus was so large, he had no doubt that congenital cases often resulted from causes operating on the nervous system of the child through that of the parent, or through accidental injury to the parent at an early period of gestation. He had seen cases explicable only by the malposition of the limbs in the uterus; but he believed such cases to be exceedingly rare. One important class of cases, clearly referable to accidental injury, consisted of those in which the child was found with limbs variously contorted or deformed in consequence of knotting of the funis. As to the treatment of club-hand, it was difficult to lay down any absolute plan. Considering the identity of cause in club-hand and club-foot, there was no ground, unless the hand was extremely deficient, to despair of effecting much good by treatment. He had frequently done good by tenotomy and mechanical treatment.

Mr. Holmes Coote reiterated the opinion expressed in his paper that the deformities in question were the result of pressure *in utero*. It did not appear to him extraordinary that all the extremities should occasionally be subject to the same kind of pressure. If it were possible for anything like an impression upon the mother, or a casual accident to have any great effect on the development of the fœtus, deformities would be much more frequent than they are.

The Society then adjourned.

OBITUARY.

Birmingham has lately lost a great Medical ornament by the death of William Dufton, Esq., in the prime of life, from fatty and dilated heart. This gentleman was a native of Cumberland, being a younger son of the late John Dufton, of Brigham, and commenced his professional career under the guidance of the Messrs. Dickenson, long known as eminent practitioners in the neighbourhood of Cockermouth. He subsequently studied at the Borough Hospitals, and at Jervis-street Hospital, Dublin, where he particularly attached himself to that excellent Surgeon, Mr. Kirby, who ever took the most lively interest in the welfare of Mr. Dufton. He entered upon practice in the town which now laments his loss in the year 1831, and soon obtained success in general practice. From the beginning of his career he appears to have attended specially to Diseases of the Ear; and in 1844 published a little work on the "Nature and Treatment of Deafness," which obtained, as it deserved, the marked praise of some of the leading Medical journals. He then established the Institution for the Relief of Deafness, and became its sole Medical officer. Its success was complete, and it has been the means of extending relief to many sufferers from a sad affliction. Mr. Dufton soon became the chief Consulting Practitioner in the Midland district for these disorders, and was beginning to reap the fruits of his industry and ability when Death cut short alike his active benevolence and his professional success. The private character of this esteemed member of our Profession was beyond reproach. His life was consistently good and honourable—for his actions were guided by a profound appreciation of Christian principles. The words of the learned Rev. J. B. Marsden, in preaching his funeral sermon, are no exaggeration:—"His patients saw not only Professional skill, but high integrity, based upon Christian principle. All who knew him felt his influence. The town feels and laments his loss: he was a public benefactor. His long course,—manly, upright, disinterested,—had won the hearts of all who knew him."

We have the painful duty to record the demise of W. Rumsey Williams, Esq., of Carnarvon, which took place at Llanberis, on November the 3rd. The late Mr. Williams was generally considered one of the most successful Obstetric Practitioners in North Wales. In the course of the twenty-five years he practised in the town of Carnarvon, he attended upwards of 4000 midwifery cases, in addition to a very extensive general practice. The loss of this energetic and devoted gentleman will be deeply felt by the inhabitants of the town and neighbouring country. His pleasing and gentlemanly manners gained the estimation of all his acquaintances; he was likewise regarded as a kind and charitable friend by his patients. Mr. Williams' generous and compassionate disposition to the poor in distress, sorrow, and exigency will be ever remembered with deep gratitude. His life has been sullied by no single act capable of calling down censure or reproof. Mr. Williams' health had been declining for some time, and in consequence he retired from private practice, and accepted the Surgeonship to the Llanberis Hospital for £500 a-year. No sooner had he commenced to enjoy a little repose and tranquillity after a toilsome and laborious life, than he was summoned away. His funeral was attended by the Mayor and Town Council of Carnarvon. The public received permission to show their last tribute of respect by accompanying the procession. Hundreds of the late gentleman's patients were seen weeping bitterly on witnessing the last melancholy and mournful scene in the churchyard. He left an affectionate wife and family to lament their irreparable loss.

We have also to record the demise of Sir F. S. Darwin, Kt. M.D., which occurred at Breadsall Priory, Derby, on Sunday last, in the seventy-sixth year of his age. The deceased was son of the late eminent Dr. E. Darwin, and was descended from the Darwins of Cleatham, Lincolnshire. He was educated at Repton and Cambridge, graduated M.D. at Edinburgh, was a Deputy-lieutenant for Derbyshire, practised as Physician at Lichfield for many years, and received the honour of knighthood on presenting an address from the inhabitants of that place to his Sovereign, in 1820.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 10th November :—

GREENE, JOHN, Sedgley, Staffordshire
SIMMONS, BENJAMIN, Taunton College
WILLIS, WILLIAM, Enniskillen

The following gentlemen also on the same day passed their First Examination :—

FARRANT, SAMUEL, Collumpton, Devon
MARCH, HENRY COLLEY, Newbury, Berks

The following Gentlemen passed their examination in Classics and Mathematics on Tuesday and Wednesday, November 15 and 16 :—

BRYANT, WILLIAM HICKS, Plymouth
COLQUHOUN, FREDERICK STUART, Gold-street, Taunton, Devon
ECK, VINCENT FREDERICK, Holborn
ENSOR, ALFRED, Dorchester
FRY, AUGUSTIN BARBER, Sleaford
FLUDER, ARTHUR EISDELL, Lymington
GARGORY, CALEB, Harley-street
HAYMAN, PHILIP CHARLES, Perram, Axminster
LAMB, GEORGE, Arbour-square, Stepney,
LATTEY, JAMES, Warmington-terrace
LOW, ALEXANDER JAMES, Le Cairns, St. Balades, Jersey
OWEN, DAVID CHARLES LLOYD, Wakefield
PALMER, CLEMENT, Beccles, Suffolk
RENTON, GEORGE, Sunderland
ROBERTS, JOHN, Kidwelly, Carmarthenshire
SMITH, THOMAS HAYWOOD, Alcester
THOMAS, ROBERT WRENTMORE, Bristol
WARREN, THOMAS, jun., Princes Risboro'
WATSON, GEORGE SAMUEL, Hammersmith, Middlesex
WAUGH, ALEX., Bristol
WAYMOUTH, ALBERT, Devonport
WILLS, CHARLES, Narborough
WEITBRECHT, JOHN HENRY MARTIN, King's College
WELBY, WM. MONTAGUE HALL, Burton-crescent

AT a Congregation held October 27, the degree of Doctor of Medicine was conferred upon D. H. Hodgkinson, M.A., of Trinity College, Cambridge.

AT a stated meeting of the King and Queen's College of Physicians, Ireland, held on the 31st October, William Moore, M.B., M.R.I.A., was unanimously elected a Fellow of the said College.

APPOINTMENTS.

ALISON.—Dr. Scott Alison has been appointed Physician to the Consumption Hospital at Brompton, in the place of Dr. T. Thompson, resigned.
BARRETT.—Dr. Thomas Barrett was elected Mayor of Bath on Nov. 9.
COLLINGWOOD.—Dr. Cuthbert Collingwood has been appointed Physician to the Northern Hospital, Liverpool, on the election of Dr. Inman to the Royal Infirmary.
ROGERS.—Dr. Rogers has been appointed Physician for out-Patients to the Samaritan Hospital, in the place of Dr. Graily Hewitt, resigned.

DEATHS.

COVENTRY.—Nov. 12, at Cheltenham, of pulmonary consumption, John Coventry, Esq., M.R.C.S., L.A.C., House-Surgeon to the Cheltenham Poor Law Union, aged 42.
FLEMING.—Nov. 3, at No. 6, Haddington-place, Edinburgh, Dr. Frederick Fleming, late of the H.E.I.C.S.
HINE.—Nov. 9, suddenly, at Ripley, Derbyshire, Daniel Benjamin Hine, M.R.C.S. Eng. 1854 ; L.M. 1854 ; L.S.A. 1856, aged 30.
HORLOCK.—Nov. 10, at Thorwell, Isle of Wight, Robert Horlock, M.R.C.S. Eng. 1849 ; L.S.A. Lond. 1843.
HUNT.—Sept. 7, at Williamstown, Victoria, Thomas Hunt, Surgeon.
MCCULLOCH.—October 31, at 44, Connaught-terrace, Hyde-park, London, after a long illness, George McCulloch, Esq., M.D., Staff Surgeon, late of the 5th Dragoon Guards.
PRITCHARD.—November 9, at his house, Stratford-on-Avon, Frederick Pritchard, M.R.C.S. England, 1836 ; L.S.A. London, 1836, aged 53.
REID.—November 10, at Albion-place, Belfast, Edward Reid, M.D., Assistant-Surgeon, of H.M.S. *Brunswick*.
STODDART.—November 9, at the Royal Naval Hospital, Plymouth, suddenly, James F. Stoddart, Assistant-Surgeon, R.N.
SYLVESTER.—November 7, by railway accident, Thomas Sylvester, of Highbridge, Somersetshire, L.S.A. 1820, aged 60.
WANSBROUGH.—November 9, Thomas William Wansbrough, Esq., M.D. and F.R.C.S.E., in his 72nd year.

UNIVERSITY COLLEGE HOSPITAL this year laments that its expenditure exceeds its receipts by £500. Mr. Hibbert has given to it a sixth donation of £100.

THE ASYLUM FOR IDIOTS has netted upwards of £1000 through a bazaar, conducted by the ladies of Brighton.

ONE of the Messrs. Fowler, of New York—a firm whose physiological motto is "Natural waists or no wives"—has been lecturing with success in Montreal, on the science of phrenology.

UNDER the patronage of the French Local Government, Dr. Pietra Santa, of Algiers, has produced a Medical work showing that residence to be better fitted for pulmonary patients than either Nice, Pisa, or Madeira.

THE following hint is worthy the attention of the Medical and Legal alumni of our country :—"Four hundred Law and Medical students at Madrid have applied for permission to enrol themselves in a volunteer battalion."

THE ANAGRAM OF RUDIGER.—The anagram of the words "Andreas Rudigerus," composed by himself while a student, is as follows :—"*Arare rus Dei sĕgnus*"—"You were intended for medicine," said Thomasius, "*rus Dei*," is the cemetery.

A NEW PLASTER.—M. Pasquier, of Roubaix, has exhibited to the Academy leaves of gutta-percha mixed with peroxide of iron, which he has long employed in the dressing of fractures and complicated wounds. The leaves soften in boiling water, and may be then readily applied around the limb, around which they become moulded, and lose none of their consistence through the heat of the body. After amputations he uses nothing but this gutta-percha,—neither charpie, compress, or bandage.

PRIZE QUESTION. — The *Société Medico-Pratique de Paris* offers a prize of 500 francs for the best essay on Eczema —the history, etiology, and especially the treatment of the affection being dwelt upon, and the statements made being supported by numerous and well-observed cases. The successful author, provided his essay does not exceed three sheets in length, will have a right to 100 copies, and it will also be inserted in the Bulletin of the Society. The essays, written in Latin or French, must be sent to M. Martin, Hotel de Ville, Paris, before December 31, 1861.

MEDICAL REGISTRATION.—On Thursday, November 10, A general meeting of the Medical Profession practising in Bath and Bristol, and the adjacent districts, was held at Bristol. Dr. Davey, was unanimously chosen chairman. It was decided—"That the name of the Society be the 'Bristol and Bath Medical Registration Association,' and that the district belonging thereto comprise an area of fifteen miles round Bristol and Bath respectively, as well as the towns of Wells, Shepton Mallet, Weston-super-Mare, Warminster, Swindon, Devizes, and their vicinities." Dr. Symonds was elected President for the ensuing year.

"PARASITES," writes M. Bazin, "play a triple rôle of cause, symptom, and lesion. They become a cause in determining physical lesions, as in the furrow formed by itch, or in its provoking, at a certain period of its existence, different cutaneous eruptions. Parasites are also symptoms. Does not the achorion, in fact, constitute the little cups of favus? They play the part of lesions also, by union with the cutaneous elements which they have affected, or with the morbid products whose formation they have caused." M. Bazin is no believer in spontaneous generation. "Parasites always come from without, and spring from beings like themselves."

MEDICAL PHILOSOPHY.—"The Physician should be a philosopher," wrote the Old Man of Cos, "and Galen repeated the sentiment, as have done also all great Physicians of all ages of the world. The difficulty is in knowing after what fashion he should become philosophic, or rather what sort of philosophy he should pursue and practice. From Hippocrates down to Barthez and Broussais, and M.M. Gibert and Bouillaud (who have lately indulged in a philosophic passage of arms,) through Helvetius, Stahl, Van Helmont, Baglivi, Fernel, and the rest; Heavens! how many philosophies have we not had! And which is the true one?" —*L' Union Médicale.*

CEYLON with its natural or physical marvels,—"Flowers, plants, and trees—which make it a sort of gigantic, lustrous botanical garden. Strange mountain-peaks upheaved in its southern portion, and palm-shadowed towns, nestling under trees ; and grotesque temples, carved out of the boulder-like blocks. The mammalia in its woods ; the fish which climb

trees; the leeches which go roving about in quest of fat-ancled travellers; the tritonise which tinkle musically under the water of the lakes; the pearls which make the north-west 'a sea of gain;' or the infusoria which tinge with vermilion a mile or two of sea—not to speak of ancient native works, magnificent tanks, and lakes, and canals—these are marvels of later time, etc."—*Athenæum.*

THE LOCAL GOVERNMENT ACT.—The General Board of Health established by the Public Health Act of 1848, expired by operation of the General Board of Health Continuance Act of 1857 on the 1st of September, 1858. The functions hitherto exercised by that Board are now divided. Those of them which have been continued by the Local Government Act, 1858, in relation to the acquisition or exercise of powers of local government, are transferred to the Home Department; those which related to sanitary matters proper, such as the issuing of regulations and directions in periods of epidemic disease, and the institution of sanitary inquiries, are transferred to the Privy Council with a medical officer acting under it. The new Act came into force from the 1st September, 1858, in districts under the Public Health Act, 1848.

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.—A general meeting of the members of this Association was held at the Medical Institution, Mount-pleasant, on Wednesday, the 9th of November, at 7 p m. The chair was taken by Ellis Jones, Esq., President of the Association. About forty Medical men were present. The honorary Secretary read the report of the Provisional Committee. Dr. Vose proposed, and Mr. Desmond seconded, a resolution,—"That the report now read be received," which was carried unanimously. On the motion of Mr. Godden, seconded by Mr. Mather, the following gentlemen were appointed the office-bearers and committee for the ensuing year:—*President*—Ellis Jones, Esq. *Vice-Presidents*—Edward Batty, Esq., John P. Halton, Esq., John Macnaught, M.D., James Vose, M.D. *Honorary Secretary and Treasurer*—Arthur B. Steele, Esq. *Committee*—R. Y. Ackerley, Esq., Henry Anderton, Esq., Wavertree; E. R. Bickersteth, Esq., T. Bickerton, Esq., L. E. Desmond, Esq., Joseph Dickinson, M.D., King Ellison, Esq., Joseph Godden, Esq., Birkenhead; W. H. Manifold, Esq., W. M'Cheane, Esq., Hugh Neill, Esq., John O'Bryen, M.D., David Paterson, Esq., Edward Parke, Esq. (West Derby), Henry Pritchard, Esq. (Fairfield), A. R. Stookes, M.D., James Turnbull, M.D., A. T. H. Waters, M.R.C.P. A vote of thanks to the Chairman concluded the proceedings.

REMARKABLE VARIATION IN TEMPERATURE AND ITS CAUSE ACCORDING TO MR. LOWE.—"During October we have experienced alike excessive heat and cold. The heat on the 4th was such that the records of the past forty-four years afford no parallel; the cold on the 24th (as I stated in the *Times* of the 25th) has been unequalled during the same period, except in 1836; on no occasion has it been recorded that such vicissitudes as we have lately felt (I fear I ought to say suffered from) have occurred in one month. During the past six months we have had four striking cases of unseasonable temperature. On April the 1st we had a minimum of 24·6, an excessively rare degree of cold for that month; but on the 7th the temperature ran up to 78·5, almost as remarkable as an instance of heat. In the present month we have had the enormous range of 54·3 (80·9–26·6). To this list I may add that the mean temperature of July was higher than had ever, in any month of any year, been recorded. These extreme variations have been supposed to be connected with the prevalence of solar spots, and the accompanying phenomenon of aurora borealis. That such a connexion exists is, I think, highly probable; but I would ask whether an additional explanation may not be found in the extreme sensitiveness which characterises our modern instruments."

SANGUINEOUS TUMOURS OF THE EAR.—The subject of sanguineous tumours in the pavilion of the ear of the insane has lately excited some attention in France. The following are the results brought on in a long dissertation by M. A. Foville:—1. Sanguineous tumours of this kind are formed of blood which is effused, not under the skin, but under the perichondrium detached from the cartilage. 2. The perichondrium thus detached, gradually contracts on itself as the effused blood undergoes absorption, and it drags with other portions of the pavilion, thus causing the deformity which is consequent upon these tumours. 3. The perichondrium exudes on its internal surface a cartilage of new formation, which forms sometimes, a layer uniform over its surface, sometimes little islets separate one from the other. These productions are the cause of the thickening of the ears, which are the seat of these tumours. 4. The formation of these sanguineous tumours of the pavilion of the ear are generally preceded and accompanied with general disturbance of the cerebral circulation; and it is worthy of remark that the increase of redness, of heat, and of sensibility, observed in these cases, resembles, in a striking manner, what is observed in animals in whom the grand sympathetic has been divided in the neck, or whose superior cervicle ganglion has been removed.

PUBLIC BENEVOLENCE.—A noteworthy occurrence took place at Birmingham on Sunday last. The General Hospital in that town is known to be the noblest charitable institution in the midland counties. Situate in the midst of a dense population, the calls upon its resources are daily and rapidly increasing. One source of its income—the profits arising from the triennial festival—has fallen off of late. The proceeds of the festival have been large, but the expenses are of necessity more disproportioned to the receipts than they formerly were. The consequence has been, that the surplus for the Hospital has been comparatively small; and a few weeks since it was announced that the Hospital was between 3000*l.* and 4000*l.* in debt. The sale of funded property was discouraged by the governors, and the restriction of the means of usefulness of the Hospital appeared for the moment to be inevitable. But a few weeks since, Dr. Miller, the rector of the parish, suggested that a particular Sunday should be set apart for a general collection at every church and chapel in the town, and such places in the neighbourhood where the clergy might concur in the movement. The suggestion was immediately and cordially responded to, without any exception whatever. Churchman, Dissenter, Roman Catholic, and Jew, alike concurred in the good Doctor's plan; and yesterday was fixed for the collection, which was made in all the churches and chapels at every service; the result exceeded the most sanguine expectations. So far as was known up to this afternoon the amount will, it is anticipated, reach 3500*l.* The Jews held a special service; Dr. Baar, of Liverpool, preached; and 105*l.* was collected.

MEDICAL QUALIFICATION.—The Manchester city magistrates were occupied on the 8th inst. in listening to legal arguments in connexion with the Medical Registration Act, the 21st and 22nd Vic., cap. 90. A summons had been taken out at the instance of the Medical Ethical Society, against Mr. J. Healey, Rochdale-road, for holding himself forth to the public as a Surgeon, without being registered. Mr. Healey was before the court a few months ago, but the prosecution against him was withdrawn on his undertaking to alter his sign so as to omit the word "Surgeon." He had then no legal assistance, and having subsequently been advised that the prosecution could not be sustained, he made no alteration in the sign, and was now again summoned. Mr. R. B. B. Cobbett appeared in support of the summons, and Mr. Torr, barrister, represented the defendant. Mr. Cobbett said that by one clause of the Act it was stated to be expedient that persons requiring Medical aid should be able to distinguish a qualified from an unqualified Practitioner; by another section (the 15th) persons practising were to be registered; by the 40th section, penalties were imposed on any person who should wilfully or falsely pretend to be, or take and use the name of Surgeon, or any name implying that he was registered under the Act. The defendant used the name of Surgeon, and was not registered. Mr. Torr admitted that the defendant was not registered, but contended that the Act did not apply to him. The 40th section (that under which he was summoned) was for "wilfully and falsely" pretending that he was a Surgeon; whereas his client had two diplomas (produced), and had been a Practitioner for many years; his abilities were not denied. Mr. Maude said the magistrates could not constitute themselves a court of examiners into the degree of Medical qualification which a man might possess. The words "wilfully and falsely" merely meant something contrary to the Act. A penalty of £5 must be imposed, and the defendant might, if he desired, have a case for decision by another tribunal.—*Manchester Examiner and Times*, November 9, 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 12, 1859.

BIRTHS.

Births of Boys, 918 ; Girls, 930 ; Total, 1848.
Average of 10 corresponding weeks, 1849–58, 1592·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	551	500	1051
Average of the ten years 1849-58	540·9	527·0	1067·9
Average corrected to increased population..	..	..	1174
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	27	14	41

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	7	14	..	6	2	2
North ..	490,396	8	2	32	2	2	2	10
Central ..	393,256	4	3	12	1	..	3	3
East	485,522	1	4	20	..	4	4	6
South ..	616,635	4	5	20	5	2	..	15
Total . ..	2,362,236	21	21	98	8	14	11	36

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·022 in.
Mean temperature	43·7
Highest point of thermometer	60·4
Lowest point of thermometer	29·0
Mean dew-point temperature	37·1
General direction of wind	Variable.
Whole amount of rain in the week	0·52
Amount of horizontal movement of air in the week..	1865 miles.

TO CORRESPONDENTS.

A Lecture, by Dr. West, on "Sudden Death in Infancy and Childhood," will appear in an early number.

Dr. McShane.—Many thanks.

Dr. Adams, Banchory,—Paper received.

Dr. Habershon's paper shall appear in an early number.

The letter of *Emeritus* on the Indian Medical Service shall appear next week.

L.S.A.—"Licentiate of the Apothecaries' Company," is the only title legally conferred by the Hall.

Mr. Jackson.—Mr. Maysmor, the Author of the "Medical Baronetage," lives at Park-villas, Regent's-Park.

Mr. Robinson will obtain all the particulars he requires by a letter to the Secretary of the Foundling Hospital.

M.R.C.S.—The question of the right of Physicians to practise Surgery is very fully discussed in our last Students' number.

L.R.C.P. Edin. by Examination,—is fully justified in styling himself *Physician ;* probably the Medical Council will express an opinion how far he is justified in calling himself *Doctor.*

Errata.—P. 496, No. 489,—"Civitas" begs to render his communication more intelligible by the following emendation : — "This is not a hypothetical case, but I know an actual instance where a Practitioner of the *irregular* nature above described, claims that all letters which arrive in his town *simply* addressed 'Dr. Blank, Blank-town' shall be forwarded by the Post-office authorities to his residence, while there at the same time is resident in Blank-town a *regular and registered* Practitioner of the name of 'Dr. Blank,' but junior in point of residence to the false 'Dr. Blank.'"

P. 404, No. 486, for "the tusks of the elephant are *found* upon a pulp," read "*formed.*"

Tracheotomy.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You will find the case of ruptured trachea alluded to in your Journal of Nov. 5, p. 458 ; fully reported by me in the *Medical Times and Gazette* of July 26, 1856, p. 91. I am, &c.

James Long,
November 15, 1859. Surgeon to the Liverpool Royal Infirmary.

Treatment of Warts.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Some four weeks ago, I inquired, through the medium of your valuable paper for a remedy for the annihilation of a crop of inveterate warts on the hand. In reply to my question several gentlemen came forward and suggested various remedies. I was at a loss—I did not know which to choose ; but on reflection I resolved to commence with the first, viz., "Aliquis," and to my great delight I found his suggestions answer most admirably. To him, and the other gentlemen who have so cordially and courteously condescended to reply to my note, I tender my most sincere thanks. I am, &c.

November 2, 1859. Constant Reader.

Dr Barker and Mr. Chavasse.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Immediately on my return from the Continent I informed Mr. Chavasse that two letters had been sent by a solicitor; and wished to know if he had, or had not, given the purported instructions. At the same time I bitterly complained of the letter sent to Mrs. Barker. His reply was distinctly in the affirmative.

If he had then stated that the letter to Mrs. Barker was written without his knowledge, and more especially if he had expressed the slightest regret on account of that letter, I am quite certain that this unpleasant correspondence would never have occurred.

Allow me to state, sir, in conclusion, that Mr. Chavasse's expression of regret in regard to that letter, has very considerably changed my feeling towards him. In return, I beg to express my own regret for anything on my part which has been annoying to himself. I am, &c.

Bedford, November 14, 1859. T. Herbert Barker, M.D.

Amputation of the Penis by the Ecraseur.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As Amputation of the Penis seems now to occupy some space in your Journal, perhaps you may think the following case worthy of insertion. I was called in some few weeks ago to visit a patient in this Hospital suffering from epithelial cancer, which had increased so rapidly of late that the orifice of the urethra was entirely stopped, causing the man much pain and suffering. All efforts to pass an instrument were in vain, and from the condition of the patient we decided at once to amputate ; but the Surgeon of the Hospital being very careful and rather dubious from the man's age,—sixty-four years,—I believe feared greatly the loss of blood, particularly as he was already so enfeebled. I suggested whether it would not be a good case for the écraseur, upon which he had his doubts, he never having seen the instrument employed. As I had operated before with it, by the advice of his *confrères,* he acceded ; whereupon the man was with difficulty, from his intemperate habits, put under the influence of chloroform. The écraseur being applied, to the great satisfaction of all present, the amputation was successfully performed, scarcely a drop of blood being lost. A catheter being passed and kept in the bladder for a few days was all that was done, and on the seventeenth day after the operation the man left the Hospital perfectly well, with a perfect penis, only of course, shorter. He has remained well ever since, and as yet no return of the disease is apparent.

Boulogne-sur-Mer, Oct. 17, 1859. I am, &c. J. Whitehead, M.D.

COMMUNICATIONS have been received from :—

Professor Simpson ; Professor Simonds ; Dr. Heslop, Birmingham ; Dr. Webb ; Dr. West ; Dr. Rigby ; Dr. Henderson ; Dr. Aveling ; Dr. Conolly ; Dr. Goodwin ; Dr. Thomson ; Dr. R. D. Thomson ; Dr. Cockle ; Dr. Harley ; Mr. Jackson ; Dr. Davies ; Mr. Synnot ; Mr. Todd ; Mr. Long ; Mr. Ewens ; Mr. James ; Dr. Lee ; Registrar General ; Dr. Hillier ; Mr. Burnell ; Mr. Wheatley ; Dr. Collinson ; Mr. Norway ; Dr. McShane ; Mr. Broadbent ; Registrar General, Edinburgh ; Mr. Snape ; Mr. Stedman ; Mr. Bennett.

APPOINTMENTS FOR THE WEEK.

November 19. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m. ; St. Thomas's, 1 p.m. King's, 2 p.m. ; Charing-Cross, 1 p.m.

21. *Monday.*

Operations at the Royal Free Hospital, 1 p.m. ; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Clinical Discussion.

22. *Tuesday.*

Operations at Guy's, 1 p.m. ; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Mr. Spencer Wells "On the Use of Woorara in Tetanus." Dr. Habershon "On Peritonitis."

23. *Wednesday.*

Operations at University College Hospital, 2 p.m. ; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m. ; Middlesex, 1 p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures, by F. W. Pavy, M.D., Professor of Physiology at Guy's Hospital, "On Certain Points Connected with Diabetes." With Experimental Illustrations.

24. *Thursday.*

Operations at St. George's, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; Loudon, 1½ p.m. ; Great Northern, 2½ p.m.

25. *Friday.*

Operations, Westminster Ophthalmic, 1½ p m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) :—

Mr. Fergusson.—Excision of Knee-Joint ; Perineal Section.

ORIGINAL LECTURES.

ON SUDDEN DEATH IN INFANCY AND CHILDHOOD.

DELIVERED AT THE

Hospital for Sick Children,

NOV. 12, 1859,

By CHARLES WEST, M.D.

Physician to the Hospital for Sick Children.

INTRODUCTION.—TIME WHEN STUDY OF CHILDREN'S DISEASES IS LIKELY TO BE MOST USEFUL.—SUBJECT CHOSEN AS EXEMPLIFYING SOME OF THE PECULIARITIES OF EARLY LIFE.—SUDDEN DEATH IN THE YOUNG OFTEN INDEPENDENT OF SERIOUS ALTERATIONS OF STRUCTURE.—DEPENDENT ON SPASM OF RESPIRATORY ORGANS, AS IN SPASMODIC CROUP AND HOOPING-COUGH—ON MERE DISORDER OF RESPIRATION, AS IN COLLAPSE OF LUNG, OR IN PNEUMONIA, OR IN HYDROTHORAX.—DEATH FROM ASTHENIA—IN DIARRHŒA, IN PNEUMONIA, ETC.—RARITY OF SUDDEN DEATH FROM DISEASE OF THE BRAIN, AND WHY.—CONCLUSION.

GENTLEMEN,—The founders of the Children's Hospital proposed to themselves a three-fold object,—to relieve the sick; to train young women for the efficient discharge of the duties of children's nurses; and lastly, to promote a more accurate knowledge of the diseases of early life among Practitioners of Medicine, and especially among those who are about soon to enter on the active exercise of that Profession.

For the past seven years the first two of these objects have been to some extent accomplished: many a sick child has been restored to health within these walls, for the out-patients have amounted to 56,476, and the in-patients to 2211; while a few young women, though far fewer than we could wish, have received a training that will render them useful, helpful to themselves or to others, if sickness enters their home. Various difficulties, however, have hitherto prevented the fulfilment of the third, and certainly not the least important, of these purposes; and as a place for Medical instruction the Hospital for Sick Children has as yet done but little. The managers of the Institution, my colleagues, and myself, all feel that we must at least wipe away the reproach of not having *attempted* to accomplish what we yet profess most earnestly to desire; and accordingly it devolves on me to-day to commence a system of regular instruction in the peculiarities of nature, symptoms, and treatment of the diseases of early life.

I will not occupy your time in the attempt to prove that the diseases of childhood require a kind of study such as is not commonly bestowed on them by Students during their pupilage; such, indeed, I might say, as they rarely have the opportunity of bestowing. Our large Hospitals are still inadequate to meet the necessities of the adult population, and it is not the fault either of their managers, or of their medical officers, that children form in them but a very small minority of the patients who there present themselves to your observation. Nor, indeed, could this well be wished otherwise,—for the characters of disease are more easily read in the adult than in the child; and not till you can interpret the first with facility are you likely to decipher the hieroglyphics in which the latter are inscribed.

It is not, therefore, at the outset of your Medical studies, that a visit to the Children's Hospital is likely to yield you its full benefit; but, after you are acquainted with the general physiognomy of disease, it will profit you much to learn how its symptoms are modified, and its course is altered in early life; and how the dangers, against which it behoves you most to be on your guard, are not altogether the same in infancy and childhood as in adult age.

An exemplification of some of these peculiarities in early life will be furnished us if we inquire into the circumstances which commonly attend SUDDEN DEATH IN INFANCY AND CHILDHOOD.

A thorough investigation into this subject in all its bearings would imply most minute research into some of the most difficult problems in physiology and pathology; a task for which I must own myself unequal, and one for which a single hour affords no sufficient time. But still, regarded even in its most obvious bearings, it must always be well worth the while of the Practitioner of Medicine to know when to be on the look out for sudden danger, or when, on the other hand, he may rest quiet in the certainty that, be the perils of a disease what they may, they will increase by but slow degrees, and ample warnings will precede their fatal issue.

The occurrence of sudden death in infancy derives part of its importance from the frequency with which it happens. It appears that out of 627 instances in which death took place suddenly within the London registration district in 1854, 236 were cases of infants under a year old. From that time, however, until with advancing years the processes of decay begin, sudden death is an accident of extreme rarity—so rare indeed that between the age of one and five years only thirty-six instances of its occurrence were met with; or not more than an eighth of the number stated to have happened in the first year of life. These statistics, however, do not by any means represent the subject in the full extent of its practical importance; for we are concerned, not with those cases only in which a state of apparent health is cut short by unexpected death; but also with those still more numerous instances in which disease, seemingly not grave, or at any rate apparently attended by no pressing danger, ends all at once in death.

When sudden death occurs in the aged, or in those in middle life, the anatomist is generally able to point to some definite cause of its occurrence: the cerebral vessels, rendered fragile by calcareous deposits in their coats, have suddenly given way, and allowed of the effusion of blood upon the brain; or an unsuspected aneurism has burst, or the heart's walls themselves, weakened by fatty degeneration, have torn; or some ulcer of the stomach or intestines has perforated the thin membrane, and the escape of the intestinal contents into the abdominal cavity has produced intense peritonitis, and speedy, if not immediate death. The machinery, in short, is found to have been at fault; its movements have ceased, as do those of the watch whose main-spring is broken. In childhood, however, we scrutinise the frame, a few moments since so full of life, now still for ever, and yet fail to discover why it has ceased to move: the cause which stopped it had done no irremediable damage, had left, perhaps, scarcely a trace of its effects; it was but momentary in its action, and could we set the machinery once more in movement, there seems no cause why it should not again perform its functions as harmoniously as before. Or, if we do find some flaw in its completeness, yet, even that is seldom such as time might not have remedied, still more seldom such as by its nature to give account of the suddenness with which all the processes of life were arrested.

A little boy, eight months old, had cut two teeth at six and a-half months, had always seemed well, save that now and then his hands were a little clenched, and his thumbs drawn into the palm. His bowels were slightly constipated; a small dose of castor-oil was given him. He swallowed it readily, but had scarcely done so when he stretched out his tongue, his face turned livid, but was scarcely at all distorted; he did not struggle, he uttered no cry—scarcely a sound passed from him, and he was dead!—dead with no trace of disease; from mere momentary spasm, which, for a few seconds, stopped his breath; which, had it ceased sooner, would have left no cloud upon his face, nor quelled for a quarter of an hour his cheerfulness.

I have related this case, not merely because it serves as a specimen of the way in which in early infancy life is not infrequently cut short without any trace of local mischief being discoverable; but because it illustrates the fact that it is by sudden interference with the respiratory process that such death is oftenest produced. The suddenly fatal apoplectic seizures which we observe in the adult, scarcely ever occur in early life, nor do we often meet, except in instances of congenital malformation, with sudden death dependent on disease of the heart. But in the course of all affections which seriously interfere with the process of respiration sudden death is a contingency for which we should always be prepared, and this especially in proportion as the disturbance of breathing partakes of a spasmodic character.

Now, of all the forms of spasmodic disorder of respiration, that to which the name of Spasmodic Croup, or Laryngismus Stridulus, has been given, is by far the most frequent; and to

it, probably, three out of four of the sudden deaths of children under one year old, are due. It is not that this ailment is generally fatal; for in proportion to the frequency of its occurrence, the mortality which arises from it is small; but it is that the fatal event is apt to be very sudden, which accounts for the anxiety wherewith its symptoms are watched by those who understand their import.

In early life, as you are aware, the excitability of the nervous system is far greater than in later years; and slight causes make a deeper impression, and produce a more profound disturbance, while the controlling power of the brain is smaller than it becomes in after-life. In infancy, too, the sources of irritation are especially numerous:—the branches of the trifacial nerve during the whole period of teething; the pneumo-gastric nerve, whenever, with a change of diet, food is taken that is not well assimilated; the spinal nerves, when intestinal disorder, or diarrhœa is produced, are so many centres, whose disturbance when once excited betrays itself in the thumbs drawn into the palm, in the somewhat hurried breathing, in the partially-closed larynx, and the peculiar crowing sound which that occasions with each inspiration, and which disturbance need increase but a little—but for a moment—to produce complete closure of the larynx, and sudden death. For days—for weeks, perhaps—these trivial symptoms may continue; and if I now insist on their importance, it is because they are often accompanied by but little disorder of the general health,—because they are seldom dependent on disease of the brain, or remediable by remedies directed towards it,—because they often are so slight that the anxiety of parents is hardly excited by them, and the watchfulness even of the doctor is apt to fall asleep. I do it also because the avoidance of the dangers they betoken, depends on the observance of a number of minute particulars which may seem scarcely worth the notice: because sudden noises, which startle,—a rapid change of temperature, which chills the surface, though only for a moment,—a rude awakening from sleep,—or even an over-hasty or an over-full meal, which interferes with the descent of the diaphragm,—any cause, in short, that deranges the regular rhythm of the respiratory movements, may give rise to spasm, and this spasm may prove suddenly fatal.

In the out-patients' room of this Hospital you will see many such cases; and it is no bad exercise to learn to notice and to interpret signs that would readily escape the eye of the unobservant; although they are the indications of a state of system in which, while the prospect of well-doing vastly preponderates, yet the chances of sudden death are never to be lost sight of.

In cases of this description, too, when once convulsions have occurred, a new element soon comes into play, which aggravates the danger and increases the frequency of the attack. The blood imperfectly depurated, if the disturbance of respiration has been considerable, seems in itself to exercise an injurious influence, by increasing the irritability of the nervous system, and thus promoting the return of the attack. If once convulsions have occurred, the probability of their recurrence is much increased; and the oftener they have happened, the more often are they likely to return, and the graver is the prognosis which you are compelled to form. This rule holds good, too, not with reference merely to spasmodic croup, but with reference to all spasmodic affections of the respiratory organs, and hooping-cough affords one of its best exemplifications. In some fit of coughing more violent than any of the others, the spasm of the larynx is of longer continuance, the face grows livid, a fruitless expiratory effort is made, and before the spasm relaxes a convulsion takes place. This convulsion is but very seldom a solitary one. You notice that for hours it is succeeded by very accelerated breathing; by which, however, the blood is very imperfectly depurated, as you see by the lips, which never resume their natural colour. At length the disturbance once more reaches its climax, and another, and then another convulsion occurs, with a gradually-diminishing interval, until death takes place. If, in such circumstances, you watch a child, you will notice how carefully it avoids every movement—how it remains in the same posture, occupied apparently altogether with the business of carrying on its respiration as gently and quietly as possible. Change its posture rapidly, excite it by sudden entrance into the room, disturb it by a violent emetic,—interfere, in short, in any way with the regular steady performance of its respiratory movements,—and convulsions will come on, and in these convulsions death is likely to take place.

Some years ago I learnt this lesson in the case of a little boy, six years old, in whom hooping-cough set in with great oppression of the respiration, though that was out of proportion to the signs of local mischief detected on auscultation. I treated him with greater activity than I should now do, and gave him tartar-emetic, which failed, however, to reduce the frequency of his respiration, or to improve his condition. Still his state was one suggestive rather of anxiety for the future than of present danger. He was breathing carefully, anxiously, as though respiration were a function which required all his attention for its performance. Wishing to auscultate him, I had him lifted out of bed on to his mother's knee; but scarcely had he assumed the upright posture when a fit came on, in which he struggled much, his face became livid, almost purple; and though in less than three minutes the convulsion was over, it left him ashy pale, with a very feeble pulse, and perspiration streaming from every pore. He lived for thirty-six hours longer, but his respiration never resumed its natural frequency; a second fit occurred, six hours after the first; and then a third, which rendered his pulse still feebler. He lay now on his back, uttering a piteous moan, his face livid and miserable, his eyes dim, and though his pupils acted naturally, he yet complained that he "wanted more light." A fourth fit lasted several hours, and left him insensible; with the death-sweats on his face, and his eyes distorted, then came a fifth, which lasted for but a few minutes, when he died tranquilly.

There were here no morbid appearances in the brain, the lungs were extensively congested, and their lower lobes were in the first stage of pneumonia. The blood was imperfectly aërated; but, even so, while no demand was made for more adequate performance of the respiratory function, dangerous symptoms did not appear. The child's posture was suddenly altered, his circulation quickened, attempts at more frequent respiration in order to keep pace with the increased necessities of the system did but issue in an attack of spasm, and another, and still another, returned causelessly, till at length what we can scarcely call other than a *needless* death occurred.

There would be no difficulty, if time allowed, in multiplying illustrations; but it is scarcely necessary to do so, and we may sum up the chief conclusions, to which thus far we have been conducted, as follows:—

1. That sudden death in infancy and early childhood is most frequently dependent on spasmodic disturbance of the respiratory process.

2. That the occurrence of a single convulsion from such spasm renders it in the highest degree probable that others will follow it; and consequently implies a far greater risk of sudden death than exists so long as no such convulsion has taken place.

3. That when any spasmodic disorder of respiration is present, it is impossible to be too careful in avoiding any sudden impression on the nervous system, any sudden change of temperature, any hasty alteration of posture; in short, any cause whatever by which the respiratory process may be disturbed.

The next fact, to which I desire to call your attention, is the occasional occurrence of sudden death wholly independent of spasm, but in consequence of the sudden attack or extensive invasion of the respiratory organs by disease.

One of the simplest illustrations of this occurrence is met with in those instances in which the lung has been but imperfectly expanded at birth; the child in such circumstances lingering with lessening powers and increasing weakness, till life comes to an end after the lapse of a few hours, or days, or weeks. Such death is very often sudden, and not infrequently preceded by convulsion; and this, although nothing in the infant's condition a few hours previously, had indicated that it was less well, or that anything had diminished its chances of surviving its early difficulties.

Something of the same kind you may occasionally observe when—in the course of an attack of bronchitis or pneumonia—a large extent of lung has suddenly become collapsed, and the amount of breathing surface has thus been lessened considerably, and all at once. Such an accident is likely to happen in proportion to the tender age of the child, and its possibility is always to be borne in mind as governing your prognosis, and as suggesting an explanation of the otherwise inexplicable death of a patient. The frequent visits to a young infant

suffering from pneumonia, the often-repeated auscultation, the minute watching of little indications of its condition, have reference to such contingencies;—the attention to its posture, the keeping its chest somewhat elevated, the not allowing it to lie long on one side, but shifting it frequently from the one to the other,—are precautions prompted by a knowledge of the fact that collapse of the lung may take place suddenly, and that its sudden collapse may be followed by sudden death.

Now and then, though far more rarely, mere bronchitis or mere pneumonia is the occasion of sudden death in early life; and this sometimes even when neither the extent of tissue involved, nor the stage which the inflammation has reached, is adequate to account for the fatal issue of the case.

Just twenty years ago I saw a little boy aged one year and eight months, who was reported to have had a slight feverish attack for a few days before he came under my care. This still persisted, and on auscultating him a slight mucous *rale* was heard at the base of both lungs. At the end of four days he seemed a little better; at five p.m. he took some food with appetite, but at nine p.m. he suddenly became faint, seemed dying, and actually died at two o'clock in the morning. No explanation of this sudden death was furnished by the post-mortem examination, which discovered only that the lower lobes of both lungs were in the first stage of pneumonia.

In M. Louis' Memoir on Sudden Death, that distinguished physician, though treating of it in the adult, subjoins in a note (a) the history of a little girl four years old, who was suddenly seized by convulsions when apparently in perfect health on January 4. The convulsions were brought on apparently by a violent quarrel. She soon recovered from them, but was attacked thirty-six hours afterwards by shivering, followed by heat, cough, and pain in the left side where the auscultatory evidences of pneumonia were perceptible. She improved under treatment, and on January 11 was decidedly better. In the evening she was cheerful, sat up in bed and played with her toys as if she were well. At ten o'clock she went to sleep, woke and coughed at midnight and at three in the morning. On the latter occasion the cough soon ceased, and the child began talking to her mother, and complained that she had not stayed with her all the night. While uttering the word she died.

In this case it was thought that the right half of the cerebellum was somewhat less firm than the left; but the only condition which could be termed actually morbid, was presented by the lower lobe of the left lung, which was in a hepatised state for rather less than half of its extent.

I have related these cases in order to impress on your minds that the degree or extent of pulmonary inflammation is not an absolute measure of its danger in early life; but that sometimes death occurs suddenly as an indirect result of the interference with the respiratory process. I can only tell you the fact; I regret that I do not know of any criterion by which to distinguish the cases in which this sudden termination is most likely to happen.

Another class of cases in which disorder of respiration may be followed by sudden death comprises those instances where serous effusion takes place suddenly into the cavity of the pleuræ.

A little boy, not quite three years old, whose health had never been very robust, was brought as an out-patient to the Children's Dispensary in Lambeth on June 11, 1847, on account of a chronic impetiginous eruption on his scalp. On the night of June 12 he suddenly became hot, and his chest was much oppressed, but on the following day he was well enough to be out at play in the garden, and on the 15th was drawn a mile and a half in a perambulator to and from the Dispensary, when I saw him for the first time. He looked pale and ill, was feverish, and breathed with a wheezing noise; but there was nothing about him indicative of serious mischief; and in the hurry of prescribing for a large number of patients, I regarded him as probably a phthisical child, who had caught cold recently; I ordered some simple medicine for him, and at one p.m. he returned home. At three o'clock the same afternoon he suddenly became much worse, was very faint, breathed with extreme difficulty, and died at eight o'clock the next morning. Some serous fluid was present in the abdomen, and about ʒvj. in either pleura, by which the lower lobes of both lungs were so compressed as to be almost destitute of air; but there were no signs of inflammatory action, and no other morbid appearance.

In some of the cases death is far more sudden. A little boy, aged 8 years, was attacked by moderately severe scarlatina. Slight anasarca appeared on the 19th day, which had somewhat increased, but was accompanied by no urgent symptom, on the 22nd day, when he walked a distance of two miles without suffering serious fatigue. After a rather restless night, he rose to relieve his bowels, and there was so little suggestive of danger in his condition, that his mother left him for a few minutes alone. On her return, he seemed faint, the bowels having acted but scantily. He was replaced in bed, when he immediately began to struggle faintly, and in five minutes was dead.

The lungs were compressed by abundant serous effusion into each pleura, and the pericardium also contained four ounces of fluid; but there were no other morbid appearances, with the exception of some congestion of the kidneys.

In any case, then, of dropsical effusion in early life, it behoves you to bear in mind the possibility of its very rapid increase; of the outpouring of serum into the cavity of the chest so suddenly and with so little warning as to endanger or even to destroy life. Just, too, as I have warned you in other circumstances, that hurried movements, bringing with them sudden changes in the circulation, and sudden demands on the respiratory function, cannot be too carefully avoided; so, in these cases, is the same precaution pre-eminently necessary. If the child had not travelled in its perambulator in the one case, had not been allowed to get out of bed unaided in the other, death would probably not have occurred when it did—would possibly not have occurred at all.

It seems, then, contrary, to what were most probably your preconceived impressions, that sudden death in early life is most commonly due to some disturbance, direct or indirect, of the respiratory function; that either sudden spasm arrests it, or, disease having interfered with its perfect accomplishment, some sudden demand for its complete exercise issues in the sudden stand-still of the whole machinery. Neither, indeed, does disease of the brain itself stand next in importance among the causes of sudden death; but after these cases in which death may be said, in technical language, to take place from apnœa, come those in which it depends on asthenia; in which life goes out for want of nervous power to keep the vital functions in activity.

It is in this manner that sudden death is apt to occur in diarrhœa; it is thus, too, that it sometimes takes place in early infancy when over active treatment has been adopted for the cure of pneumonia or bronchitis; or when, independent even of over-treatment, the attention has been so engrossed by the *disease* that due care has not been taken to provide for the nourishment of the patient. This class of sudden deaths, though by no means rare, may be said to be almost needless, inasmuch as its occurrence may, by due foresight, be almost always guarded against. The accident is perhaps more likely to happen and more difficult to prevent in the course of diarrhœa than of most other disorders, since the infant is exhausted not merely by the abundant discharges, but also in many instances by the severe pain which accompanies them. The danger, too, is great in proportion to the tender age of the infant; and it is in relapses of diarrhœa that the hazard is most considerable, and the warnings which foreshow it are the slightest. A return of the disorder of the bowels, which for some hours, or for one or two days, had seemed diminishing, has rekindled the apprehension of relatives: when, once again there comes a diminution of the previous apparent distress, a lessening of the restlessness, a quieting of the previous plaintive moan; and though the diarrhœa is not much diminished, yet at any rate the disorder of the bowels is not growing worse, and probably has at no time been so considerable as at its first onset. The apparent good is hailed with joy; the fact that this change may after all import evil, not good, is lost sight of; the little things which show their real meaning are not noticed, probably not observed, for they are nothing more than a slight dilatation of the pupils—so slight that in the darkened chamber it is not noticed; an apathy to external objects and sounds, which seems perhaps to be only the good result of the hushed stillness maintained around the darling's cot; a loss of the power of generating heat, which the tender officiousness of the mother renders

(a) Mémoires ou Récherches sur diverses Maladies, 8vo. Paris, 1826. P. 501, note.

almost imperceptible. Such, however, are often the only precursors—the harbingers, if you understood their mission, of the sudden collapse which, in an hour or two, is followed by a death as quiet often as a falling asleep.

Even these premonitions are not always seen, but when young infants are already much exhausted, the disturbance of the nervous system slight though we may fancy it which accompanies the action of the bowels may suffice to upset the whole balance of the functions. A slight convulsion, a sudden dilatation of the pupils, a momentary sigh, and all is still in death.

Should I do nothing more, I shall be well content to-day, if I can impress upon you how little things are to be noticed, little precautions to be observed, little dangers to be avoided in the diseases of infancy and childhood.

Though it is in the course of diarrhœa that the danger of sudden death from exhaustion is most to be watched against, yet your own experience will suggest to you many other circumstances in which you are likely to encounter it. You will meet with it in cases of pulmonary inflammation; the disorder of the respiratory function of itself disturbing the nervous system, and predisposing to the same occurrence which your active treatment (necessary perhaps at first, though now too long continued) tends in another way to produce.

I remember being called to see an infant three months old, who had had a slight attack of bronchitis complicating measles, for which it had been treated very judiciously by its medical attendant. The mischief in the chest was clearing up, the child was much better; anxiety was almost over; when suddenly the inspirations became again hurried, the pulse extremely rapid, the child took no notice, it seemed dying. The explanation of these symptoms, however, was not far to seek; the infant was at the breast, but its mother herself was ill, her secretion of milk scanty; her babe had but little power to suck, and got but little even of the small amount of nourishment which there was for her; in a few hours more her death all but suddenly would have taken place. A few drops of brandy revived her, a meal of ass's milk renewed her strength, and in a few hours the transition from imminent peril to perfect safety was complete.

One word more of caution applicable to the management of convalescence from all exhausting diseases in early life. Too great care cannot be taken that no needless exertion is made, no sudden change of posture permitted, no protracted withdrawal of nourishment allowed even during the hours of sleep. Some years since, I watched a little boy through severe remittent fever; the grave symptoms were at an end, and though the child was extremely weak, convalescence was fairly established. He had restless nights, however, on which account a small dose of Dover's powder was given him towards evening. He slept the better for it, though still waking up, and taking food during the night. On the third night the same dose was again given him, he slept so well that his nurse did not like to disturb him; she lay down beside him and slept too, when morning came he was dead, he had passed away quietly in his sleep. I have never since forgotten the danger, nor omitted to caution the attendants of a child, that they must still be watchful, even when recovery seems most certain.

And now I have enumerated a great variety of circumstances in which sudden death may take place, but yet have not spoken of disease of the nervous centres themselves as tending to its production. I did so advisedly; for in spite of the extreme susceptibility of those organs to disturbance from causes almost numberless, yet it scarcely ever happens that structural changes are discovered in them sufficient to account for sudden death; though, as I scarcely need remind you, actual organic disease of the brain is even more frequent in the child than in the adult. Of twenty-one instances of sudden death which occurred in infants under three years old in the city of Ratisbon, MM. Herrich and Popp (b), whose official duty it was to make an examination of all such cases, did not meet with one in which any important morbid appearance was discovered in the brain. For this fact I imagine the two most important reasons are,

1st. That in early life the cerebral vessels have not undergone those changes by which, in later years, their coats are rendered brittle, and they are disposed to give way.

2nd. That the unossified skull, while it allows during infancy and early childhood, of a greater fluctuation in the quantity of blood circulating through the brain than is possible when ossification is complete, yet, at the same time, renders such changes far less serious; the yielding *fontanelles* and unclosed sutures allowing of the ready adaptation of the organ to its varying contents. Even the actual effusion of blood into the cavity of the arachnoid seldom causes immediate death, but oftener is the first step in the production of a hydrocephalus which lasts for months or years, a standing illustration of the power of the skull to accommodate itself in early life to great changes in its contents, and of the brain to discharge its functions under conditions which, at first sight, would seem of necessity to preclude their performance.

That most intense congestion too consequent on sun-stroke, of which we see instances now and then even in our temperate clime, generally subsides in the course of a few hours; and oftener than might have been expected it passes away without leaving behind any evidence of abiding mischief having been inflicted on the organ whose circulation had been so rudely disturbed.

Now, from this sketch, very short and very imperfect as I full well know it to be, some lessons of practical value may still be gathered. Of them the chief are,

1st. That in the great majority of instances, when death suddenly befalls the infant or young child, it is an *accident;* it is not a necessary inevitable result of any disease from which it is suffering.

2nd. That the danger of this accident happening may often be foreseen, and that such foresight is not hard to attain by any who will cultivate the habit of minute observation. I read a few days since of how the elephant-hunters in Ceylon (c), when tracking that sagacious beast through its native forests, since on account of his acute sense of smell "it is indispensable to go against the wind in approaching him; when the wind is so still that its direction cannot otherwise be discerned, will suspend the film of a gossamer to determine it, and shape their course accordingly." And so you too will find that things which seem as slight almost as the gossamer film may serve to indicate, to those who watch them well, changes as momentous as those on which depends death or recovery.

3rd and lastly. As small things portend the danger, so small things go far towards warding it off,—food, warmth, posture, quiet; little matters, such as you may think the nurse's office more than yours, are those which over and over again turn the scale upwards or downwards, and many an infant's life has been saved or lost by observing or neglecting points which one is but too apt to lose sight of as utterly beneath the dignity of science.

(b) "Der plötzliche Tod aus inneren Ursachen." 8vo, Regensburg, 1848. P. 126.

(c) Sir E. Tennent's "Ceylon," Vol. II. p. 337.

Salt Meat for the Navy.—Mr. Rawlinson says: "There can be no economy in purchasing diseased, and, consequently, unwholesome food. I know the Government advertise for sound meat, and that examinations, as per sample, are made; but I also know that such examinations are necessarily fallacious, and, that, consequently, much unsound meat passes into store, and the crews served with the same suffer in consequence. Government ought to select, kill, and cure all meat required for the public service. There have been many committees of inquiry upon more trivial questions. Let there be an open committee of inquiry on the preserved meats and salt pork and salt beef supplies used in the army and navy, and some startling facts will be revealed which I sincerely hope will induce the Government of this country to abandon for ever the system of contracting for preserved and salted meats."

The following resolution was passed by the College of Physicians of London on the 21st inst:—"That the President of the College be requested to address to the Council of the Pharmaceutical Society a letter expressive of the high sense which this College entertains of the character of the late Jacob Bell, and of their cordial approval of the proposed scheme to promote the advancement of Pharmaceutical Science, by establishing a Scholarship, to be named after the distinguished founder of the Pharmaceutical Society."

ORIGINAL COMMUNICATIONS.

PAIN AS A SIGN OF DISEASE OF THE STOMACH.

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As a sign of disease pain is one of very doubtful value: oftentimes a certain guide to the locality, if not the character of the morbid action; at other times, on the contrary, its presence misleads, or its absence disposes us to under-estimate changes which may be going on in the system. Generally speaking, we find that the mucous membranes, except where they approach the outlets of their respective canals, are free from ordinary sensibility, and may undergo very marked changes in their condition without any painful manifestation. Acute disease may take place in the mucous membrane of the small or large intestine, of the mucous membrane of the kidney or bladder, with complete immunity from suffering. A similar fact is observed in relation to the parenchymatous viscera, the substances of the liver or the kidney, which are often changed in a marked degree, if without much distension, as in abscess of their structure, without any consciousness of it on the part of the patient. On the contrary, in serous membranes an opposite condition is found to be the case: almost any change is appreciated, and in acute or sudden change the pain is often extremely severe in its character. All well know the stabbing pain of pleurisy, the agonising severity of peritonitis, the intense suffering of severe synovitis. In each of these latter diseases rest is a very essential element in the alleviation of the disease, and this rest can be attained to a great extent without the cessation of life. In pericarditis, on the contrary, we find, as for many years shown by Dr. Addison, that there is an absence of pain, unless there be pleurisy occurring at the same time. In the pericardium, however desirable rest may be, movement must continue as long as life lasts. Our object is, however, especially with pain as an indication or non-indication of disease of the stomach, and I think that I cannot do better than submit several propositions, illustrated by the observations of practice and confirmed by examinations after death.

1. Acute, so-called, inflammation and disease of the stomach may be entirely free from pain, if the mucous membrane only be affected. Acute gastritis is generally regarded as an exceedingly rare form of disease, except from irritant poisons. This may be the case; but we are of the opinion, that in many instances the absence of pain has led to this belief. In the gastro-enteritis of children, and not very unfrequently of more advanced life, conditions of great irritability, with cessation of the right functions of the stomach, and probable hyperæmia, must be regarded as closely approaching the character of gastritis. However this may be, we have evidence from the action of irritant poisons, that, while the mucous membrane is only affected by them, pain may be entirely absent, except that consequent on the violent muscular action exerted in the act of repeated vomiting. A few years ago a young woman was taken into Charity Ward of Guy's Hospital, who had taken a large dose of oxalic acid in water. Violent vomiting was produced, failing pulse, and sense of exhaustion; but no pain: and in a few days, after taking demulcent forms of diet, she completely recovered.

In a case of poisoning by dilute sulphuric acid, admitted into Guy's Hospital several years ago, death took place on the eleventh day. There was destruction of the mucous membrane of the lesser curvature and pyloric extremity of the stomach, acute disease of the colon and small intestine. She was a poor woman, affected with melancholia, who took a wine-glassful of the dilute acid before breakfast; a state of collapse existed when she was brought to the Hospital two hours afterwards; there was no corrosion of the mouth, but she could not swallow. In two hours warmth was restored, and she vomited some grumous dark-coloured matter. She continued to vomit blood, and to pass it by stool; and several times the rejected matter contained some sulphuric acid. On the same evening she was able to swallow a little milk and arrow-root, and was decidedly better. For the next three days she was low, but had no urgent symptoms, and there was no evidence of pain, although she continued to pass blood, and occasionally grumous matter. On October 9th, four days after taking the acid, she swallowed without difficulty; was able to take food; and appeared free from pain, suffering only from dysenteric diarrhœa. No blood was now passed, but shreds of mucus. On the day of her death, she got up and spoke as usual; but in the evening died unexpectedly, no one being present at the time. In this case, the immediate action of the acid upon the mouth and throat produced much suffering; but afterwards, the only symptom was a sense of great exhaustion, feeble failing pulse, but no indication whatever of severe pain, or, in fact, pain at all in the stomach. Although the mucous membrane was very extensively destroyed, the deeper structures were uninjured, and this was probably the reason of the immunity from pain.

An instance of poisoning by a solution of chloride of zinc, Burnett's disinfecting fluid, occurred at Guy's Hospital in December, 1856. There was no pain whatever till eight days before death, when the patient complained of pain at the scrobiculus cordis; she became exceedingly prostrate, haggard and wasted, but continued sensible. She was a domestic servant, aged 37, and twelve weeks before admission, went to visit a friend in the evening, who gave her in mistake for gin three-quarters of a wine-glassful of Burnett's disinfecting fluid. The precise strength was not known. The draught was swallowed; and she at once felt a painful burning in the mouth, and in a quarter of an hour vomiting came on; and purging in half an hour; neither the vomited matters nor evacuations contained any blood; the latter were passed involuntarily. Milk and water were administered. No pain or abdominal tenderness was produced at the time, or at any period prior to admission. I made very particular inquiries on this subject, both from the patient and her friends. She was conveyed home, her hands appeared swollen, and she staggered slightly. She walked upstairs, and undressed herself; the following day she remained in bed, but sat up on the third day, and moved about the house. Vomiting was the only symptom; the ejected matters at first consisted of stringy mucus, and afterwards of bilious fluid; in a few days she washed a floor, and in about a fortnight tried a change of air to endeavour to regain her health; but remained in the same state till admission. There had been dysphagia for a short time, two days after taking the poison; but this symptom did not recur. It appeared to her that the food lodged at the scrobiculus cordis. On admission, she was rather emaciated, not particularly pale, and appeared to possess tolerable strength; the tongue was large, and slightly furred; the pulse compressible; the stomach could only retain food (though of the simplest kind) for a short time; there was no tenderness in the abdomen, which was collapsed; the muscles rather rigid, the lungs and heart were normal; she had no cough, appeared comfortable, and except the vomiting, seemed to have very little ailment. Seven days after admission she began to complain of pain at the scrobiculus cordis, and in eight days more sank completely exhausted. There was ulceration at the lower part of the œsophagus, and also in the stomach, which was much contracted. At the cardiac extremity it was found to be firmly adherent to the spleen and diaphragm; and close to the œsophageal opening was a small pouch, resembling the finger of a glove, and about an inch in length; the extremity of this pouch was perforated, and passed into a cavity containing dirty mucous fluid, situated between the spleen and diaphragm. The mucous membrane of the stomach was destroyed near the œsophageal opening, as well as for about one inch near the pylorus. In the centre of the latter part, the coats of the stomach were destroyed, extravasation being prevented only by the adherent omentum. In the intervening portion, near the lesser curvature, some parts of the membrane were raised, in other parts smooth and firm, and cicatrised, fibrous tissue being found in considerable quantity. The greater curvature was unaffected, the muscular coat much hypertrophied. The lower lobe of the left lung was in a state of red hepatcrization.

For nearly three months this patient was entirely free from pain at the stomach; and it is highly probable, that the pain which came on eight days before death, occurred when the deeper structures of the stomach were destroyed, and the abscess formed in the left hypochondriac region. If it be stated, that the prostration was the cause of the absence of

pain, this could scarcely apply at the earlier period, when the prostration was not manifest.

We have thus mentioned three instances where pain was absent, or only came on at a late stage; and might instance a similar fact in a case of poisoning by nitric acid, and by arsenic—the former was entirely without pain, and life was destroyed about three months afterwards, from the injury to the mucous membrane of the stomach, but especially from contracted pylorus; in the latter, a sense of soreness, and pain from violent vomiting, were the only appreciable symptoms.

2. Organic disease of the mucous membrane, as for instance, cancer, may be comparatively free from pain.

It frequently happens in cancerous diseases of the liver, that after death tubercles or growths of similar character are observed on the mucous membrane, and of which there had been no indication during life. Isabella D., aged 65, was admitted July, 1855, into Guy's Hospital, with dropsy, apparently arising from cirrhosis of the liver; the symptoms had commenced at the beginning of the year, after exposure, when she had cough, dyspnœa, and burning pain at the stomach; diarrhœa, and great prostration came on, and she gradually sank. The liver was in a state of advanced cirrhosis, which was evidently the cause of the dropsy. Attached to the anterior surface of the stomach, was a large villous growth, but the orifices were perfectly free. After admission this patient did not complain of any pain at all in the stomach, neither had she any vomiting; it is probable that the burning pain she had before admission, was of the character often observed in ordinary dyspepsia, for she was a woman of intemperate habits. The freedom from any obstruction at the orifices, and the growth involving only the mucous membrane, was, we think, the cause of the absence of pain. No supposition was entertained of the presence of this growth in the stomach during life; and it is preserved in the Museum of Guy's Hospital.

3. Disease extending to the muscular or peritoneal coats, produces generally severe pain, as observed in ordinary ulceration or cancer. This symptom is present, as one of the most ordinary signs of the conditions just mentioned, often coming on directly after food has been taken. In several instances, in which the suffering was exceedingly intense, we have found branches of the pneumogastric involved in the thickened densely-fibrous edges of the ulcer. In a case of this kind, which I watched with much interest, the cause of death was gradually increasing exhaustion, as the consequence of the intense pain and constant vomiting. In another instance, recently under my care, of a young woman, aged 21, constant and most severe pain, with progressive emaciation, continued for many months, unrelieved by the administration or application of any anodyne we possess; a month before death symptoms of acute phthisis came on. A large chronic ulcer was found at the lesser curvature, near the pylorus, bounded posteriorly by the pancreas and liver; several branches of the pneumogastric were traced to the edges of the ulcer, and some across its base, only covered by fibrous tissue.

4. Over-distension of the stomach produces severe pain. The formation of the stomach, and its peritoneal attachments, are such as to allow moderate distension in the performance of ordinary digestion; but whenever the distension becomes greatly increased, pain is the result, and it is scarcely necessary to do more than mention this circumstance.

5. Disease, especially of an acute kind affecting the peritoneum, is also, with few exceptions, accompanied by severe pain. When there is peritonitis of the covering of the stomach we very generally have severe vomiting. In reference, however, to the position of pain in peritonitis, it is not always a certain guide to the precise seat of injury. I well remember a case under the care of the late Dr. Golding Bird, in which a young woman was seized with sudden severe pain at the scrobiculus cordis and towards the left side, followed by rapid collapse. From the seat of the pain he was led to diagnose perforation of the stomach; it was, however, found to be perforation of the appendix cæci.

6. Dr. Osborne has shown that in some cases of gastric ulcer the position of greatest ease to the patient may serve as a guide to the exact seat of the disease; that if the ulcer be on the posterior surface, lying on the face would be the most comfortable position, and *vice versâ*. Food on its entrance into the stomach generally passes directly along the lesser curvature, and if the viscus be contracted would come in contact with an ulcer, whether placed on the anterior or posterior aspect of the median line of the curvature. If more distended, there might be less direct application to the diseased surface; and we may mention that in the case of severe suffering just mentioned, the patient appeared to be most easy when leaning somewhat forward and towards the left side, which would have the effect of allowing fluids to gravitate from the ulcer, as mentioned by Dr. Osborne. Disease affecting the anterior surface alone is much more uncommon than on the posterior aspect; and the observation, although of great interest, demands from me further experience before expressing a positive opinion on the subject.

7. In disease of the lesser curvature near the pyloric orifice pain is sometimes experienced by the patient as soon as the food enters the stomach, and in some cases conveys the idea of disease at the œsophageal orifice.

In several instances, where I have afterwards found the lesser curvature only affected near the pylorus, the œsophageal opening being perfectly free, the patient has had this sensation as if food did not enter the stomach; and in one lately under my care, the disease was for many months believed by an eminent Physician to be at the end of the œsophagus. It was the case of T. E, aged 61, an Irishman, married, who in earlier life had been a hawker, and then intemperate in his habits; for nine months prior to March, 1859, he had suffered from difficulty in swallowing, stating that the food did not appear to reach his stomach; the pain was situated at the end of the sternum, and in the back, and was accompanied with a sense of coldness between the shoulders. He very frequently vomited directly after food; after a short time a hard tumour could be felt immediately below the sternum, which became gradually enlarged, and before death there was no doubt that the disease was at the lesser curvature of the stomach. The pain was severe, and almost constant, but the rejection of food occasionally subsided for many days. His death was preceded by an attack of erysipelas, and by vomiting of dark-coloured grumous fluid. On inspection the cancerous ulcer was found close to the pylorus, at the posterior part, and lesser curvature; the œsophagus and the mucous membrane, to within an inch at least of the opening into the stomach, was perfectly free from any apparently morbid state.

8. Many conditions of functional disease are entirely free from pain. It is, indeed, well for us that there is such insensibility, otherwise the least deviation from healthy action might be followed by suffering, and the strict rules of a dyspeptic be essential in ordinary life.

9. The pain in many so-called functional diseases of the stomach is exceedingly severe; but is often produced by a mal-condition of the nerves or nerve centres, and arises from the intimate connection of the spinal and sympathetic nerves. In some states of exhaustion, the whole of the nervous system appears to be in a state of great irritability, and the sensibility of structures become greatly increased. We often find, in these conditions, the stomach incapable of bearing the presence of food; it is at once rejected, or produces intense pain, or flatulent distension is immediately set up, or sense of faintness; and the means best calculated to relieve are those which invigorate and strengthen the whole system. Of this class are the stomach diseases observed in connexion with uterine disease, with loss of blood, mental anxieties, exhaustion, etc.; the deficient nervous supply also interfering, perhaps, with the right secretion of the gastric juice.

10. The effect of diseased condition of the pneumogastric nerve, at its centre or peripheral branches, in connexion with stomach disease is one of great interest, and it is probable that pain is sometimes the result. We have observed severe vomiting more frequently than pain, as produced by irritated pneumogastric: in one case in which a man had received a blow at the back of his head, which produced local meningitis; and a patch of purulent lymph was found close to the commencement of the medulla oblongata, the arachnoid surfaces being closely adherent; so irritable was the stomach, that when he took fluids, I have observed them instantly projected beyond the bottom of his bed.

The irritability of the stomach and occasional pain in suprarenal capsular disease, probably arises from irritation of the branches of the pneumogastric, which pass freely into the capsule, as I have often observed in my dissections of these parts. The dyspepsia of phthisis has been attributed to a similar cause, but probably is as much due to more

general causes of mal-nutrition. Very recently a case was under the care of my friend and colleague, Dr. Barlow, at Guy's, which he kindly asked me to see with him: a man in middle life was several times in the Hospital during four or five years, suffering from severe pain at the stomach and violent vomiting; there was no tenderness, no evidence of gall-stone, or renal calculus, of spinal or cerebral disease, ague, etc.; but a few months ago, after being admitted for one of these attacks, the symptoms of pneumonia came on, and he died. Careful examination of the chest had shown previously no indication of disease. On inspection the whole of the abdominal viscera were perfectly healthy, and although there was no direct proof of cerebral or spinal disease, the sudden supervention of pneumonia was suggested as tending to strengthen the supposition of the pneumogastric centre being the cause of the diseased conditions. It is, however, hypothetical.

11. In many forms of functional disease of the stomach, accompanied with severe pain after food, it is *probable* that extreme irritability of the pyloric orifice exists. We merely state this as a supposition, requiring further examination and observation.

12. In functional, as in organic disease, pain often arises from distension of the stomach, consequent on chemical decomposition of the alimentary mass.

13. The absence of pain is sometimes found in consequence of the destruction of the pneumogastric nerves. This fact was remarkably shown in the case of a man, aged 53, who was admitted, under my care, into Guy's Hospital, in 1856. He had come from the North Foreland; and stated that for six weeks he had had difficulty in swallowing food, pain being produced by the attempt, and solids instantly rejected. The pain was situated at the sternum. On admission he was prostrate, emaciated, and cachectic; he was free from pain, and had never suffered from any pain at the stomach, but had distressing hiccough. He died on the eighth day. The last three inches of the œsophagus were entirely destroyed by a cancerous ulcer; the branches of the pneumogastric were exposed and truncated; food had passed into the posterior mediastinum, had burrowed down through the diaphragm, and formed an abnormal opening into the stomach. The left bronchus was opened by the cancerous ulceration, and other parts were also implicated. At the left apex was a vomica, capable of containing about half an ounce of blood, with a smooth lining, surrounded by iron-grey lung, and in one part firmly calcareous. Mucous *rales* had been heard in every part of the chest during life. The manner in which the branches of the pneumogastric were truncated was apparently the cause of the absence of severe pain in this case throughout its course.

14. Pain at the scrobiculus cordis, simulating disease of the stomach, often arises from spinal disease, the pain being referred to the extremity of the irritated nerve. This fact has often been pointed out, but by no one more forcibly than by the present President of the Medical Society.

15. Severe pain at the scrobiculus cordis is frequently present in chronic bronchitis, obstructive valvular disease of the heart; in fact, any state which leads to over-distension of the cavities on the right side of the heart. In these conditions we very generally find that food produces flatulence, and is very imperfectly digested; the vessels of the stomach and of the whole of the chylo-poiëtic viscera are much engorged; the surface of the stomach is very generally covered over with a thick layer of mucus; but many attribute the almost constant pain at the scrobiculus cordis to the over-filled cavities of the right side of the heart, and to this opinion we are disposed to give our assent.

16. In aneurism of the abdominal aorta we have sometimes observed pain of a most intense kind, and which might very readily have been mistaken for cancerous disease of the stomach, with glandular infiltration, pressing upon the aorta. This severe pain is frequently found in aneurismal disease of the abdominal aorta, especially where the tumour projects anteriorly. In one instance, which I watched with much interest, the aneurism, existing at the position of the cœliac axis, was rightly diagnosed, and the patient was exhausted, and died from the intensity of the pain, the false sac not having given way. I dissected large branches of the sympathetic nerve spread out upon the surface of the tumour; and the intense suffering and fatal exhaustion appeared to arise from that implication of the nerve structures. No other cause of death could be found on very careful inspection.

I have ventured to place these propositions before the Profession; not with the idea that each is established, but rather as guides for further thought and observation.

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TWO CASES OF RENAL DISEASE.

By JOHN W. GOODWIN, M.D. Cantab.
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Cases of renal disease are in the present day usually diagnosed without much difficulty, provided we avail ourselves of the great assistance afforded by the microscope, in addition to the other means at our disposal; still I fear that cases not infrequently proceed surely, and without discovery, for a longer or shorter period, in consequence of the masked character of the general symptoms, or because there is an entire absence of some one or other prominent symptom, which usually at once declares to us the presence of the disease. In the two following cases, which have lately come under my notice, I am enabled to furnish an instance of the entire absence of that peculiar symptom so generally present in some stage or other of renal degeneration—namely, dropsy, and also a case of a rather uncommon congenital malformation of the kidneys themselves, co-existing with the renal disease.

All cases presenting peculiarities, either in the symptoms, or in the post-mortem appearances, should be placed on record; and I think that a perusal of the two following cases will not be altogether devoid of interest to some of the readers of this Journal.

Case 1.—*Bright's Disease—Hæmaturia Profuse—Amaurosis—Entire Absence of Dropsy—Epileptiform Seizures.*

The patient was a gentleman of about 40 years of age, who had been engaged in a laborious business for many years. He was a well-built man, over six feet high, of a nervous temperament, and had suffered from dyspepsia a good deal. Three years previous to the present time (October, 1858) he had an attack of facial paralysis, from which he perfectly recovered. For the last year had been under Medical treatment, and his case was looked upon by his private Medical attendant, and also by a Physician whom he consulted in London, as one of overwork, and nervous debility. He came to be under the care of Mr. Cooper of this town in October, 1858, who formed a most unfavourable view of his case, and on October 10 I was requested to see him, and found him complaining of debility, general pain of a dull character in the head, sickness occurring frequently, and obstinate constipation, the bowels not having been relieved for three days. His sight is considerably impaired, and though at times he sees pretty well, he is at other times perfectly blind. He has a sallow cachectic look, and states that he has suffered from lumbar pains for more than a year, but considered this symptom due to weakness, has had occasion for the last three or four months to pass his water more frequently, and in larger quantities. When Mr. Cooper examined his water first, he considered that there was some evidence of sugar, but of the presence of albumen there was no doubt, and under the microscope I found granular casts of tubes of various sizes, waxy casts—some very large, and others quite small in diameter,—cells with oil, and some free oil and a few blood globules. I suggested for the urgent symptoms of constipation and sickness, drachm doses of mag. sulph., with one drop of Scheele's acid in effervescing mixture every two or three hours, which procured large fæcal evacuations, and relieved the sickness and headache after four or five doses. I gave a most unfavourable opinion of his case, and considered it to be one of incurable renal disease. About two days after I first saw him, he had a distinct epileptiform seizure, and he was so prostrated after it, that we had to administer stimulants very freely in order to rally him. He now began to pass blood in very large quantities with his urine, and this continued almost without exception to the day of his death, the urine being very abundant, amounting on one occasion to 120 ounces in the twenty-four hours, the specific gravity 1008, with no very large amount of albumen. We now had the advantage of the opinion of Dr. George Johnson, who took a

most gloomy view of the case, and deemed recovery impossible, in which opinion both Mr. Cooper and myself most fully concurred. He lingered on for about a fortnight from this time; he had good nourishing food, with stimulants; the symptoms continued much the same, the hæmaturia was once slightly restrained by the tinct. ferri mur.; but the constipation and vomiting recurred again and again. His faculties remained clear to the last; but he became perfectly blind for forty-eight hours previous to his death; and this latter event took place exactly three weeks from the date of my first seeing him, and there was never the slightest dropsy or œdema of any part of his body.

A post-mortem examination of the abdomen was permitted, and we found the kidneys enlarged and full of blood; and there were patches of ecchymosis beneath the capsule, which separated easily; small coagula in the pelvis, and calyces of kidneys; and upon scraping the cortical portions a number of small light-coloured granulations were found. The right renal artery was very large, and admitted my little finger easily; but the cause of this dilatation I could not at all make out. A microscopical examination of the kidneys showed the tubes denuded in parts, in others blocked up with coagula and fibrinous deposits; the little granulations contained free oil in abundance, and the renal cells showed oil to be present in them, when cleared up by acetic acid.

Remarks.—With reference to this case I would first call attention to the entire absence of dropsy which was no doubt due to the free secretion of urine continuing throughout; then the presence of hæmaturia to so great an extent is not, as far as I am aware, common in the latter stages of renal disease, and it was suggested by Dr. Johnson that it might be due to the presence of a small oxalate of lime concretion in the kidney, as a few crystals of that substance were observed in the urine. I did not take this view myself, but rather looked upon the condition of the blood itself, as the cause both of this symptom and also of the two other symptoms mentioned, the amaurosis and the epileptiform seizures. We could not find any concretions in the kidneys though they were carefully searched for, and we must therefore, I think, conclude that the renal disease had been going on latently for some time, and thus altering the character of the blood, which alteration was shown by the exudation from the kidneys, the imperfect nourishment of the brain, and the general cachexia which was present.

Case 2.—Renal Disease—Dropsy with Albuminous Urine—Horse-shoe Kidney.

The subject of this case was a little boy, aged 9, and was admitted into the Suffolk General Hospital in September, 1859. He was very pale, feeble in the extreme, and obliged to be lifted about; great general dropsy, in fact, every portion of his body was œdematous, and there was some ascites. Very drowsy, cold, and complained of great thirst. From what I could learn from his father, he had always been a delicate boy, and had suffered much from scrofulous enlargement of glands, bad eyes, etc. Had had scarlet fever about four years previously, and had been exposed to hardship and badly fed. The swelling had only existed about ten days, but he had had very profuse diarrhœa for three days. I had the greatest difficulty in getting any water, but succeded in getting about an ounce. It became almost solid from albumen when heat was applied. Under the microscope I found in one cell-full a very large number of waxy casts—some of very large diameter, some few granular casts containing a single shrivelled cell, some resplendent granules, and some isolated cells shrivelled up and irregular in shape. Very little could be done for him; a hot bath was tried, but he became so faint that I was obliged to discontinue it; dry-cupping on the loins was also used, and plenty of nourishing broths and stimulants. He gradually became comatose and died four days after admission.

Upon making a post-mortem examination, I found the unusual appearance of the horse-shoe kidney. The two kidneys were lower down than natural, and united across the spine in front of the aorta by a broad band of renal substance, and the whole mass formed a complete horse-shoe, the concavity directed upwards. The outline of the two kidneys was distinctly marked, and the right ureter was bifurcated, one portion from the right kidney, and the other from the central uniting mass. The renal substance was pale both externally, and when a section was made. The cortical substance had the appearance of very light-coloured beeswax; the medullary portion much darker and well marked. The microscope showed the tubes filled almost universally with an effused material, the result no doubt of a chronic nephritis in a scrofulous subject, this material was exactly the same as the large waxy casts which I had observed in such abundance before death.

Remarks.—This case represents I think the chronic waxy degeneration of Dr. Johnson, and which he represents as at the same time frequently involving the liver. No microscopical examination was made of that organ, but it was pale and enlarged. The coincidence with the disease of the congenital malformation is curious, and I am not aware of any similar case being on record though there may be such. Andral alludes to a case of a single kidney in a state of granular degeneration, but I have not at hand the work of M. Rayer to see whether he refers to any cases similar to my own.

Bury St. Edmunds.

ON DIABETIC CATARACT.

By JOHN F. FRANCE,

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When a phase of disease previously unnoticed or disregarded is for the first time brought prominently forward, every fresh instance added to the examples recorded at the outset becomes invested with an interest which, taken alone, it would not possess; because the individual case bears upon the larger question, and confirms or invalidates the conclusions originally advanced. I am on this ground induced to comment on a case of the above-named disease narrated (without any reference to prior researches upon the subject) in the *Medical Times and Gazette* of the 12th inst.; and propose to show in a few words how exact a type it presents of the malady first described by myself in the sixth number of the "Ophthalmic Hospital Reports,"—that for January of the current year.

In the paper alluded to, I summed up the peculiar features of diabetic cataract in the following words:—"(1) The cataracts have in every example been symmetrically developed on both sides. (2) The lenses have increased remarkably in their antero-posterior diameter, so as to encroach upon the depth of the anterior chamber, and even to interfere mechanically with the free play of the iris. (3) The opacity has attacked portions of several strata of the crystalline at once, leaving intermediate spaces for a while transparent. (4) The colour and bulk of the cataracts have invariably indicated their soft consistence, which was proved by operation in two persons, though respectively of 'middle' and of forty-eight years of age. (5) The ocular affection has only arisen after a considerable duration of the renal malady (a circumstance which may tend in some degree to account for the comparative rarity of their union); and (6) there has, in no case, been reason to suspect further disease of the eye-ball."

The recent example just published agrees in every particular, as far as given, with the above characters:—1. "Both eyes were alike" in their morbid appearances. 2. There was "bulging of the iris, apparently pressed by the cataract to a degree that seemed to touch the cornea, which was of full size, and average prominence." 3. "There was complete lenticular opacity," for the disease had advanced beyond the point at which its simultaneous origin in separate laminæ could be distinguished. 4. The aspect of the cataract before, and its consistence as demonstrated after operation are unfortunately not mentioned; but the greatly augmented bulk of the lens affords the strongest presumption that its consistence was mainly soft. 5. "Eighteen months prior diabetes was developed; five or six months after, the mistiness of incipient cataract came on; but he was able to work at his calling of sailmaking till within eight weeks." 6. "There was sufficient evidence to show that the rest of the eye was healthy enough to warrant operation."

Thus this fresh case corresponds accurately with the delineation I have drawn of diabetic cataract; and, coming from an entirely independent source, corroborates, as fully as a single case can do, the reality and distinctive character of this comparatively rare form of disease.

As respects the question of treatment:—The mode of pro-

cedure adopted received the sanction of success. I had, in the paper already quoted, expressed an opinion adverse to extraction in diabetic cataract, owing to the indisposition manifested by the cornea to heal. It is, however, proved by the late instance (and the circumstance imparts great value to the case), that the objection is not of universal application. It is true, indeed, that "the diabetes was decidedly better, as manifested by the less quantity of urine passed, and rather less emaciation;" and I conclude from the mode in which the section was made with a bistoury, that its extent, though ample for the removal of a soft lens, was greatly more limited than in ordinary cases of extraction,—was considerably less, in fact, than a semicircle at the margin of the cornea. But there is satisfactory evidence that at least Gibson's operation (the modern "linear extraction,") may occasionally be practised with safety; and it is hence, perhaps, the most eligible process in these cases, when once useful vision is extinct; provided the general health can be (if only temporarily) brought up to a certain degree of improvement.

I rejoice to find that an invaluable auxiliary in the operation of extraction, which, from experience of its utility, I have been at some pains to advocate in "Guy's Hospital Reports" (a), and the "Ophthalmic Hospital Reports" (b)—viz. the application of forceps to fix the globe, is gaining ground, and was used with effect in the present instance. The more widely this recommendation is tested, the more general, I am satisfied, will its adoption become.

24, Bloomsbury-square.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

EXCISION OF THE HEAD OF THE HUMERUS.—GOOD RECOVERY.

(Under the care of Mr. FERGUSSON.)

For the following particulars we are indebted to Mr. Mason, the House-Surgeon having charge of the patient.

M. A., aged 46, was admitted in October last. She is married, and states that she has always had good health up to about eighteen years ago, when she fancied that she had got rheumatism in her right shoulder; the usual remedies were applied, but the pain continued. Four years after this, an abscess formed at the back of her shoulder, which was punctured, and a great quantity of pus evacuated. Other abscesses formed in the region of the neck, but the pain did not appear to diminish in any way. Thus she continued, sometimes better, sometimes worse, until last Christmas, when she noticed a tumour, about the size of an orange, in front of the shoulder-joint, and another above the clavicle. She applied for advice at a Metropolitan Hospital; and the tumour proving to be an abscess, was lanced, and its purulent contents let out; the pain in the region of the joint, however, increased in severity, and blisters, iodine, setons, and various other applications were used without any benefit being derived.

On admission, she was a healthy-looking woman, but had a somewhat anxious expression of countenance. On examining the right arm, two or three sinuses were found at about the anterior border of the deltoid, and one sinus at the back of the arm, about four inches below the acromion: a probe introduced detected bare bone; manipulation caused great pain, and the joint seemed anchylosed, the limb being completely useless to her. Mr. Fergusson, on October 29, determined to examine the part more carefully, and the patient having been placed under the influence of chloroform, an incision of about four inches was made, commencing just below the acromion process in front, and proceeding in a downward direction. Mr. Fergusson now discovered that the disease was far more extensive than he had at first anticipated, and on making a closer examination, found the whole of the joint disorganised; he therefore made an incision an inch in length outwards at right angles to, and at each end of the first; with a little manipulation the head of the bone was turned out, sawn off, and the glenoid cavity having been found diseased, was gouged to remove the necrosed portions, and the parts were brought into apposition, silver-wire sutures being used to unite the cut edges of the wound. There was some little hæmorrhage from a vessel which Mr. Fergusson believed to be the posterior circumflex artery; this was, however, easily arrested. Since the operation the patient has not had a single bad symptom, the functions of the body having been in a perfectly healthy condition. At the present time (November 19, three weeks after the operation), the wound looks remarkably well, and has all but healed; the patient is able to move the arm slightly, and without pain, and says she was never better in her life.

(a) Third series, vol. iv. 1858. (b) April, 1859.

ST. BARTHOLOMEW'S HOSPITAL.

LITHOTOMY.—REMOVAL OF THE MIDDLE LOBE OF THE PROSTATE.

On Saturday last Mr. Paget removed a calculus from a cachectic man past the middle period of life. Considerable difficulty was experienced in removing the stone, but it was at length accomplished; a projecting part of the prostate being removed at the same time. The patient had suffered from symptoms of stone for two years, and had had great pain. Mr. Paget stated that the question of lithotrity had been raised, but on account of the man's state of health, and of his not having that amount of intelligence which is desirable in those undergoing this form of operation, lithotomy had been preferred. He remarked that, as was seen in the course of the operation, the projection from the prostate would have presented an insuperable obstacle to lithotrity. In reference to the operation, Mr. Paget stated that there was no unusual difficulty until the attempt at seizure of the stone. This at first seemed almost impossible. The forceps would follow and touch but would not grasp, and at length (apparently the only possible mode in which it could be accomplished) the removal was effected by the intervening obstacle, the enlarged mass of the prostate, being at the same time removed. Mr. Paget exhibited the calculus and the part removed with it. He said that it might not look well to remove part of the prostate, but it was unavoidable; and this instance was not a solitary one. It involved no increased risk. In a patient from whom a similar piece had been removed in St. Bartholomew's, a recovery had followed without any inconvenience. There was also a specimen in the Museum of the Hospital in which the third lobe had been removed; the patient had an easy recovery. He referred to a case of lithotomy in which Mr. Fergusson intentionally removed part of the prostate by the knife after the completion of the operation, with the view of relieving the patient of what would probably cause him subsequent inconvenience.

THE LONDON AND ST. BARTHOLOMEW'S HOSPITALS.

CASE OF KELOID IN THE CICATRIX OF A BURN.

There is a certain peculiar form of the disease, known as Keloid, which occurs in the cicatrices of burns. Several examples of it have come under our notice at different times; one such, we well recollect to have seen many years ago, under the care of Professor Laycock (now of Edinburgh), at the York Dispensary, in which it occurred in a boy, and consisted of an elevated red mass about the size of the palm of the hand, and was situated on the abdomen. Its subjects are, we believe almost always children; but this may, perhaps, be partially accounted for by the fact that the greater proportion of severe burns occur in such. The appearance usually presented is as if a large mass of fungating granulations had skinned over, and become consolidated. The margins of the affected patch are abrupt, and the diseased structure is very firm to the touch, the depth of the latter being, in most cases which we have observed, from a quarter to half-an-inch. We believe that this form of Keloid has, after a certain time, but little tendency to grow, and we cannot help suspecting that its mode of production is some-

times in conformity with its *primâ facie* appearance, and that it results from inattention to the condition of the sore during the later periods of cicatrisation. Everyone of much experience in the treatment of burns in children, must be aware that at a certain stage there often occurs a most remarkable tendency to the production of prominent fungating granulations. In many cases the utmost attention on the part of the Surgeon in the persevering use of caustics, desicants, or pressure, is necessary to secure a sound and flat scar.

The following is the history of a well-characterised example of this form of keloid. The patient, a boy, aged 13, is now under the care of Mr. Skey, in St. Bartholomew's Hospital. He was formerly under the care of Mr. Gowlland, at the Islington Dispensary. He was at that time a boy of somewhat strumous appearance. The accident, a scald, from upsetting a teapot, occurred about five years ago, in August, 1854. The hot water ran over the face, ear, and chest, and also a little at the back of the neck. The scalded parts, which afterwards became the seat of the keloid, were six or seven weeks in healing, and during the healing there was a great discharge of very offensive matter. A white ointment was applied, and the granulations were rubbed over with nitrate of silver and sulphate of copper. It did, however, heal completely, and was quite well for some time previous to the appearance of the keloid, which, when first seen, had been growing ten months. It commenced with a most intolerable itching, "as if creepers were under the skin." The tumour was hard, tough, raised, and irregular at its edges, and extended from the ear along the side of the neck. There was no other special ailment, though the boy's general constitutional powers were not good. Mr. Gowlland gave him cod-liver oil and tonics; but no improvement following, he was taken to the London Hospital as an in-patient under Mr. Curling. When admitted the tumour presented the appearance and relative size exhibited in the annexed engraving. Collodion was tried, but no benefit followed, except slight contraction and flattening. Pressure by a spring was next tried, but this was of no avail. Mr. Curling removed two isolated portions from the upper part of the mass. There was a great deal

of hæmorrhage. The parts healed, but the growths returned exactly in the same positions. Mr. Curling, after consultation, determined not to attempt any further operative measures. The boy was discharged.

He was recently admitted under the care of Mr. Skey, into St. Bartholomew's Hospital. The tumour then presented the same general appearance that it did three years ago. It seemed, however, to have extended more on the sternum. Four weeks ago, Mr. Skey removed the upper part of the tumour, and a fortnight later a piece lower down. There was again considerable hæmorrhage. Mr. Skey made some remarks on the mode of operating for the removal of such tumours. He commenced with an instrument fashioned generally like a bone-nipper with edges, but not sharp, the object being to arrive at the same ends as by the écraseur, and not risk hæmorrhage, and also at the same time not leaving a large, ulcerating and unhealthy sore. This instrument, however, proved too small, and was therefore exchanged for the scalpel, when the hæmorrhage alluded to occurred. The mouth of a small vessel was found in the removed mass, probably that of a vein. The patient is now doing well. We hope to be able at some future period to report the result of this operation as regards recurrence.

We are indebted for the above particulars in part to Mr. Gowlland, and in part to Mr. Harle, of Islington, under whose observation the boy had formerly been. The woodcut is from a drawing by Mr. Gowlland, made three years ago.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

LIVERPOOL SOUTH DISPENSARY.

OBSCURE CASE OF PHLEGMASIA DOLENS (WITH PYÆMIA) IN ITS EARLY STAGES SIMULATING RHEUMATIC FEVER.

(Under the care of Mr. J. M. BENNETT.)

M. C., aged 27 years, of a scrofulous diathesis, and nervous temperament, visited at her own dwelling February 21, 1859. It was stated that she had been confined nine days previously, that the lochia were plentiful, that she had suffered from diarrhœa for three days, and that she had been entirely deprived of rest in consequence of pains of an acute character over the right elbow, shoulder, and wrist; her pulse was full and bounding; cheeks flushed; headache; profuse sour-smelling perspiration; tongue covered with white thick fur, except at the tip and edges. She told me that she had suffered from rheumatic fever some time previously, and that the same joints were affected. She now attributed her disease to the effects of cold, caused by a window being left open two nights before. As the diarrhœa was the most urgent symptom in her case I ordered a mixture, composed of ʒij. conf. arom.; ʒij. tr. oppii; ʒj. potassæ chlor., and mist. camph., to ℥viij.

Feb. 22.—I found her in much the same state as yesterday; there did not seem to be any abatement in the pain or diarrhœa. Ordered a pill composed of gr. 1½ calomel, and ½ gr. of opium every fourth hour.

23rd.—She seemed somewhat relieved from the diarrhœa, but the bright flush which I had previously noticed over the joints of the right upper extremity suddenly made its appearance in those of the left side. As she complained of great thirst, and expressed a desire for something sour, I ordered her lemon-juice, diluted in large quantities.

24th.—I was sorry to see my patient so much worse. She was quite delirious, the redness over the joints having become of a deeper colour, and also manifested itself in one of the lower extremities, viz., the left knee; the lochia, which up to this date were described as being plentiful, ceased. Retention of urine also was present, and I found it necessary to pass the catheter twice to-day; ordered the simple diaphoretic mixture of the Dispensary, and the abdomen to be well stuped with turpentine fomentations, in the hope of restoring the suddenly arrested excretion.

25th.—On my visit I was much struck with the patients' anxious expression of countenance, her skin having a peculiar earthy hue. The left knee seemed to be the principal centre of her sufferings. On examining it carefully, I felt convinced that matter was forming within the joint. There was, however, not the slightest symptom of rigor, nor yet was there tenderness in any part of the limb, except in the immediate vicinity of the joint. The metacarpo-phalangeal articulation of the right index finger was much swollen and discoloured. I also fancied I could detect matter within its boundaries. As she seemed in a very low state, I ordered her some wine, and half-grain doses of opium every three hours to obtain rest.

26th.—I found that the opium had succeeded in procuring sleep, but the redness and swelling of the left knee had altered their character, and become that of phlegmonous erysipelas. What on the day previously had appeared confined to the neighbourhood of the joint now seemed diffused over a large extent of surface. I thought it advisable to have the opinion of my colleague, Mr. Lyster, who, after examining the case very minutely, came to the conclusion that it was one of phlegmasia dolens of a very obscure form. Free incisions had to be made in the left leg and at each side of the knee-joint, also over the right elbow and metacarpo-phalangeal articulations. There seemed to be every symptom of infiltration of pus into the right lung. Night sweats and hectic flush supervened, sinuses formed along the crest of the left tibia, which were of a truly strumous appearance; bed-sores formed, and large sloughs separated from the parts injured by pressure. The evacuations were constantly mixed with blood, and also that which had the appearance of pus. Tonics, stimulants, and vegetable astringents were persisted in, together with cod-liver oil, which was, curious to say, retained in the stomach when everything else was rejected, and I was happy to see, much to my surprise, improvement take place when I feared rapid dissolution. The night sweats and loss of appetite first disappeared, together with the hectic flush, the diarrhœa being the last to succumb.

The bed-sores quickly healed, and my patient each day regained strength; the left knee, however, for the space of two months remaining contracted in a manner which only admitted of her placing the point of the great toe to the ground; this, the last of the train of her sufferings, has vanished, and left her once more quite strong and able to follow her domestic duties, the metacarpo-phalangeal articulation being the only joint which remains permanently injured.

Although strictly bearing in mind the remarks of Dr. Watson that phlegmasia oftentimes commences like rheumatic fever, I still think, from the history of the case, that three separate diseases may have been at work to produce the results which were established: latent scrofula, of which herself and all her family seem to be heirs; the rheumatic fever, of which she had heretofore been the victim; and the blood-poisoning, of which there can be little doubt when matter has appeared almost simultaneously in so many joints. Was this pyæmia caused by active inflammation? I believe it was; that this was of a specific form, occasioned by the rheumatism attacking the fibrous tissues of the uterus, thereby causing an unhealthy action of its lining membrane, and a subsequent taking up of its viscid contents by the sinuses. The extreme rapidity with which strength was regained can only be accounted for by considering it as the result of a total elimination of the morbific poison which, in my mind, seems to be a power inherent to scrofulous habits, as exemplified in most febrile diseases, and even those of a chronic character, syphilis alone being excepted. I plead the truly debilitated appearance of my patient for not having used more vigorous measures at an earlier period of my attendance. I had known the family and seen scrofula exhibited in so many phases amongst them, that Nature was almost left to work her own cure, which she has most nobly done.

Flogging from a German Point of View.—In the *Allgemein Med. Zeit.* an anonymous writer condemns the bastinado as a punishment for three reasons:—1. Because it is in every case prejudicial to the integrity of the body, producing, with the pain it occasions, symptoms of inflammation, etc.; in other terms, corporal punishment is a corporal lesion. 2. And even in granting that this punishment does not produce a lesion, it is impossible to say in any case beforehand that it will not do so. 3. In a moral point of view it is inexcusable, because it cannot be applied except under the empire of passion and of necessity: and if it is pronounced by the judge from this point of view, it proves either that there are among those who are under the jurisdiction of the State, individuals who are on the same scale of intellect as unreasoning animals, or that *employés* are not to be found who have the qualities and force necessary to deal with male-factors without employing this punishment. Of course, in speaking of the bastinado, he includes the cat-o'-nine tails, and the knout.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 387.—A Killing Man.

The following epigram on Sir Izaack Pennington, the fashionable "ladies' doctor" of the day, is attributed to Archdeacon Wrangham:—

> "When Pennington for female ills indites
> Not caring *what*, but only *how*, he writes,
> The ladies,—while his graceful form they scan
> Cry, with ill-omened rapture, 'Killing man!'"

No. 388—The "Fell" Treatment.

Sir,—My query regarding the value of Dr. Fell's "cure" of cancer seems to have attracted considerable attention, if I may judge from the numerous letters that have flowed into your columns in consequence thereof. But it seems not to have been duly apprehended that the object of my query was rather to obtain brief summaries of the results of a large number of cases, than any lengthened detailed accounts of individual ones. If any gentlemen cognisant of results of these cases would confine their communications (directed "to the care of the Editor of the *Medical Times*,") to filling up the subjoined schedule, ample information for all statistical purposes would be obtained, and many Medical men, who might have neither the time nor the inclination to report cases in detail in your columns, might still with little trouble to themselves, afford very valuable data for the investigation of the subject in question. I am, &c. F.R.C.S.

November 18, 1859.

SCHEDULE REFERRED TO—

Sex.
Age.
Organ affected.
Stage of disease.
Date of commencement of Dr. Fell's treatment.
Duration of treatment.
Was the treatment attended with pain?
Date of recurrence of disease.
Final result of treatment.

No. 389.—Medical Tract by Marat.

The infamous Marat appears to have been once in Edinburgh and also to have been the author of a tract entitled "An Enquiry into the Nature, Cause, and Cure of a Singular Disease of the Eyes, hitherto unknown and yet common, produced by the use of certain Mercurial Preparations. By J. P. Marat, M.D. London, etc." At the end is a note which mentions his having been "at Edinburgh last August (1775)." The concluding paragraph is worth quoting, as showing how a man could write like a philanthropist, and afterwards act like a monster—

"If we cannot always be the happy instrument of alleviating the misery of the unfortunate, it is however, a sort of service tendered to them, to prevent their being made worse."

Marat does not figure as a medical writer in Dezeimeri's Dict. Hist., and in the Biograph Univ. no mention is made of this medical tract; but Marat's residence in Edinburgh is briefly mentioned, and the "Chains of Slavery," and also several treatises on electricity are attributed to him. In the medical tract the subject of electricity is again alluded to.

No. 390.—Relics of the Plague of London.

A few weeks since the workmen in digging out the foundation on the east end of Three Nuns-Court, by St. Michael's Church, Aldgate, came to a considerable quantity—upwards of a cartload—of human skulls and bones about seven feet from the surface. In some of the papers it has been conjectured that they formed part of the sweepings of some adjacent churchyard after the fire of London. This was more likely the great pit or "dreadful gulf," as De Foe calls it provided for the parishes of Aldgate and Whitechapel, which, during a fortnight after it was opened, had thrown into it 1,114 bodies, when they were obliged to fill it up. De Foe adds, "I doubt not but there may be some ancient persons alive in the parish who are better able to show in what part of the churchyard the pit lay than I can; the mark of it also was many years to be seen in the churchyard, the surface lying in

length, parallel with the passage which goes by the west wall of the churchyard out of Houndsditch, and turns again into Whitechapel, coming out near the Three Nuns Inn."

No. 391.—Proverbs and Sayings on Doctors' Doings.

"If the Doctor cures, the sun sees it; if he kills, the earth hides it." "The earth covers the mistakes of the Physician." "Bleed him, and purge him; if he dies, bury him." "The Doctor is often more to be feared than the disease."—*Italian, French, Spanish.* Sir W. Hamilton said: "Medicine in the hands in which it is vulgarly dispensed is a curse to humanity rather than a blessing." Sir Astley Cooper avowed: "The science of Medicine was founded on conjecture, and improved by murder." "The Doctor seldom takes physic," says the Italian. The German wit writes: "Physic does good always, if not to the patient, at least to the Apothecary." The Spaniard tells: "It is God that cures, and the Doctor gets the money;" and "if you have a friend who is a Doctor, take off your hat to him, and send him to the house of your enemy."—*Proverbs of all Nations.*

No. 392.—The Puzzled Doctor.

"The Seranes," Borden writes, "father and son, were Physicians of the Hospital at Montpellier. The son was a lively theorist, who knew by heart and was continually repeating all the written documents about inflammation, just as children repeat in their silly way: "The grasshopper has chirupped all the summer, etc.;' or, 'Mr. Crow sits perched on a tree, etc.' Serane, the father, was a good soul, who had studied under great masters. He had learned to treat fluxions of the chest with emetics, giving them at least every second day, with or without the addition of two ounces of manna; they were his great *chevaux de bataille.* I have seen him fire them off a thousand times, everywhere and to everyone. The son resolved to convert his father to the fashion of the day; that is to say, to inspire him with a salutary dread of *phlogosis, erethismus,* and the rupture of the small vessels. The good father consequently fell into a most singular kind of indecision: he knew not how to act. However, he held out firmly against bleeding; and when he came to a patient, he would murmur awhile, and then pass on without ordering anything. I have frequently known him apostrophise his son with earnestness, and to cry out, when he was desirous but yet afraid of administering an emetic: 'My son, you have ruined me (*Mon fil, m'abès gastat*)!' Never shall I forget this curious scene. I am greatly indebted to it, and so also were the patients of the Hospital. They got well without being bled, because old Serane did not like the bleeding, and without taking emetics, because young Serane had proved to his father that these remedies increased inflammation. The patients got well, and I learnt a profitable lesson. I concluded that the numerous bleedings with Seranes, the son, practised, when alone, were at least as useless as the repeated emetics to which Seranes, the father, was so much attached."

ANSWERS.

No. 384.—Harvey's Portrait.

In the last number of the *Medical Times and Gazette* there is an inquiry about the portrait of Harvey. Two are well known; one by Cornelius Jansen, at the College of Physicians; the other by Bemmel, once in the possession of Dr. Mead, and afterwards in that of Dr. Richard Bright. Opinions will, in the usual way, vary as to which picture would furnish the most popular engraving. My own vote is in favour of that by Bemmel; for these reasons. The painting by Jansen was emphatically an office-portrait representing Harvey in the robes of the President of the College. It is true he was elected President, but he declined accepting office on account of age and infirmity. This happened, and of course the portrait was painted, less than three years before his death, at the age of 80. The portrait by Bemmel, is, I believe, of an earlier date, and simply gives us the anatomical discoverer, and philosophical physiologist. Harvey's fame rests on this basis. The public and the Profession revere the memory of the great man; and if the Presidentship is made too much of, will be apt to ask why the College deferred to do honour to its most illustrious member till he had numbered his seventy-seven years, and the grasshopper was a burden, and desire failed, and the wheel was well nigh broken at the cistern.

November 15, 1859. W. W. W.

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Medical Times & Gazette.

SATURDAY, NOVEMBER 26.

DR. SMETHURST AND MISS LÉONIE CHÉREAU.

Our neighbours across the Channel have lately, like ourselves, suffered under the infliction of a "celebrated case." Theirs, however, has been happily of a less tragical kind than ours. We refer to it, because equally in both of these trials we cannot think that the science of Medicine has shone out brightly. On the contrary, we fear that in both countries there will be left on the mind of the public, doubts and misgivings as to the dicta of the Profession, when it has again to be heard in Courts of Justice on great occasions. The ball has already been set rolling in this direction by Sir C. Lewis himself, and as we venture to think, most improperly. He has evidently in the document of doubts and difficulties through which free pardon is proclaimed for Dr. Smethurst, thrown a stone or two at the Doctors, in order to cast off from his own shoulders the odium of a protracted hesitation. Dr. Smethurst is pardoned; and there is the last word which Justice has to say in his case. We cannot, however, help noticing as a fitting and proper conclusion to the whole of this enormous scandal, and evident miscarriage of justice—whether guilt or innocence be implied—the closing scene of the judicial machinery. It was left at last for Sir B. Brodie to decide whether the prisoner was or was not guilty! Jury, Judge, Home Secretary—all the paraphernalia of our high and powerful law—were, admittedly, unequal to the task of unravelling this mighty mystery. After careful judicial inquiry and judgment given, a second investigation is established, and wise men of science are called in to enlighten our Home Secretary's deciding powers. In vain. Indecision reigns, and holds the mind enthralled for weeks and months; but still an issue must be come at. And now it is—the knot being found too strong for the Secretary's fingers to loose—that a deity worthy to untie it is called upon the stage. No more fit or proper man than Sir B. Brodie, we know, could be found for the labour of attending upon the delivery of our Home Secretary. His long and intimate acquaintance with poisons and their actions, his numerous experiments in this direction, and his vast experience and matured judgment,—all these pointed him out as the man, if any, fitted to solve the gordian tie. This we freely admit; but we, as members of society, cannot but ask—Is it not most passing strange that such a turn should be given to the criminal law of this country? Is not the precedent thus set utterly adverse to the principles of our law, and one of a most unpardonably dangerous nature? Has it ever before been heard of in the annals of justice here, that after a solemn judicial investigation, and judgment given, a man of science has been called in to revise, con over, consider, value, and weigh the whole materials of the case, and pronounce sentence? We shall be told that the whole history of this affair is remarkable and unsatisfactory—exordium and peroration; and that it was only fitting that its conclusion should be like

all its other parts. Sir C. Lewis, however, may as well know that his unfair singling out of the Medical Profession for reprobation as a scapegrace for himself to ride off upon, is a piece of gratuitous and wanton impertinence which does not go down with the public. He will discover, that in general opinion he himself cuts no particularly fine figure in this protracted drama. Some *Mauvais Plaisants* have even likened him to the astute animal which died of inanition, through prowling over-long between the equally-poised bundles of hay. Some surprise has been expressed that Sir Benjamin Brodie's letter has not been published. It is understood that Sir Benjamin has no objection to its publication, but the Home Secretary "does not feel justified" in consenting to it. This, again, is strange in a country where all legal proceedings are public, and the Star Chamber is a thing of the past.

In the French case above alluded to, the well-known M. Tardieu and Dr. d'Olive are the Medical divinities; who appear, just as those well-known Homeric invisibilities did of old, at the right moment, to throw a cloud around their favourite and save him from his peril. A girl, Léonie Chéreau, not yet seventeen years old, is arraigned for having stolen a child of M. Hua, a Judge of the Civil Tribunal. Of course she was a good-looking girl, trembled nervously, was elegantly dressed, having on a green velvet mantle, trimmed with black lace, black silk dress and veil, etc. It came out that she had been seduced by George Prieur, on his promising to marry her; but, as is the usual way in such misadventures, he refused to fulfil his promise. Hereon, she says she is *enceinte* by him; and, after some preamble, produces *la piece justificative*, in the shape of a child. This child was the child of Judge Hua, and she had stolen it from its nurse in the garden of the Tuilleries, in a most artful manner: having thoroughly humbugged the garrulous old lady, and persuaded her to leave the child for a short time under Léonie's charge. On the nurse's return, Miss Chéreau and the child had disappeared. The case against the young lady was most clearly made out—in fact, she herself admitted the abstraction of the child. But now came the turn of her defence. Let elegantly-dressed and good-looking young females never despair for an excuse. Our cold, calculating, strong-headed northern countrymen were subdued by the charms of a celebrated Miss Madeline Smith; and who then can be surprised if our impulsive and vivacious neighbours found guilt, in such a form as that of Miss Chéreau, a thing impossible?

"Dr. d'Olive and Dr. Tardieu, who had been charged to make a Medical examination of the girl, stated that she was of an exceedingly nervous temperament, and subject to the malady called hysteria, and that though that malady had not affected her mental faculties, it was not impossible but that in the circumstances in which she had been placed it might have so influenced her imagination as to cause her to suppose that she was *enceinte*."

This was her first door of escape; though what it had to do with the charge of child-stealing does not appear clear. Then came an eloquent appeal from counsel, who insisted that she stole the child to save her honour, and yet that she was in such a state of high nervous excitement as to be unconscious of what she did, and, therefore, unaccountable for her doings. "Look," he said, "at this letter, written by her. Is it possible that any one not highly morbid in sentiment, and excited by the yearnings of a great love, and overwhelmed by grief at her melancholy position, could have penned such an epistle? The very writing of this letter proves the upset condition of her mind. How could she in her natural faculties have so described her passions?"

Once again that cold-blooded functionary, the Public Prosecutor, energetically supported the indictment, and insisted that the prisoner could not be acquitted of so grave a crime, so clearly proved, without danger to society. "What have you to say in your defence?" says the President, before commencing his summing up. "She rose with painful effort, and said faintly, 'I ask pardon of M. and Madame Hua!'"

But neither President's balanced justice voice nor Public Prosecutor's energy can touch the Jury's reason; for their sentiment is all engaged for Léonie, and *not guilty* is their answer to the majesty of law. The Jury felt that the mind which could have penned that exalted letter must have been temporarily unstrung, and therefore temporarily irresponsible.

"The prisoner, on hearing the sentence, was completely overcome with emotion, and the gendarmes had to carry her out of court."

Such would have been the end of this remarkable case, had not that best of jokers—the *Charivari*—taken up the psychological side of the question; and announced, for the benefit of Judge and Jury, and Public Prosecutor, that the letter—the exaltedly-expressed sentiments of Léonie—which so proved her disturbed mind and her innocence—was a downright copy, word for word, of an epistle to be found in that highly moral bantling of Dumas fils,—*La Dame aux Camelias!*—the original version of the "Traviata" of little Piccolomini.

Such are the conclusions of these two famous dramas; and thus has been announced the innocence of Dr. Smethurst and Miss Léonie Chéreau! Let Justice clap her hands for joy!

THE WEEK.

We direct especial attention to an advertisement published in another part of this Number, in order that qualified persons who are still unregistered (those especially who have obtained their qualifications in the course of the present year) may not lose their opportunity of appearing in the General Register for 1860.

The Arts of Peace do not flourish amain by the side of the Arts of War. The sounds of preparations for some great looming event now too fully occupy the minds of men to allow them calmly to lay the scheme of a new Exhibition of the Industry of all Nations. We are not, therefore, surprised to learn that the Council of the Society of Arts have resolved to put off the repetition of the Exhibition of 1851 to 1862. Who can tell where the goddess Industria may be at that date?

A country doctor in Belgium prescribes santonine for a child troubled with worms. The child takes the powder, and in a few hours dies horribly convulsed. On analysis, it was found that five-sixths of this santonine consisted of strychnia. Justice then intervenes, and discovers that the warehouse from whence the doctor got his drugs is in a state of deplorable confusion, poisons being mixed with other matters, and the sale of things being entrusted to a most ignorant assistant. The only fault of the doctor, it seems, was this: that he had not, according to law, analysed and verified the purity of the drugs he received into his pharmacy. Justice therefore decrees: a month's prison to the druggist, and 200 francs fine and half the expenses; to his shopman, 15 day's prison, and 100 francs fine and a fourth of the expenses; and to the doctor, the smallest penalty, viz., 50 francs and one-fourth of the expenses.

"*Caveant consules*," writes a Medical French alarmist. Things unnatural are going on around us. In the heavens and on the earth, in the air and in the waters, he sees fearful prognostications. That vast lurid redness seen in the North indicates no good; and the serious perturbations of the electric wires affright him. One evening he observed around the

moon an immense circle, which he regarded with amazement. The long and tropical heats of the past summer are evil signs. Springs have dried up, some waters have been spoiled; and trees stripped of their leaves before the appointed time, their fruit destroyed, and their most beautiful flowers covered with parasites, the return of the oïdium, and the fungus of the apple—all are to him most sad events. Moreover, the general health is seriously affected. Never, says he, was diarrhœa so widely spread; death from dysentery is great; in one commune alone, during the months of July and August, 37 infants were lost out of a population of 1500. From the north, the south, and the west, he tells us, we are threatened with an invasion of the Asiatic scourge; and there are appearances as though the yellow fever may arrive from the West Indies. The plague of Benghazi is also near the gates of Marseilles.

Abdul-Medjidh, though a very moderate ruler, has an excellent idea of the value of physic. In a late tour through his provinces he picked up a fever, and very happily so for his doctor, Caratheodory. A few doses of sulphate of quinine appear to have put the Imperial patient on his legs again, and so relieved the tremblings of an anxious list of court hangers-on. Now, it appears, that when the Sultan is proclaimed convalescent after an illness, it is the custom for all the members of the Imperial family, for all the high dignitaries and functionaries, to make the presiding Medical genius a present. Of course the degree of these gentlemen's joy is measured by the size of their present; and the joy being very great on the occasion in question, Dr. Caratheodory has come in for some three or four hundred thousand francs worth of jewels, objects of art, and presents of all kinds. Then comes the Sultan's turn, and for his fee he gives the Doctor a magnificent domain. It would seem to be only among demi-civilized and savage nations that the doctor receives proper respect. However, there may be a reverse to the medal even here; for we are not told what M. Caratheodory's fee would have been if his affectionate friends had lost their beloved master Abdul! All the world cried out against M. Lallemand when he charged Ibraham Pacha 200,000 francs for an operation on the urethra; but it is clear that Lallemand understood the ways of Orientals.

It appears not to be generally known that the Examination for the Indian Medical Service will take place on the 12th December next, instead of in January, 1860. If gentlemen intending to become candidates have not seen the advertisements issued some months ago, this notice may save them from missing the examination altogether. About twenty-five appointments will be given away in December.

An important decision in Medical law has been made in the case of Phillips *v.* Bugg. This case recently came before Mr. Leigh Trafford, judge of the County-court at Birmingham. The plaintiff summoned the defendent for £1, as his Professional charges for attending on the occasion of a fatal accident, which had happened through the misadventure of the person sued. The defendant's attorney questioned the plaintiff respecting his being a Surgeon, and whether his name, as such, was upon the Medical Register. The plaintiff produced a receipt for £2, which he said had been paid for the insertion of his qualification in the Medical Register, but he had no copy in Court of the published document itself. Thereupon an adjournment was made to a subsequent day, when the same gentleman again appeared as plaintiff in another case, where he sought to recover £5 3s. 6d. for medicine and attendances upon a patient who had been attacked by Asiatic cholera. In this instance the plaintiff was cross-examined regarding the medicine sent, and the several visits he paid to the sick person, while the other side further contended the plaintiff had only proved he possessed a licence to practise as an Apothecary, but not as a Surgeon; consequently, he became unable in law to enforce fees for attendances; and, therefore, could only charge for medicines furnished. The judge, however, held that the plaintiff was legally empowered to charge as well for medicine as also attendances; and he accordingly pronounced judgment in his favour. This decision, unless overruled by a superior tribunal, would imply that legally-qualified Apothecaries can henceforward charge both for the remedies supplied to patients, and for visits made professionally.

A correspondence has lately taken place between the Council of the Medical Association of Ireland and the Irish Poor-Law Commissioners on the subject of the dismissal from office of Dr. Wall, the Medical officer of the Dunmanway Union Workhouse. It appears that Dr. Wall had been guilty of conduct which, on the harshest interpretation, could only amount to an error in judgment, in reference to a case of comminuted fracture of a very dangerous character. For this error he has been punished by dismissal, being, moreover, disqualified, by a sealed order from the Commissioners, from holding any other office in a Poor-Law Union. The Council of the Medical Association of Ireland, deeming the punishment quite disproportionate to the offence, ventured, through Dr. T. L. Whistler, the Chairman of the Council of the West Medical Association, to address a remonstrance to the Irish Poor-Law Commissioners, setting forth the great hardship of Dr. Wall's case, and praying for a revision of the sentence against him or for further inquiry into the merits of the case. To this memorial the Irish Commissioners have sent what we cannot but regard as a most insolent and contemptuous reply; not only refusing all redress to Dr. Wall, but taking Dr. Whistler to task for interfering in a matter in which, the Commissioners allege, he has no concern. We should imagine that any Medical Practitioner stepping forward in aid of an oppressed Professional brother, would be treated at least with decent civility and attention, but such is not the opinion of the Irish Poor-Law Commissioners, who seem to regard all fraternity of the Medical Profession as an invasion of their own rights and privileges, and arrogate to themselves the power of exercising the severest measures of authority without any control or supervision whatever.

Mr. Hutchinson has been elected Assistant-Surgeon to the London Hospital. The vacancy was caused by the resignation of Mr. Wordsworth. The candidates were originally three: Mr. Couper, Mr. Hutchinson, and Mr. Sharman. The first and the last held office as Demonstrators of Anatomy in the London Hospital Medical School. Mr. Couper did not, we understand, intend to enter into a contest, coming forward rather with a view to the next vacancy, but Mr. Sharman continued in active competition until within a few days of the day fixed for the election. Mr. Hutchinson had, we believe, the almost unanimous support of the House Committee, and of the Medical and Surgical Staff of the Hospital.

The Practitioners of Dudley, who forwarded a protest to the Council of the College of Surgeons (which we published in our number of November 12), have sent us the following reply. We said the case was one requiring explanation. An explanation is now given; but it is one which will satisfy nobody. It is quite clear that the Court have shown a want of caution, which, if not corrected, must be followed by the most

lamentable consequences to the whole Profession. It cannot be tolerated that a Druggist, and an Assistant, who have never attended a Lecture, or entered an Hospital, should be admitted to the same privileges as men who have won their position by years of hard work. We are glad to hear that a Special Committee of the London Medical Registration Association has been summoned to take into consideration this act of the College. If such conduct be persisted in, the Medical Council will be called upon to bring the conduct of the erring Board before the Privy Council.

Royal College of Surgeons, London, W.C.
11th day of November, 1859.

Sir,—Your letter, with its enclosures, has been laid before the Court of Examiners, and I am desired to acquaint you, that, owing to the highly penal clauses of the Medical Act this College has, in common with several of the Medical Corporations in the United Kingdom, been obliged to relax its rules for a limited period, in favour of certain persons who have practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register; and has admitted to examination persons whose Surgical and general character has been certified by competent Practitioners, in which category the Court considered both Mr. Horton and Mr. Meredith to be included.

I am, Sir, your most obedient Servant,
Edmund Belfour, Secretary.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

SUCCESSFUL OPERATION FOR IMPERFORATE ANUS.

By Professor THIRY.

The author was called to a strong male child twenty-four hours after its birth. Not the slightest trace of an anal aperture could be perceived, and the case had begun to assume a very serious aspect. By a happy chance, while the child was being turned round, a greenish matter, which proved to be meconium, was seen to issue from the urethra, indicating doubtless that the rectum terminated in the posterior wall of the bladder. A small catheter was at once introduced into the bladder, and by slight pressure engaged within the rectum, as was proved by the discharged meconium at its other extremity. The catheter was now raised gently towards the walls of the abdomen, so as to induce a projection towards the perineal region. This was not sufficient to reach the skin, from which the catheter continued separated by full a centimetre and a-half; and it was not deemed right to increase the depression lest laceration might be induced. A linear incision full two centimetres long, was now made at the proper point for the anal orifice; and after carefully dissecting away the tissues to a centimetre and a half in depth, the catheter was reached. The intestine was divided to the same extent as the skin, and meconium mixed with blood flowed out, no hæmorrhage having occurred during the operation. The catheter was next turned so as to bring its concavity towards the wound, and its extremity was carried right through the incision to the exterior. To this a large tent of charpie, well greased, was attached, which, on the withdrawal of the catheter, occupied the whole track of the wound to the wound of the intestine, the thread attaching it being brought out through the bladder and urethra. In this way, the wound could be dressed when desired, the flow of matters was favoured, and infiltration was prevented.

We need not pursue the progress of the case day by day; but it will suffice to say that, the tent, at first changed three times a-day, and increased in size, was by the end of a week introduced by means of a *porte-mèche* instead of by the thread passing through the urethra, which was removed. Good suppuration had been established, abundant fæcal matters were discharged, and no infiltration had taken place. Six weeks after, the child in the meantime having gone on satisfactorily, the author was sent for, because the fæcal matters were discharged with difficulty, and had begun to reappear again by the urethra. The new anus was, in fact, found to have become considerably narrowed. Both the orifice and the artificial canal were freely incised, and to prevent a future closure a small dilating instrument, much resembling a *speculum ani*, was daily introduced, and expanded considerably more than was necessary for the mere passage of the matters. For six or eight months this practice was steadily persevered in, the dilatation being gradually at last diminished. It is now nearly four years since this operation was performed, and the child has continued quite well, passing his fæces in the proper amount for a child of his age, and *not suffering from incontinence*. Occasionally, however, fæcal matters are passed with the urine when constipation is present. The anal aperture is rounded in form, and plaited as in the normal condition.—*Presse Médicale Belge*, No. 20.

EXCERPTA MINORA.

Creosote in Panaris.—M. Turchetti states that as soon as the inhabitants of the province of Garfagnano perceive the first appearance of this painful affection, they apply to the finger a small piece of linen rag moistened in creosote. This is followed by intense pain which lasts nearly a quarter of an hour, after which the tumefaction and pain gradually subside, the course of the panaris having been cut short.—*Union Méd.* No. 135.

Injection of the Sulphate of Atropine in the Track of the Pneumogastric Nerve in Asthma.—The last Paris novelty consists in this treatment, by M. Courty, of the paroxysms of asthma in a case which had resisted a great variety of medicinal agents. He injected along the track of the pneumogastric nerve, on the inner side of the sterno-cleido-mastoïdeus and on a level with the thyroid cartilage six drops of a solution of the sulphate of atropine, which produced vertigo, dilatation of pupil and other symptoms of narcotisation. Next day the injection was repeated on the other side, and thrown in more deeply, with the effect of producing still greater, though not alarming narcotism. A third injection, two days after the last, completed the treatment—the asthma having gradually diminished, and now, four days after the first injection, entirely ceased. The patient (a lady, aged 54) continued quite well two months after the treatment had been put into force.—*Moniteur des Sciences*, No. 37.

Tannin in Albuminous Anasarca.—M. Garnier thus concludes a paper, strongly recommending tannin in albuminous anasarca, independent of Bright's disease, as, when consecutive to scarlatina, etc., 1. Tannin given in quantities of from 3½ to 3j per diem, relieves passive œdema or anasarca, coinciding with albuminous urine. 2. Its curative agency is manifested by an increase in the quantity of urine, which also gradually resumes its physiological properties, increased transpiration, greater freedom of alvine evacuation, return of appetite, etc. 3. These signs of improvement may commence from the second day after the administration. 4. Given in solution, doses of from four to eight grains of tannin do not cause disturbance of the digestive organs. 5. Its action seems to be primarily exerted upon the liquids of the economy, coagulating and plastifying their albuminous principles. Its action upon the solids seems to be consecutive, tonic, and astringent.—*Archives Gén.* Tome xiii. p. 35.

Action of Alcohol upon the Economy.—According to the usually-received opinion, alcohol introduced into the circulation by absorption from the alimentary canal, becomes rapidly destroyed by combustion with the oxygen of respiration. Carbonic acid and water may be the immediate results; or, as is more generally admitted, the alcohol passes through a series of transformations, representing derivatives more and more oxygenated, as aldehyde, acetic acid, oxalic acid, and finally, carbonic acid. The results of a series of experiments instituted by MM. Duroy, Lallemand, and Perrin, point to different conclusions. According to these, alcohol is not destroyed in the blood, since it may be found in all the liquids and the tissues, while the products of combustion are not found there; and, moreover, it is eliminated by the various channels, as the lungs, the skin, and especially the kidneys. They conclude—1. That alcohol is not an alimentary substance, it acting only as a modifier of the nervous system; 2. It is neither destroyed or transformed in the economy; 3. It becomes especially concentrated in the liver and in the brain. 4. These facts explain the production of certain

organic and functional changes in the liver, brain, and kidneys.—*Gaz. Méd.* No. 46.

Citric Acid in Acute Rheumatism.—Dr. Hartung states that this substance acts more efficaciously than lemon-juice in acute rheumatism. He forms a mixture with six drachms dissolved in five ounces of water, and sweetened with two ounces of syrup. This is to be taken in from fifteen to thirty-six hours, the patient also drinking as much cold water as he pleases, and the parts being wrapped in wadding. Of forty-five cases of acute rheumatism, some of them very bad ones, so treated, in two only was the result not satisfactory. Sometimes, even after twenty-four hours of treatment, there is a notable diminution in the pain and fever, although in most cases from two to three days are required to produce this amendment. The remedy does not induce diarrhœa, and it favours transpiration.—*Gaz. des Hôp.* No. 134.

GENERAL CORRESPONDENCE.

INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Looking over your files, my attention has been attracted to your remarks on July 23, respecting the relative attractions of the British and Indian Medical Services, and as I consider them likely to mislead candidates in estimating the respective advantages of the two Departments, I beg to submit the following remarks on their comparative merits, estimated as a means of livelihood.

The Indian Service is superior as regards pay, prospects of emolument, rewards for professional superiority in skill or scientific knowledge, furlough, early retirement, certainty of promotion, pension, and provision for widows and children. It is inferior solely as regards enforced residence in a climate which may be adverse to a particular constitution, and in having no home appointments; also in its scanty provision for retirement at an earlier date than after seventeen years' service in India; in other words in having no half-pay, properly so-called, on which officers can be temporarily placed.

1. *Pay.*—The Indian Assistant-Surgeon receives £25 12s. per mensem as a minimum, and is certain in the course of two or three years to fall into charge of some corps, or to obtain some civil Medical employment, when his income may be raised even to £100 a-month, and will certainly be from £40 to £50. The talk about the necessary expenses in India is, for the most part, nonsense; an economist can live on £15 a-month, and no subaltern (bachelor) has any business to spend more than £20. The unnecessary expenses of India are anything you like to make them. The Army Assistant-Surgeon receives £15 a-month nominally, but deducting income-tax, mess, and band fees, is considerably less. In India, or three other stations (China, Ceylon, and Mauritius), he receives allowances which raise his pay to about the minimum of an Indian Assistant; but elsewhere he receives nothing worth mentioning, and has only an increase of eighteen pence (!) per diem to look for till promoted.

2. The Indian officer has innumerable Professional appointments open to him, from a Medical Professorship at the Presidency, with its lucrative practice, downwards. Let a candidate take up the latest "Quarterly Army List" of any of the Presidencies, and look down the list of the Medical Department for the occupations of each member, then let him take the Almanac and Directory of each Presidency, and look in the salary-tables of the staff and civil appointments for the rewards attached. He will find that an Assistant-Surgeon may draw from £1000 to £1500 a-year of pay and allowances. I know several who do so, nay, I have known an Assistant-Surgeon in the receipt of £5000 a-year; true, he owed great part of it to his own talents, but what did he not owe to the service that opened such a field for them? The Army Medical officer has nothing of all this open to him, except a little private practice in a few colonies, where, if he is a man of talent, sufficient to counterbalance the superior advantages possessed by the settled civil Practitioners, he may realise, perhaps, a few hundreds a-year at the utmost. If he fall into a civil appointment of five shillings a-day as Health-officer, or Port-Surgeon, he may think himself lucky.

3. Rewards for Professional skill or scientific knowledge abound in India. Any really good man is certain to be noticed, and if his superiority should lie in the practical exercise of his Profession, care will be taken to give a field for its display, whenever opportunity offers. If, on the other hand, his forte should lie in botany, geology, chemistry, etc., he will be marked for office in the Presidency Colleges, or for the charge of botanic or tea-gardens, or woods and forests, or geological survey. All these things pay well too. Few such staff salaries are under from £30 to £50 a-month, and this in addition always to regular pay proper. The Army service has nothing of all this to offer even for specialities, and as for rewarding purely Professional merit, such a thing is never thought of. Military Medical merit—that is soldiering as much as possible—is the great qualification for advancement in the Army department I observe. The object of its officers seems not to be reputation as skilful Doctors, but as brave soldiers.

4. *Furlough.*—It is difficult to say too much in praise of the Indian rules on this head—granting three years' leave of absence at a spell. The British officer rarely gets more than as many months, unless sent home by a Medical Board, when six months' leave is considered extremely liberal, even after ten or fifteen years' service in India. Again,

5. As regards retirement, what a boon it is to be able at 39 years of age, to command one's freedom with an independence (limited, it is true, but still sufficient for a bachelor,) of nearly £200 a-year? with the certainty of an ultimate considerable increase from the operation of the Medical Fund, an invaluable institution, the benefits of which seem to have been altogether overlooked in your remarks of 23rd July;—£200 a-year at 39 years of age is far more valuable to a Medical man than £300 a-year at 47. Few will dispute this. If this early retirement is granted in consideration of the seventeen years of service being spent in the tropics, may not the British officers justly complain that no allowance is ever made to them for exactly similar service? How many of them spend twenty years, or even more, in the tropics?

6. Certainty of Promotion may be regarded as the Palladium of the Indian service; never to be forfeited except by proved incapacity, which, when it exists, is never unknown, and only needs due moral courage on the part of the executive to render the system of seniority promotion by far the best adapted for a Medical Service, where age and experience must, *ceteris paribus*, give weight to the opinions of an Elder.

The system of brevet promotion in the Indian Service, which you object to, is one of its best features, and the great regret of all who understand the subject is that it does not go far enough. All men cannot be fortunate enough to share in campaigns, or to be at hand when opportunites of personal distinction are available. Some must be in Burmah when the scene of combat lies in Scinde; but yet they are there in obedience to orders, and doing a much more disagreeable duty in the dysenteric tents on the Irawaddy, than their comrades who are galloping after Beloochees from Jacobabad. The Indian rules do not allow of the one class being robbed of their hard-earned promotion to reward the other, wisely ordaining that Professional steps should be gained by Professional service, but they admit of honorary rank and military decorations as the just recompence of field service, at which no one can murmur; and to qualify the candidates for the latter, they bestow the former. But why the Assistant-Surgeons alone should be eligible for the grant of increased rank for meritorious deeds, no one can fathom. It appears to have been an oversight in both services, not to have made Surgeons eligible for Surgeon-Majorities in like case, and not to have allowed the latter grade to be gained by a certain number of years' service in the rank of Surgeon, as well as by twenty years' total service. For want of this latter provision, an Assistant-Surgeon promoted for gallantry to the rank of Surgeon at an early date, will find himself ultimately beneath the men he passed over at first.

At present, Surgeons have no promotion to hope for; as Deputy-Inspectors in the Royal service will seldom leave a vacancy, and in all probability may be yet relatively fewer in the British than in the Indian Service, as the number in the latter is fortunately fixed, while the economic reaction which must come will lop them down in Whitehall.

In conclusion, let me now draw your attention to the admirable provision possessed by the Indian Medical Service, in their Widow and Orphan Funds, securing to their families

not the mere rescue from absolute beggary which the Royal bounty provides, but respectable incomes of some hundreds a-year, according to rank, subscription, etc. The youngest Indian Assistant-Surgeon can thus assure his widow about £200 a-year. The British officer's widow receives nothing unless her husband has served ten years, or been killed, and then only £50.

Now against all these relative advantages, there is to be "written off," slower promotion, and the necessity of serving in India. Well, as regards the first, it is only of late that such disparity existed, and for very many years the Indian service had much the advantage. Little more than twenty years ago, the Army assistants were men not far from fifty when promoted! Now they are worn out, and unfit even to be Surgeons at fifty-five!! Promotion is now very rare, and ere long may be as slow as in India.

The retiring allowance of Indian officers early disabled is certainly too small; but then it is theirs for life, however healthy they may afterwards become, whereas the English officer's is only temporary and certain to be forfeited on a restoration to health, if he declines to serve; while all his time on half-pay, even by reduction, is not allowed to reckon in any way.

The cases of Indian officers shelved so early are very few indeed, so few that no healthy candidate need take the chance into consideration, while if he lives for twenty-five years, and is commonly prudent, he will find himself in England under very different circumstances from the numerous old British Surgeons of long standing, lately turned adrift without ceremony, on a pittance of £320 a-year, most of whom never had an opportunity of saving anything like half what their Indian brother will receive from his fund.

I say then to all candidates, "Go to India if you have the chance." I am, &c. EMERITUS.

DEATH FROM CHLOROFORM AT THE LONDON HOSPITAL.

LETTER FROM MR. TODD.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the Hospital Reports of your last Number, you detail a case of death from chloroform, which I think bears out my theory that chloroform should be administered in a gradual manner, at first highly diluted with air, and then by degrees stronger and stronger, until the patient is under its anæsthetic influence. It is not the quantity of chloroform which kills, it is the effect it has in producing spasm of the glottis, heart and lungs, when the vapour is given in too concentrated a form, before the nerves have become accustomed to it. In most of the cases of death from chloroform, only very little is said to have been used, and I can quite understand it. I can readily believe that one single inhalation of over-strong vapour may be sufficient in some people to cause death, just as a moderately large dose of laudanum may kill a man, whereas if that man had become accustomed to it by having taken several doses, commencing with a small quantity and gradually increasing, he might have taken double that dose with impunity. But why, Sir, people will persist in giving chloroform from a piece of lint when that mode of administration has caused so many deaths, I cannot imagine.

I am, &c.

16, Old Burlington-street, Nov. 20, 1859. ARMSTRONG TODD.

PROPOSITION TO RAISE PROFESSIONAL FEES.—The Medical and Pharmaceutical Association of the Department of the Somme at its last general meeting, came to the following resolutions:—"Considering that all the necessaries of life have long since undergone an increase in price, while Medical fees have remained stationary; and seeing that the mere number of visits paid does not constitute a sufficient element for fixing the amount of fees, which should also bear relation to the gravity of the disease, the importance of the operation, the danger incurred by the Practitioner, and other circumstances, such as the social position, and means of the patient—be it resolved that in future Practitioners have a right to a higher remuneration, and that this remuneration shall not be dependent upon the number of visits paid, but also upon the above-named considerations."

REPORTS OF SOCIETIES.

THE EPIDEMIOLOGICAL SOCIETY.

MONDAY, NOVEMBER 8.

DR. BABINGTON, President, in the Chair.

AFTER the usual preliminary business of the Meeting, Dr. BABINGTON opened the Session 1859—60 by an Address, in the course of which he introduced an interesting *resumé* of the principal epidemics which had appeared in various parts of the world during the last twelve months, drawn up by Dr. McWilliam, the Secretary of the Society. Cholera, we learn, broke out in July last at Bombay and Poona, and almost simultaneously on the continent of Europe, selecting on this, as on former occasions, the city of Hamburg as the scene of its development. It next appeared at Helsingfors, in the Gulf of Finland, and afterwards in Southern Sweden, and early in September it declared itself in Stockholm, the capital of the kingdom. While cholera was prevailing in these Northern latitudes, its appearance was also announced at Murcia, which is situated in the south-eastern part of Spain. The disease, however, soon abated in the town; but it lingers still on the coast, as Alicante and Valentia are still considered as ports suspected of cholera. More recently the disease had attacked Rotterdam and Bruges, at which latter place its progress was for some time most alarming. There was not, it appeared, any very satisfactory or trustworthy information with reference to the origin of the disease in any of the Continental ports; but it was well known that in the course of the past summer and autumn cholera had been imported into several of the ports of this country by vessels from Hamburg, viz.—the river Thames, in two different vessels; Hull, Grimsby, Southampton, and North Shields. In the last-named port, the disease was communicated to a lodging-house on shore, when it proved fatal to two of the inmates. From the time that the existence of cholera was known, our Government appear to have been fully alive to the necessity of taking measures against the invasion of this country by that scourge. Quarantine restriction was not resorted to, nor was the freedom of commerce or of intercourse with other countries at all interfered with, but every precaution short of these was taken by the authorities. All arrivals in the ports of this country, more especially in those having intercourse with Hamburg, were carefully watched for cholera cases; and in those vessels where the disease did exist, a certain degree of isolation from other ships, and of limitation of intercourse with the shore, but not such as to cause inconvenience, were recommended and in all cases followed. The sick sailors brought into the Thames were at once transferred to the *Dreadnought*, and, had occasion required, Cholera Hospitals were ready for immediate use. The local authorities at such ports were exhorted to provide places of reception for poor passengers and seamen who might arrive suffering from cholera. They were also furnished with the admirable provisional memorandum, drawn up by Mr. Simon, which earnestly urges upon local authorities the immediate and energetic exercise of the powers conferred on them by the Nuisance Removal Act, during the prevalence of cholera, diarrhœa, diphtheria, typhus, or any other kind of fever, and which also contains concise and clear suggestions for the prevention and mitigation of these and other epidemic disorders. Diarrhœa was unusually fatal in London during the past summer, and a death from cholera was occasionally to be found in the Reports of the Registrar-General. Partial outbreaks of cholera, as on the banks of the Itchen, near Southampton, were said to have occurred in some of the country districts; but nowhere in this country, except at Wick, in Caithness, and at Glass Houghton, in the parish of Castleford, near Pontefract, had the disease appeared in an epidemic form. In the West Indies, yellow fever had been prevalent at several of the islands, more especially at Antigua, Trinidad, and St. Thomas. In the *La Plata*, which arrived last week at Southampton from St. Thomas, there had been fifteen deaths from yellow fever during the passage home. Much remained to be done in the way of improving military barracks in the West Indies and, indeed, a thorough and

minute inspection of all barracks in these islands seemed absolutely necessary, if we intend to put an end to, or at all events to mitigate, the evils of every-day occurrence in that part of our colonial possessions. Scarlatina and diphtheria had prevailed in most parts of this country, more especially in the rural districts. Diphtheria had also appeared in Australia. The origin and progress of this disease in a country like Australia, which had all along enjoyed a comparative exemption from epidemics, were subjects worthy of careful investigation. Allusion was next made to the Permanent Public Health Act, which was happily carried through Parliament during last session. Among other important objects obtained with this Act, was the placing of the Public Vaccination of England and Wales, under Medical Supervision. The regulations for the necessary staff were most anxiously expected, and would, it was to be hoped, enable this country to realise to a far greater extent than it had yet done, the benefit conferred by the magnificent discovery of Jenner. For its sins of omission in this respect, England was at this moment being scourged. The great small-pox epidemic which commenced in 1857, had, within the last twelve months, had possession of this metropolis, within the limits of which scarcely less than one thousand persons have paid in this period by death, and probably ten times that amount by sickness, the penalty of their neglect of, or of the imperfect manner in which they have received the great prophylactic of Vaccination. Dr. Babington concluded his address by exhorting the members to zeal, in furnishing papers for the Society and in regular attendance at the meetings.

Dr. Richardson read a paper

ON ZYMOSIS.

He first considered the process of fermentation as it occurs out of the body. He dwelt on the different views which have been held as to the nature of this process, explaining that they divided themselves into three groups: the vital, the physical, and the chemical. In regard to zymosis, or ferment *in* the body, the view generally held was linked with the idea of the vital character of the fermentation process. Having at some length sustained these positions, the author passed on to observe on the objections which might be urged against the vital hypothesis, and then presented a reading of the subject which, resting on a basis purely chemical, explained much that was obscure and conflicting. He (the author) did not oppose the idea of zymosis; on the contrary, he gave to it a direct affirmative, but he argued in reference to three points,—1st, That the virus exciting the fermentation was simply an albuminous product. 2nd, That the virus was not by its presence the cause of the symptoms, but that the symptoms of the epidemics or zymotics were due to the presence of new chemical products, resulting from the new chemical changes. 3rd, That the re-appearance in some cases of the virus as an excrete was a necessary result, but that the origin of the virus was purely local. Dr. Richardson next passed on to show that if the views he had advanced were tenable, they would explain many points which otherwise were all in confusion, would link certain diseases to the zymotici which are not at this moment ranged in that list, and would yet, at the same time, reduce the verbal list of zymotics to a few units. In the first place, he urged the theory of zymosis, as he explained it disclosed the reason of the analogy which exists between diseases acknowledged to be communicable, and certain other diseases which are not considered communicable, such as dissecting-room cholera. In the next place, it explained the reason why a small, equally with a large quantity of poison introduced into the body, excites the same intensity of effect. Thirdly, the theory suggests an alliance between diseases arising from the absorption of poisons, and diseases produced by changes occurring in the body spontaneously, such as rheumatic fever and tetanus. Fourthly, it explains why the majority of zymotic diseases get well of themselves. If the poisons of these diseases were vital and increased or multiplied in the body, the reproduction would last so long as the material for the continuance of the reproduction were present. But if the process were simply chemical, as he supposed, there is a direct reason why the diseases ran a limited course, inasmuch as chemical changes having no independent continuance when their causes are removed, cease necessarily after a time, together with the symptoms excited by them during the period of their operation. Lastly, on the theory suggested by the author, an immense field was opened for direct experimental inquiry. Here scientific researches might take two directions—the one towards tracing the action of known poisons on animals, and exciting diseases analogous to the zymotic diseases after the synthetical method;—the other, by ascertaining whether diseases so excited could be transferred to subjects previously unaffected. The point which attracted most interest in the paper was that which had reference to tetanus. This disease Dr. Richardson claimed to be essentially zymotic. His theory of its production in traumatic cases, is that the wound in the process of healing secretes a special albuminous product, which has the property of a ferment. This substance absorbed into the body excites new chemical changes, and as a product of these, there is developed an alkaline or alkaloidal substance, having properties analogous to strychnine. Whether the patient shall or shall not recover depends, therefore, on the circumstance of this produced poison being or not being eliminated from the system by the excretions, before the tetanic symptoms excited have progressed to a certain degree. If the symptoms are extended, or are moderate, or are moderated by medicinal means, the poison may be eliminated, and the patient may recover, or the reverse. In regard to tetanus two experimental questions were open for solution; viz. Will the secretion from a wound in a tetanic patient, introduced by another wound into a healthy animal, excite tetanus? Secondly, Are the excretions, say the urine of a tetanic patient, capable, like strychine in solution, of exciting tetanic spasm in a susceptible animal?

Mr. Radcliffe asked Dr. Richardson to explain, if he would be kind enough, the steps in the zymotic process a little more in detail.

The President asked the Author to sketch out the line of experimental inquiry which he proposed to pursue.

Dr. Milroy though the author's theory did not, as he had understood it, supply a sufficient reason for the spontaneous development of certain zymotic disorders, such as cholera or typhus.

Dr. Camps suggested that the diseases which the author had excited in the inferior animals, were not *the* diseases, but analogous affections.

Mr. Spencer Wells noticed, at the request of the President, the particulars of two cases of tetanus, occurring in his own practice after ovariotomy, in which he had used woorara.

The Author having replied,

Dr. Waller Lewis moved, and Dr. Milroy seconded, a vote of thanks to him for his paper, and the President in putting the resolution to the vote, stated that he hoped Dr. Richardson would favour the Society with further records of his researches in this important field, and that should he at any time require such assistance, a committee should be formed to observe the results of his experiments.

THE PATHOLOGICAL SOCIETY.

Tuesday, November 15.

Mr. Fergusson, President, in the Chair.

A Report, by Drs. Bristowe and Harley, was read

ON A SPECIMEN OF INTESTINAL CONCRETIONS DESCRIBED AS FIBRINOUS IN ITS NATURE.

The two masses are nearly of the same size, one measuring 3, the other 3½ inches in the long diameter, and both about two inches in thickness. The peculiar flattened rounded appearance they now present is no doubt due to their having been packed in a gallipot. On section one of them presents a dense, fibrous-looking structure. The other is also fibrous-looking, but much less dense, and more irregular in shape. We can find nothing in their ultimate character, either microscopically or chemically, incompatible with the supposition of their being either coagulated fibrin or effused lymph, and there is little in their general character, beyond their shape and bulk, in opposition to this view. We find no evidence of their being any form of polypus or other morbid growth, and are therefore disposed to accept Mr. Quekett's opinion, namely, that "they seem to be composed of lymph." At the same time we beg to add that

we are at a loss to account for their presence in the digestive canal.

Dr. Hare exhibited specimens of Cardiac Malformation, namely—

CONTRACTION OF THE PULMONARY ORIFICE, WITH AN OPENING IN THE SEPTUM VENTRICULORUM.

T. P., a male child, puny, and with some lividity of the surface, which had been noticed since birth, was first seen for bronchitis, and it was found, in addition, that the apex of the heart beat vertically below the left nipple; that the impulse was rather too strong; and that there was a single murmur synchronous with the first-sound, loudest at apex, but nearly asloud in the left infra-scapular region. The child died, at the age of two months. The weight of the heart was very nearly one ounce. The right auricle was double the size of the left; the foramen ovale was closed. Both ventricles were small, even for the size of the heart; the walls of each were considerably hypertrophied, those of the right side being perhaps thicker. The septum was thick, except near the base, where there was an opening (⅜th of an inch in longest diameter). The aorta was of very large size, and communicating with both ventricles. The orifice of the pulmonary artery would only just admit the point of an ordinary blowpipe.

OBSTRUCTION AT THE AORTIC ORIFICE (ONLY TWO VALVES)—OPEN DUCTUS ARTERIOSUS.

C. S., male, was under observation for the last three months of his life, and died, aged 5¾ months. The child suffered from shortness of breath, cough, and had convulsive twitchings and once a severe convulsive attack, in which he became very blue; but usually the complexion, though dusky, was not livid. The sternum was somewhat convex, and the costal cartilages prominent, so as to give the chest a globose appearance. The impulse was too strong, and too much to the left. A loud rough murmur was heard over almost the whole of the chest, but most at the apex, systolic. The murmur was very peculiar; though single, it was, in the middle third of its duration, much more acute than at the commencement or end. Heart.—Weight, 2¼ ozs. Left auricle rather larger than the right one; foramen ovale closed; aortic orifice somewhat irregular in shape, and smaller than natural; valves somewhat thickened and only two in number, the larger one having a rudimentary septum. Pulmonary artery, 1½ inch in circumference; valves healthy. Left ventricle very thick, even at the apex; right ventricle too thick; size considerable. Ductus arteriosus open.

These two specimens well illustrate cardiac malformation commencing at each of the two arterial orifices. In the first example the starting-point was the obstruction at the pulmonary orifice; hence very little blood got from the right ventricle directly to the lungs, but the major part passed through the perforation at the base of the septum into the aorta, and so partly into the general circulation, but doubtless partly through an open ductus arteriosus into the lungs for aërification. In the second specimen, the first point of mischief was at the aortic opening, through which the blood could not pass freely; a portion of the blood, therefore, which usually passes from the right ventricle through the lungs, did not, in this case, take that route, but went directly from the right side of the heart into the systemic circulation, by means of the open ductus arteriosus. This vessel, therefore, in the two cases, transmitted blood in opposite directions; in the former case the ductus carried the mixed blood sent by the two ventricles into the aorta, to the lungs, and in a direction the reverse of what obtains in fœtal life; in the latter example it carried a portion of the blood from the pulmonary artery to the aorta, in the same direction as in the fœtus. The malformation illustrated by the second specimen is a rare one.

Mr. Shillitoe exhibited

A SPECIMEN OF NEUROMA.

He had removed it from the musculo-spiral nerve of the left arm of a lady, aged 30 years. It appeared to have been caused by a blow ten years ago. When first noticed it was about the size of a small nut; iodine paint was freely applied, and for some years it did not increase, but during the last two years it had done so rapidly. At the commencement there was no pain, though it was always tender to the touch; recently there has been a good deal of throbbing pain, and it has caused weakness of the arm. At the time of its removal it was about the size of a billiard-ball, and on section it was found to enclose a large cyst, filled with a sero-sanguineous fluid, and clots of blood. The tumour was surrounded by a thin fibrous envelope, continuous with the sheath of the nerve; it appeared to have grown from the upper and outer aspect of the nerve. The trunk of the nerve divided into two parts, which passed on different sides of the mass, and again united on leaving it. The one part is easily separated from the tumour, but the other dips deeply into its substance, and a good deal of it seems to be lost in it. On the microscopical examination the tumour was found to consist chiefly of fibro-cellular tissue, with abundance of small rounded nuclei, and a few oval and oat-shaped ones.

Mr. Fergusson related a case in which he had removed a neuroma connected with the external popliteal nerve. The tumour afterwards proved to have been unconnected with this nerve, the latter being merely spread over it. In a subsequent case of neuroma of one of the nerves of the brachial plexus he succeeded in removing the tumour without the nerve.

Mr. Nunn exhibited a small

TUMOUR OF THE DURA MATER.

It had been taken from a man who had symptoms of constitutional syphilis for twenty years. He died at the age of 50 from abscess of the brain connected with necrosis of the great wing of the sphenoid. He had had irregular cerebral symptoms for ten years. At the autopsy the dura mater was found to be adherent to the bone, as was also the scalp over the position of the tumour. It was connected with the dura mater in the right side of the falx. It consisted chiefly of fibro-plastic matter. In reply to Mr. Fergusson Mr. Nunn stated that there had been no symptoms of pressure.

Dr. Wilks related a case in which a man apparently moribund from cerebral disease, recovered rapidly under the administration of large doses (gr. viij.) of the iodide of potassium. He was hemiplegic, had repeated fits, and, when seen, was quite insensible. He continued apparently moribund for several days. Syphilis was suspected; but the only evidence attainable was from his wife, and to the effect that she had repeated miscarriages. After commencing the iodide the fits, paralysis, etc. disappeared, and in a short time recovery was complete. Dr. Wilks imagined that no tumour from the dura mater, unless very large, could have given rise to these symptoms by mere pressure on the surface of the brain.

Mr. Nunn stated that he had had his patient under observation for many years, and found that the cerebral symptoms were always controlled by large doses (gr. xv.) of the iodide, until the last two years. At this time the patient was subjected to a course of mercury. Mr. Nunn believed that this occasioned the necrosis, and that this, then, gave rise to cerebral symptoms, which were not under the same control as those before, which, he believed, arose from the tumour only.

Dr. Markham related a case in which recovery from epileptic fits followed in a patient who was treated by iodide of potassium, under the impression that they arose from the presence of lead in the system.

Dr. Grailly Hewitt exhibited for Mr. Cholmley

A MASS EXPELLED FROM THE UTERUS.

The patient was a lady, aged 55. She had been a widow ten years. She was said to have menstruated regularly up to the time of the expulsion of the mass; but probably the discharges were not truly menstrual, but semi-periodical hæmorrhages excited by the presence of the tumour. The expulsion was accompanied by very great hæmorrhage. The specimen was smooth on the surface except at one small spot, by which, probably, it had been attached. On its surface were several cysts containing fat. The rest was of a fibrous texture like that of fibrous tumour of the uterus.

Mr. Flower now brought forward

A SPECIMEN OF SANGUINEOUS CYST.

It had been removed by Mr. de Morgan. Eight years ago it was merely a small tumour under the skin over the supra spinous fossa. It gradually increased and had attained the size of a large orange. The specimen shown consisted of skin,

cyst-wall, and internally of a layer consisting of minute crystals of cholesterine. It also contained a dark reddish fluid.

Mr. Fergusson remarked that he had observed that cholesterine occurred in cysts containing grumous-looking fluid, and also that such substances seemed very slow in undergoing decomposition.

Dr. Hare now brought forward

A SPECIMEN OF CANCER OF THE LIVER.

It was taken from a patient of Mr. Kirby; the age of the patient was fifty. All the symptoms referable to this disease had arisen within eight weeks preceding her death. A mass was found by examinntion in the right hypogastric region, which gradually extended as low as the anterior superior spinous process of the ilium. Œdema of the lower extremities followed, and next jaundice and death. The liver weighed nine pounds.

Mr. Fergusson exhibited a

CHALKY TUMOUR.

It was taken from the arm of a girl, aged 12. It had been noticed only four months; during the third month it grew rapidly. It was situated immediately below the skin on the outer side of the arm, two or three inches above the elbow. There was no history of gout.

Dr. Coote exhibited a

NEEDLE FOUND IN THE OMENTUM OF A WOMAN,

who had died of some other affection. No history of the case was attainable. The needle, larger than a common sewing-needle, was blackened. The only mode of accounting for it was that it might have been swallowed, and then have passed through the walls of the stomach into the omentum. There was a corresponding stellate cicatrix at the lower part of the stomach, through which Dr. Coote believed it might have passed.

Dr. Wilks related a case of

TUBERCULAR DISEASE OF THE BLADDER AND URETHRA.

A man, about 30 years of age, and who had been ailing for some considerable time, first presented himself as a patient at Guy's Hospital with perineal abscess. This was opened, leaving a fistula. He subsequently became a Medical patient and died of phthisis. Besides disorganisation of the lungs and tuberculous disease elsewhere, one kidney was found quite destroyed by the same affection, and this continued down the ureter to the bladder. The latter externally had the vesicular seminales enlarged by tuberculous deposit, and internally the mucous membrane was covered with tubercles, which on the trigone formed one ulcerated patch; the same continued over the surface of the prostate and down the urethra as far as the middle of the spongy portion. In the membranous canal an ulceration had occurred, giving rise to the perineal abscess. Dr. Wilks believed that this tuberculous affection of the bladder and urethra was never a primary disorder, but always, as in the present case, the result of the same disease elsewhere—generally by the continuation downwards from the kidney by the ureter. The affection was thus analogous to the tuberculous disease of the uterus, which in like manner is secondary, and forms only a part of a more general tuberculosis of the abdomen, the disease in this case being propagated from the Fallopian tubes to the cavity of the uterus. The affection in the male, which would be strictly analogous, is the case which Dr. Wilks had witnessed, where a tuberculous disease of the testis had become propagated along the vas-deferens to the inner surface of the prostate; and thus the tuberculous affections of prostate and uterus may take their place together as the other diseases of these organs. Although it appeared that tuberculous affections of the bladder are not primary conditions, yet it was of some practical interest that this man first put himself under the Surgeon's care for perineal abscess, and Dr. Wilks mentioned another similar case where an extravasation of urine occurred from tubercular ulceration of the urethra.

Mr. Fergusson related a case in which he had performed lithotomy, and removed an oxalate of lime calculus, weighing four ounces. At the operation he felt several small masses, projecting into the bladder. The patient did well, and for two years remained so. He was, after that time, one day attacked suddenly with pain in the region of the bladder. He died. At the autopsy medullary disease of the bladder was found to exist.

Mr. Henry Thompson did not think the disease was often local. In all the London Museums he had only found nine or ten cases; and in all these there was co-existent tubercular disease elsewhere. He asked Dr. Wilks if the tubercle was in the substance of the prostate, or merely below the mucous membrane.

Dr. Wilks replied that it was merely below the mucous membrane.

Dr. Gibb exhibited for Mr. J. Henry Thomas specimens of

CORAL-SHAPED AND OTHER CALCULI FROM BOTH KIDNEYS—PUS IN ONE, AND BLOOD IN THE OTHER.

The patient, aged 27, died October 1, with symptoms of renal calculus—was operated upon for stone twelve years ago, and two months ago Mr. Thomas removed three small phosphatic calculi from the membranous portion of the urethra. The urine had for years before death been mixed with pus, and for some months blood was present, latterly in large quantities. The right kidney was a mere shell, filled with gravel, stones, and bloody urine; one stone weighed 62 grains, and was dark in colour. The left kidney was enlarged and sacculated, the sacculi containing pus; the pelvis was filled with an arboriform calculus of a whitish colour, not unlike a branch of coral, weighing 2½ drachms. There were many smaller calculi of different shapes, and several fragments were broken off the large specimen in taking it out. The ureters were dilated, and the bladder congested, but neither contained any stones.

Dr. Gibb remarked that the chief points of interest in the case were, the presence of blood in one kidney, with calculi composed of phosphate of lime coloured black by animal matter; and in the other kidney pus, with calculi composed of triple phosphates, many of them being studded with most beautiful crystals, especially visible on the extremities of the coral-shaped specimen.

Dr. Gibb also exhibited, for Mr. J. T. Paul, a

VIRGIN UTERUS (FROM A FEMALE AGED 50 YEARS) WITH A BONY TUMOUR ATTACHED TO ITS FUNDUS.

The patient was found dead in her bed on the morning of the 13th November. The heart was large and flabby, the walls hypertrophied, and its cavities filled with semi-coagulated blood. The lungs were much congested and emphysematous; the bronchial tubes being filled with frothy mucus. The liver, spleen, kidneys, brain, and stomach were considerably congested. The uterus was very small, not larger than that from a child twelve years old, and had a bony tumour attached to the superior part of its fundus, the size of a Barcelona nut. The interior of the organ was full of glairy mucus, exuded from the os. The left ovary was atrophied to the size of a bean, while the right was normal, and contained a fibrous tumour the size of a pea embedded in its substance. The hymen was perfect. She never had any children. Death was attributed to the condition of the heart; but she was known to be a great sufferer from asthma during life, and this must have had a good deal to do in bringing about the fatal result, especially during this foggy weather. Dr. Gibb considered that the body of the uterus had undergone absorption, and thus accounted for its small size; and he looked upon the small bony growth as a degenerated fibrous tumour, whose pedicle had now become membranous.

Mr. Nathaniel Ward exhibited a specimen of

MEDULLARY SARCOMA OF THE RIGHT FEMUR.

The patient, a young lady, aged 20, had been under the care of Mr. Daldy and himself. Pain in the region of the inner condyle of the femur to the extent of the area of a shilling, and slight effusion into the synovial sac of the joint, were the first indications of the disease. The pain was not referrible to the receipt of injury, and was regarded by her friends in attendance on her as of a rheumatic character. These symptoms yielded at first to treatment, but soon afterwards the knee-joint and lower part of the thigh became

involved in a large tumour which extended with great rapidity, the cutaneous veins becoming dilated, the integument tense and shining, and fluctuation being here and there to be detected. Ultimately the tumour measured round the most prominent part of its circumference thirty-two inches, and it had extended half way up the thigh. Between five and six months after the first symptoms had appeared the patient died from exhaustion, slight attacks of hæmorrhage from the popliteal aspect of the tumour having preceded death. The thigh-bone had also given way about the lower fourth. On the post-mortem examination, a vertical section was made of the tumour. It appeared to have arisen from the cancellated tissue of the inner condyle. A large quantity of blood escaped from numerous cysts formed at different parts of the growth, particluarly towards the circumference. The walls were lined with ragged fibrin. The solid part of the tumour was made up of medullary cancer, fibrin, and masses of bone, apparently the broken-down femur, the lower quarter of the shaft of which had disappeared. The periosteum could be traced prolonged from the shaft above this over the tumour; and in the interior of the former were medullary mixed up with myeloid deposits. Both lungs were permeated by masses of medullary cancer. None of the abdominal organs nor lumbar and inguinal glands were affected.

Dr. Harley exhibited an

OAT-HAIR INTESTINAL CONCRETION.

This calculus is from the collection of the late Mr. Liston, in University College Museum. It is of a circular form, and measures one inch in diameter. Although to the eye it looks like a piece of brown sandstone, it is extremely light, being of a less specific gravity than water. On section the internal surface presents a pale coffee colour, and looks and feels not at all unlike a piece of brown felt. Examined with the microscope, it is seen to consist of a number of tubular hairs and vegetable spiral vessels. These hairs, as first pointed out by Dr. Wollaston, come from the seed of the oat. The calculus has an external coat of about a line in thickness of a different-looking substance. This is composed of a mixture of hairs, mucus, and inorganic matters. On incinerating this part, the ash was found to consist of ammonia, lime, magnesia, and a little soda, combined with phosphoric and sulphuric acids. The calculus is said to be one of twenty passed at different times by the patient.

OBITUARY.

DR. CARNEGIE, OF WIMBORNE.

Died November 16, at Wimborne Minster, Dorsetshire, John Carnegie, M.D., Extra Licentiate of the Royal College of Physicians of London. He was the son of Mr. John Carnegie, of Kingslaw, East Lothian, N.B., and was born at Leith in 1779. He received his early education at the High School, Edinburgh, of which Dr. Alexander Adam, the author of the "Roman Antiquities," and many other well-known works, was at that time Rector, and where he had for his contemporaries Lord Brougham, the late Lord Murray, and other distinguished men. Having chosen the Medical Profession, he was apprenticed to John Bell. He attended for several years the Literary and Medical Classes of the University of Edinburgh. In 1799 he became a Member of the College of Surgeons of Edinburgh, and in 1804, having passed an examination before the London College of Surgeons, he was appointed Assistant-Surgeon in the 57th Regiment of Foot. For many years he was stationed in the Island of Jersey, where, acting on the Medical Staff, he had the charge of an extensive Military Hospital. Here his unceasing devotion to the arduous duties of a large garrison attracted the notice of the late General Gordon and the late Sir George Don, the successive Governors of that Island, and through the recommendation of the latter, he was appointed, in the year 1811, to the Surgeoncy of the 62nd Regiment. He accompanied this Regiment to the Peninsula, but his health failing he was soon obliged to return home invalided, and in the year 1814 was placed on half-pay. During this year he took the Degree of M.D. at Edinburgh. In 1817 he became a member of the College of Physicians of London, and after practising for some time at Wells, in Somersetshire, in 1820 he commenced practice as a Physician at Wimborne, where he continued to reside until his death.

Dr. Carnegie was a man of the widest general information, and in strictly Professional knowledge was in advance of his time. His Thesis on Typhus is valuable as giving an account of fevers which actually prevailed in the 57th and 62nd Regiments in Jersey, during the first fourteen years of this century. Although more stress is laid upon the use of antimonials than would be the case now, yet there is not a word about blood-letting; and it is evident that sponging with cold vinegar and water was the chief remedy relied on to subdue delirium and excitement, while the use of wine or brandy, in small doses every second or third hour, is prescribed in the very terms which would be used at the present day. He particularly suggests the use of wine or brandy with blisters for the pulmonary congestion of fever.

It is seldom that a Physician enjoys a large practice in the country, and Dr. Carnegie found no exception to this rule; but he delighted in rendering his services unpaid to all who were in need of them, and among those who profited largely by his skill and kindness were some of the neighbouring Medical men and their families. The presence of a man of great information, and knowledge of the world, and of liberal ideas, is no small boon to any provincial circle; and the removal of such a man, whose chief employment was the exercise of Professional and general benevolence, will long be lamented.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Wednesday, November 2nd, Abraham Duke, M.D., Rugby, was admitted a Member of the College, under the temporary Bye-Laws.

The following gentlemen were also admitted Members of the College under the temporary Bye-Laws, at the Comitia held on the 21st inst.:—

Adey, Charles Augustus, M.D., St. Leonards-on-Sea
Allan, James Brands, M.D., Hyde-park-place, W.
Anstie, Francis Edmund, M.D., Onslow-square
Arnott, George, M.D., Cheltenham
Balfour, Thomas Graham, M.D., Sumner-place
Birkett, George, M.D., Stoke Newington
Brown, Robert Gosset, Hempstead
Bryan, James Bedingfield, M.D., Kensington-park-gardens
Bryson, Alexander, M.D., Barnes
Burder, George Forster, M.D., Clifton
Burgess, Thomas Henry, M.D., Portsmouth
Camps, William, M.D., Park-street
Castaneda, Michael, M.B., Albany-street
Chevallier, Barrington, M.D., Ipswich
Christie, Thomas Beath, M.D., Hackney
Collum, Robert, M.D., Chester-place, Hyde-park
Cooper, Sir Henry, M.D., Hull
Copeman, Edward, M.D., Norwich
Croft, John M'Grigor Augustus T., M.D., Abbey-rd., St. John's-wood
Davies, William, M.D., Bath
Davies, Thomas, M.D., Chester
Davis, John, M.D., Bristol
Dudley, John Gardner, L.M. Cantab., Rainhill, Prescot
Duffin, Alfred Baynard, M.D., Langham-place
Durrant, Christopher Mercer, M.D., Ipswich
Dymock, Archibald, M.D., Louth, Lincolnshire
Fox, Edward Long, M.B., Bristol
Henderson Wiillam, M.D., Clifton
Hicks, John Braxton, M.D., Wellington-street, London-bridge
Higgins, Charles Hayes, M.D., Birkenhead
Humble, Thomas, M.D., Newcastle-upon-Tyne
Irwin, William Crossley, M.D., Leicester
Jephson, John Holmes, M.D., Conduit-street West
Jones, Walter David, M.D. Edin., Laneych, Newcastle Emlyn
Johnson, James, M.D., Green Ayre, Lancaster
Kebbell, William, M.D., Brighton
Kennion, George, M.D., Harrowgate
Kenny, Mason Stanhope, M.D., Halifax
Kitching, George, M.D., Enfield
Leonard, Peter, M.D., Royal Hospital, Haslar
Lewis, Thomas, M.B., University-street
Loney, William, H.M.S. "Dauntless"
Madden, Lewis Powell, M.D., Jacobstowe, Devonshire
Maxwell, William Brook Charles, M.D., Winchelsea
Morehead, Charles, M.D., Bombay
Noott, William Francis, Alverstoke
Paine, William Henry, M.D., Stroud, Gloucestershire
Parker, Thomas Preston, M.D., Bishopwearmouth
Paul, John Hayball, M.D., Camberwell-road
Pickstock, George Newport, M.D., Paignton, Devon
Phillips, Henry John, M.D., Kensington-gate
Ranking, William Harcourt, L.M. Cantab., Norwich
Ransom, William H., M.D., Nottingham
Risk, Keats Robinson, M.D., Blackpool
Robertson, William Henry, M.D., Buxton

Robertson, John, Sudbury
Roe, William Hamilton, M.B., Park-street
Rogers, William Richard, M.D., Berners-street
Ross, Andrew, M.D., Waterloo, Hants
Scott, William, M.D., Huddersfield
Spencer, John, M.D., Regent's-park-terrace
Stanton, John, M.D., Upper George-street
Stevens, Henry, M.D., St. Luke's Hospital
Tunstall, James, M.D., Bath
Wane, Daniel, M.D., Grafton-street
Whytehead, Henry Yates, M.D., Crayke, Yorkshire
Willett, Edmund Sparshall, M.D., Isleworth
Wollaston, Robert, Cheltenham

The following gentlemen were elected Fellows of the College on November 21 :—

Maclachlan, Dr. Daniel
Shapter, Dr. Thomas
Smith, Dr. William Tyler

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 17th November :—

Bankart, James, Leicester
Mawley, Augustus, Birmingham
McCann, John, Tonyn, Co. Longford, Ireland
Taylor, John, Emsworth, Hants
White, Edward, Birmingham

The following gentlemen also on the same day passed their First Examination :—

Braddon, Charles Hitchman, Upton-on-Severn, Worcestershire
Haynes, Allen Lankester, Evesham, Worcestershire
Lovegrove, James Francis, Maidenhead

UNIVERSITY OF LONDON.—*Second M.B. Examination*, 1859.—The following is a list of Candidates who obtained the Degree of Bachelor of Medicine at the recent Examination :—

Adams, Samuel Hoppus, University College
Crowfoot, William Miller, St. Bartholomew's Hospital
Davis, Theodore, St. Bartholomew's Hospital
Gasquet, Joseph Raymond, University College
Hill, Matthew Berkeley, University College
Jones, Philip Sydney, University College
Liddon, William, King's College
Marriott, Charles Hayes, University College
Moxon, Walter, Guy's Hospital
Robbs, William Edward, King's College
Sansom, Arthur Ernest, King's College
Simpson, Henry, University College
Thompson, Edmund Symes, King's College

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—The following gentlemen, having completed the Course of Study, and undergone the Examinations prescribed for obtaining the Double Qualification in Medicine and in Surgery, were on the 18th instant admitted as Licentiates of both Colleges, viz. :—

Maclagan, David Philip, Edinburgh
Moore, Michael James, Belfast
Reid, Patrick Richard, County of Kildare, Ireland
Shaw, John Cardy, Ceylon
Thom, Alexander, Edinburgh

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND. —At a meeting of the King and Queen's College of Physicians, Ireland, held on the 16th inst.

Michael Fenton Manifold, M.R.C.S.

having been duly examined, was admitted a Licentiate of the College.

DEATHS.

BAYLEY.—November 7th, at New York, Guy Carleton Bayley, M.D., aged 73.

CHURCHILL.—October 27th, at New York, of pneumonia, Charles W. Churchill, M.D., aged 45.

DALY.—Recently, on board the *Merlin*, on the passage from Melbourne to Calcutta, Dr. Daly, son of Mr. John Daly, of Tuam.

FINUCANE.—November 14, Henry Patrick Finucane, of Bradford, Yorkshire, L.S.A. Lond. 1833, aged 62.

HATFIELD.—November 17, John Rayner Hatfield, of Wibsey, near Bradford, Yorkshire, L.S.A. Lond. 1841, aged 43.

LEONARD.—November 16, at his residence, Brunswick-square, Bristol, Isaac Leonard, M.R.C.S. Eng. 1818; L.S.A. Lond. 1838; aged 63.

REIDY.—November 16, William Hely Reidy, of the Caledonian-road, Islington, M.R.C.S. Eng. 1835, aged 45.

INFANT MORTALITY.—In the East Wymer sub-district "the large number of deaths (eighteen) from atrophy seems, on inquiry, to depend on improper food, from the mothers not suckling their children, as they say it would interfere too much with their work."—*Registrar-General's Quarterly Report.*

THE Correctional Tribunal of the Seine has lately fined a Pharmacien 1000 francs for keeping a consultation-room by the side of his shop. The Pharmacien also kept a Doctor, at 50 francs per month, to do the business; but this did not avail him, as he was himself present, and wrote the prescriptions, which were afterwards made up by his *elève.*

WOORARA IN TETANUS.—A very interesting discussion took place last Tuesday evening at the Medico-Chirurgical Society, *à propos* of three cases related by Mr. Spencer Wells, in which he had used woorara poison as a remedy in tetanus. Our readers will find the report of the discussion next week. The remarks of Dr. Harley were full of interest. It was pointed out by Mr. Wells that here, as in some other cases, the lively French had borrowed from the phlegmatic English without any acknowledgment of the thing borrowed.

LONDON GUANO.—Mr. Shepherd, C.E., says: "If we take the whole of the London sewage as it flows into the Thames at 70,000,000 tons annually, and apply it at the rate of 40 tons per acre, it would manure 1,750,000 acres, or 2734 square miles, of land annually, without the aid of a single cartload of farmyard manure; and wherever the sewage has been employed it has increased the fertility of the land 100 per cent. And it is also a fact that 750 tons of the rich sewage of London can be delivered to a distance of 100 miles round London, and on every farm included in that area, at a less cost than the farmer is now paying for one ton of guano, while the 750 tons of sewage contain more fertilising matter than five tons of guano."

UNIVERSITY OF ST. ANDREWS.—The following gentlemen have been elected as Examiners for Medical Degrees for the year 1860, in addition to Dr. Day, the Chandos Professor of Anatomy and Medicine, and Mr. Connell, the Gray Professor of Chemistry (who is assisted by Dr. Heddle). *In Medicine* :—Dr. W. T. Gairdner, Lecturer on the Practice of Medicine, and on Clinical Medicine, Edinburgh; Dr. Alexander Wood, President of the Royal College of Physicians, Edinburgh. *In Surgery* :—Dr. George Buchanan, Surgeon to the Royal Infirmary, Glasgow; Dr. John Struthers, Assistant-Surgeon to the Royal Infirmary, Edinburgh, and Lecturer on Operative Surgery. *In Midwifery and Diseases of Women and Children* :—Dr. A. Anderson, Professor of Medicine to the Andersonian University, Glasgow; Dr. J. Matthews Duncan, Lecturer on Midwifery, Edinburgh.

SULPHURIC ETHER SUBSTITUTED FOR CHLOROFORM AT LYONS.—At Lyons, the second city in France, sulphuric ether has almost universally superseded chloroform both in Hospital and private practice; and as the result of a recent discussion at the Medical Society of that town, the following resolutions were passed unanimously :—"1. Sulphuric ether employed as an anæsthetic is less dangerous than chloroform, no accident, indeed, having followed its exclusive and abundant employment at Lyons during eight years. 2. Anæsthesia may be as constantly and as completely induced by it as by chloroform. 3. If ether gives rise to inconveniences which are not produced to the same extent by chloroform, these are of little consequence as compared with the dangers inherent to the use of the latter. 4. Ether should, therefore, be preferred to chloroform." It was proposed that the fact of using chloroform should be stigmatised as imprudent; but the Society declined taking this step, contenting itself with declaring that ether fulfils the same indications as chloroform without giving rise to the same dangers.

THE DENTITION-DIARRHŒA of infants, in M. Trousseau's opinion, ought not to be either respected or encouraged as some Practitioners consider it should be. It is, he thinks, always well to combat an evil which may have such bad consequences. The *cholera infantilis* is what he most dreads. These are his remedies—He gives, mixed with milk or with gum syrup, 40 to 60 grammes of lime-water; or, mixed with sugar, in milk, or any other albuminous or proper liquid, one of the following salts :—Carbonate of lime, pure, 1 gramme; bicarbonate of soda, 50 centigr.; carbonate of magnes., 25 centigr.; or the white decoction of Sydenham may be given. If the diarrhœa still continues 3 or 4 grammes of sub-nitrate of

bismuth are to be given, and every third day a neutral salt, as the tartrate of potass and soda, in the dose of 4 to 6 grammes dissolved in water or milk. If there are vomitings, then hydrargyrum c. cretâ should be used. If all these methods fail, then injections must be employed; 8 to 10 centigr. of sulphate of copper in 60 grammes of water; or the following potion may be taken in spoonsful during the 24 hours:—Nitrate of silver, 2 centigr.; distilled water, 30 grammes; simple syrup, 20 grammes. Another good remedy is that which is so successfully employed at the Foundling of Moscow. It consists in giving to the little patient raw meat, very finely chopped up, and beaten in a mortar, and then passed through a fine sieve. It is then mixed with sugar, or preserves, or conserve of roses. The best meat is the fillet of beef, or the centre part of a mutton chop. The dose is 10 grammes the first day, 20 the second, and 30 the third. At the same time albuminous water is given. It is well to know that for the first few days the stools will be reddish and of a bad odour.

The New Chair of Pharmacology at the Paris Faculty of Medicine.—The chair of Pharmacy at the Faculty of Medicine has just been converted into one of Pharmacology, and M. Regnault has been nominated the first professor. "The course of pharmacology," M. Dumas says in his report to the Minister of Public Instruction, "will comprehend:—1. An exposition of the general procedures for the preparation of Medicines. 2. The special examination of medicinal agents in relation to their natural history, their chemical and physical characters, their pharmaceutical forms, and their adulterations. 3. The art of constructing formulæ. 4. The history of natural and artificial mineral waters; and 5. The ancient and modern history of pharmacy." The following are the motives which have induced the commission to unite the materia medica itself to pharmacy, and to separate it from therapeutics. The materia medica, or the natural history of drugs, is a branch of the teaching the art of healing; the basis or point of departure of which is rather to be sought amidst the collections of the naturalist, and in the shop of the pharmacien than at the bedside. On the contrary, it is at the bedside that therapeutics must be studied; and when the Faculty has to choose a professor of therapeutics, it has, ministering to the wants of its pupils, to occupy itself with the doses in which medicines should be prescribed, the preferable forms for their administration, and the effects to be expected from their action, regard being had to the condition and strength of the patient, the complications of the disease, and the general conditions of time and place. Therefore, it selects a clinical observer, who by habit and taste is in general a stranger to the study of the materia medica, which in his hands is confined to the history of the usual remedies. But for the chair of pharmacology a candidate must be chosen who is specially prepared, by his practical knowledge of simple drugs, and by his studies in the two-fold direction of chemistry and natural history, to undertake a good and complete course of materia medica."

Opening of the Paris Faculté de Médecine.—The session 1859-60, of the Paris Faculty, was opened with the usual *éclat* on the 15th inst., when M. Wurtz delivered an effective *éloge* on Souberain, who died scarcely two years after he had been chosen into the Faculty. The following passage on the interest attaching to scientific discovery, abstractedly considered in respect to actual application or possible ulterior utility—as illustrated by the history of chloroform,—was vehemently applauded: "During long years chloroform, now employed in hundreds of kilogrammes, figured as a mere object of curiosity, possessing a purely scientific interest. But be not deceived; for it is the curiosity of the philosopher which prepares the road for the inventor, and theory must precede application. Where would be the marvels and the glory of our century, if the human mind were, as in the middle ages, abandoned to the chances of a gross empiricism and to the guardianship of unintelligible traditions? In our time, it is Science which arouses, directs, and fertilises the genius of Invention; and the search for the True, will conduct sooner or later to the discovery of the Useful. Yes, I dare affirm that nothing is useless in science. Too often we hear the question asked, 'What possible good is there in this multiplicity of theoretical facts which she is accumulating?' It is only Ignorance that can hold such language. 'That which we are ignorant of,' says Fontenelle, 'we willingly treat as useless.' Let us then, go on collecting truths, giving our time and attention to objects apparently sterile. The hidden utility will be one day discovered; and then is not every intellectual triumph worthy of our respect? If we are to judge of the beauty of a work by its venal value, the grandeur of a conception by its immediate application, the nobility of a career by its material profits, tell me in what rank are we to place Dante, Corneille, Leibnitz, and Newton; and what will become of those noblest gifts of the mind, philosophic penetration, eloquence, and poetry." The Faculty has not adjudged the *Corvisart Prize*, for want of essays of sufficient merit. The subject for the prize of 1860 is thus stated,—"Determine by observations made in the Clinic of the Faculty, the effects of cinchona in both internal and external septic affections."

The Ugliest and most Obscure of Sea-worms.—Whether we are intruding or not in turning this stone, we must pay a fine for having done so, for there lies an animal as foul and monstrous to the eye as "hydra, gorgon, or chimæra dire," and yet so wondrously fitted to its work that we must needs endure, for our own instruction, to handle and to look at it. Its name, if you wish for it, is Nemertes, probably N. Borlasii, a worm of very "low" organisation, though well fitted enough for its own work. You see it? That black, shiny, knotted lump among the gravel, small enough to be taken up in a dessert-spoon. Look now, as it is raised and its coils drawn out. Three feet—six—nine at least, with a capability of seemingly endless expansion; a shiny tape of living caoutchouc, some eighth of an inch in diameter, a dark chocolate-black, with paler longitudinal lines. Is it alive? It hangs, helpless and motionless, a mere velvet string across the hand. Ask the neighbouring Annelids and the fry of the rock fishes, or put it into a vase at home and see. It lies motionless, trailing itself among the gravel; you cannot tell where it begins or ends; it may be a dead strip of sea-weed, *Himanthalia lorea*, perhaps, or *Chorda filum;* or even a tarred string. So thinks the little fish who plays over and over it till he touches at last what is too surely a head. In an instant a bell-shaped sucker mouth has fastened to his side. In another instant, from one lip, a concave double proboscis, just like a tapir's—another instance of the repetition of forms—has clasped him like a finger; and now begins the struggle, but in vain. He is being "played" with such a fishing-line as the skill of a Wilson or a Stoddart never could invent; a living line, with elasticity beyond that of the most delicate fly-rod, which follows every lunge, shortening and lengthening, slipping and twining round every piece of gravel and stem of sea-weed with a tiring drag, such as no Highland wrist or step could ever bring to bear on salmon or on trout. The victim is tired now, and slowly, and yet dexterously, his blind assailant is feeling and shifting along his side till he reaches one end of him; and then the black lips expand, and slowly and surely the curved finger begins packing him end foremost down into the gullet, where he sinks, inch by inch, till the swelling which marks his place is lost among the coils, and he is probably macerated to a pulp long before he has reached the opposite extremity of his cave of doom. Once safe down, the black murderer slowly contracts again into a knotted heap, and lies, like a boa with a stag inside him, motionless and blest.

The Smethurst Case.—The following extracts from a capital anonymous letter in the *Times* will interest many of our readers:—"Fortunately Science is so old and its shoulders so broad that it will not fall crushed by the weight of Sir G. Cornewall Lewis's censure. In the opinion of the Secretary of State, our legal method of arriving at truth is perfect, no fault is there, the right hon. gentleman cannot see 'any defect in the constitution or proceedings of our criminal tribunals.' Yet, unfortunately, in the case of Dr. Smethurst, perfect as our system is, it absolutely failed, and there arose a 'necessity' for granting a free pardon to a man condemned to die. This necessity, according to the Home Secretary has 'arisen from the imperfection of medical science, and from the fallibility of judgment, in an obscure malady, even of skilful and experienced medical practitioners.' In his judgment, the evil is due to science and scientific men, and not to the machinery of the law. In my judgment, there are faults in both. The difficulties inherent in the reception of scientific evidence can be overcome only by the increase of general education. But the practical evils of the present day may be

avoided by changes in the method of procedure adopted in our criminal trials. Let the spirit of antagonism and of rhetorical display be abandoned by our counsel; and let them be so well educated in science that they may know how to elicit truth and eliminate error. Then we shall not have the discovery of chlorate of potass, in fluid administered by a suspected man, described as a fearful disclosure, and linked on to its employment in the manufacture of lucifer matches and percussion caps. Or, if we have such pendents to the leading counsel's speech, his learned brother might tell the Court that the said deadly drug was given in ten-grain doses to infants six months old. If the barrister's scientific education was what it ought to be, there would soon be an end of the discrepancies between scientific witnesses. Let the latter be cross-examined as they could conduct this process for each other, and the jury would have little difficulty in determining where lay the truth. Let the Medical man who speaks so confidently of his power to discriminate between dysentery and poisoning be asked how many cases of either he has seen; and let him be made to point out the differences between them; and a jury would soon estimate the value of his opinion. Let not the prisoner be first painted black as night, and then bright as day; let not one learned brother try to paint the lily, and another to darken the unmentionable fiend; but let them both adhere to truth. Let the facts of science be kept distinct from the opinions of scientific men, from the recital of their original ideas, or the publication of their extensive practice; and let the judge but hold the balance, not throwing the weight of his great authority into either scale, but simply casting into the one side or the other the evidence that is worthy of such place; and then we shall cease to have hasty verdicts of Guilty followed by universal reprobation and public dissatisfaction with our tribunals. We shall have no weak slanders upon Science, nor announcements from a Secretary of State that although a method is perfect, it may perfectly fail."

Sciatica and the Actual Cautery.—M. Valleix and M. Jobert have done wonders in the cure of sciatica by the actual cautery, and now again M. Monneret, of the Hôpital Necker, comes forward as its great admirer. Of thirteen cases he makes a cure of ten. Some of these were cured after one, some after two, others after several cauterisations. The application of the cautery requires a skilled hand. It should be lightly used, so as only to brawn the surface of the skin with lines drawn upon it; it is to be done with a hatchet-shaped cautery at a white heat. This is run rapidly over the seat of pain, and according to the extent and age of the complaint is to be measured the length of the lines. M. Monneret almost always practises three or four lines extending from the hip to the outside of the popliteal space. If the leg is painful, he goes from head of fibula to external ankle. In the foot he is contented with two or three lines.

St. Vincent's Hospital, Dublin.—On Thursday, the 17th instant, the inaugural address for the winter season of 1859-60 was delivered in the theatre by Dr. O'Ferrall, chief Medical adviser to the Hospital. After some preliminary observations, Dr. O'Ferrall said that the great aim of clinical instruction was to render the students good Medical Practitioners. He said that, in his opinion, the great defect of Medical education was that, while students were thoroughly instructed in the theoretical departments of the profession taught in the school and lecture-room, sufficient time was not devoted to the practical application of these principles, or, in other words, that they failed to acquire that intimate, he might almost say personal, acquaintance with disease which is only to be gained by constant attention to Hospital practice. "It is quite possible," said Dr. O'Ferrall, "for a student to go through the usual course of Medical lectures and reading, to pass his final examination with great credit, and even to become competent to lecture on the subjects which he has learned, without at the same time becoming a good practitioner. Thus many persons, by studying the works of John Bell, Sir Joshua Reynolds, Flaxman, or Ruskin, have acquired an intimate knowledge of the history and principles of art, but who, at the same time would not be able to distinguish a Murillo, from a Rembrandt or a Caravaggio. In the same manner, to hear one of those theoretically-educated Medical men speaking of disease, you would imagine that he was a profound Physician. Take him to the Hospital, however, and he is quite at fault. He knows the theory of medicine well enough, but he has not that personal acquaintance with disease without which it is impossible to become a good practitioner. Show him a case of interest—he looks at it for awhile, then he looks at you, and ends by asking, "What is it?" If you are charitable enough to tell him what the disease is, then he once more becomes eloquent. He immediately recounts the symptoms of the affection as described by the best authorities, and details the routine treatment recommended by them. In fact he knows everything about disease—except disease itself." Dr. O'Ferrall next enlarged upon the impossibility of successfully cultivating the Medical profession, unless real interest were felt in the pursuit. "If," said he, "after six or twelve months' attendance on the Hospital, you find that you do not prefer to linger in the wards, and to familiarise yourself with the varied phases of disease, rather than to amuse yourself with periodicals or the other luxuries of literature, the sooner you change your avocation the better. Too often," said he, "a feeling of false delicacy, or deference to the wishes of their friends, prevents young men from making a change when they have once commenced. They go on from year to year, forgetting all the time that, in a fruitless attempt to cultivate that for which Nature never intended them they are wasting abilities which, if properly directed, might have made them eminent clergymen, able lawyers, or successful men of business." Dr. O'Ferrall then proceeded to express his conviction that before any one was entrusted with the heavy moral responsibility of practising the Medical profession, he ought, in addition to the present theoretical examination in the College Hall, to be subjected to a practical test in the Hospital. "The competitive examinations for admission into the public services, the examinations for the diplomas of the different licensing bodies," said he, "are all tending rapidly to this. I feel confident that the period is not far distant when this principle will be not only recognised, but fully carried out in all these departments." Dr. O'Ferrall concluded an elaborate and most interesting address, of which the above is a brief summary, by describing in detail to the pupils the method of clinical instruction which he proposed to adopt in the Hospital during the ensuing winter session.

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 19, 1859.

BIRTHS.

Births of Boys, 958; Girls, 902; Total, 1860.
Average of 10 corresponding weeks, 1849–58, 1525·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	626	607	1233
Average of the ten years 1849-58	569·8	542·7	1115·5
Average corrected to increased population ..	..	..	1225
Deaths of people above 90	..	..	8
Deaths in 15 General Hospitals	43	29	72

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	12	7	..	5	5	5
North ..	490,396	7	2	25	2	4	1	3
Central ..	393,256	5	8	24	3	..	..	5
East	485,522	4	11	18	1	6	4	13
South ..	616,635	11	3	22	3	5	4	5
Total . ..	2,362,236	29	36	96	9	20	14	31

BOOKS RECEIVED.

Lectures on the Diseases of Infancy and Childhood. By C. West, M.D. Fourth Edition. London: 1859.

The Nature and Treatment of Gout and Rheumatic Gout. By A. B. Garrod, M.D., F.R.S. London: 1859.

The Pathology and Treatment of Pulmonary Consumption. By J. H. Bennett, M.D. Second Edition. Edinburgh: 1859.

The South of France. By Edwin Lee, M.D. London: 1859.

Fresenius' Qualitative Chemical Analysis. By J. Lloyd Bullock. Fifth Edition. London: 1859.

Phases of Physic. By John Cockle, M.D. London: 1859.

Curative Treatment of Paralysis and Neuralgia. By H. W. Lobb. Second Edition. London: 1859.

The Ulster Revival. By S. Gwynn, A.B. Coleraine: 1859.

Remarks on the Treatment of Consumption. By C. J. Thompson, M.D. London: 1859.

Mayne's Expository Lexicon. Part IX. London: 1859.

Ure's Dictionary of Arts, etc. Part I. New Edition. Edited by R. Hunt, F.R.S. London: 1859.

Cuvier's Animal Kingdom. Part I. London: 1859.

Notes on the Dispatch of Troops by Sea. By C. J. Kirwan, Esq. Calcutta: 1859.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·150 in.
Mean temperature	37·6
Highest point of thermometer	49·0
Lowest point of thermometer	25·5
Mean dew-point temperature	34·7
General direction of wind	Variable.
Whole amount of rain in the week	0·00
Amount of horizontal movement of air in the week	789 miles.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

A SERIES OF PAPERS WILL APPEAR

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL;

AND

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Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES,

With special relation to their Causes, as—

INTEMPERANCE,
UNSUITABLE STUDIES,
FANATICISM, ETC., ETC.

It is quite unnecessary to make a single remark upon the great interest of such a Series of Papers from so eminent a Physician, and so able a writer as Dr. CONOLLY.

Omega.—Messrs. Smith and Beck.

Impregnable.—Mr. D. is *now* a registered Surgeon.

H.W.C.—The pretended extract from this Journal in the *Sheffield Daily Telegraph* is an impudent forgery.

A Country Practitioner.—The inquiry shall be made of some one who keeps leeches in quantity.

Mr. Paul Jones, wishes to know what is the constitution of the Poor-Law Medical Reform Association; and who are its office-bearers. He thinks that a "real and simple organization" would soon produce "a well considered and matured plan acceptable to the Poor-Law Medical Officers, and reasonable and feasible too."

Farmaco.—According to the experiments of M. Pettenkoffer, 100 parts of chloroform dissolve: 0·57 of morphine; 37·17 of narcotine; 4·31 of cinchonine; 57·47 of quinine; 29·16 of strychnine; 56·79 of brucine; 51·69 of atropine; 58·49 of veratrine.—100 parts of olive oil dissolve: 0·00 morphine; 0·25 of narcotine; 1 of cinchonine; 4·2 of quinine; 1 of strychnine; 1·78 of brucine; 2·62 of atropine; and 1·78 of veratrine.

Mr. Little.—MM. Batailhé and Guillet recommend Surgeons to use pure alcohol as an application to wounds, etc. They assert that the alcohol of lotions is the principal active agent in them, and they argue as follows:—Alcohol coagulates albumen, and consequently coagulates the blood, synovial fluid, serosities, etc. Applied to the surface of wounds it occasions no accidents; it there instantly coagulates the albumen, forming a greyish-white deposit. It arrests hæmorrhage from small vessels, and accelerates the secretion of plastic lymph on the surface of wounds. Hence it favours the immediate union of wounds. It prevents the spread of phlegmonous inflammation by coagulating the albumen of the cellular tissue, and likewise prevents purulent infection. They support their propositions, as is the way with most Doctors and Surgeons, by a variety of examples or cases.

FRENCH SPELLING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You last week gave an amusing account of the way in which a learned French author treats English names. A well-known French Medical Journal lies before me, and I just dot down a couple of like errors which met my eye in running down one of its pages. "Tunbridge-wels," "New Yorck."

I am, &c. C. T.

"SILENT FRIENDS."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your leading article of Saturday last, you have exposed some of the malpractices of the Advertising Quacks, with respect to the treatment of so-called spermatorrhœa. I am desirous of bringing under the notice of your readers what must be regarded as a simple physiological fact, although the ignorance of its existence is remarkable even among the Profession, and still more among the public, thus affording a constant succession of victims to the quack. I mean that in perfect health, and in a perfectly chaste individual, a periodical discharge of seminal fluid is not only natural, but necessary to relieve the overloaded vesiculæ seminales. It is by no means uncommon to find young Medical students, when they first hear of spermatorrhœa, imagining that this periodic discharge is a form of the disease, and asking for advice for themselves in consequence; and one can imagine how much more readily it would strike an unprofessional person, who, perhaps at some early period in life may have indulged in some form of excess. In Dispensary Practice I have had several patients complaining of "wet dreams" as of a dire disease, who could hardly be persuaded that their condition was consistent with health. Many of them had diligently studied the works so constantly advertised, as was immediately discovered by their using the expressions "self-pollution," "baneful practices," etc. and the destruction of these books is, I believe, one great element of cure of the diseased mind. One man whom I induced to bring me his "Silent Friend," produced a well-thumbed copy of one of Dr. Culverwell's works, in which, besides numerous gross absurdities, there was a diagram of the male organs of generation, etc. with the rectum traversing the spinal column! I am, &c.

Sackville-st. Nov. 1859. CHRISTOPHER HEATH,
Surgeon to the St. George's and St James' Dispensary.

COMMUNICATIONS have been received from:—

Sir G. CORNEWALL LEWIS; Dr. DAY, St. Andrews; Mr. ALLEN; Mr. COPNEY; Mr. GWYNN; Dr. PARKES; Dr. F. HAWKINS; Mr. FRANCE; Mr. COLE; Mr. A. TODD; Mr. STEWART; Mr. HERTSLET; Mr. WEISS; Mr. ATCHERLEY; Mr. DAVIS, R.N.; Dr. BAINES; Mr. MANIFOLD; Dr. C. T. THOMPSON; Dr. GORDON; Mr. DRUMMOND; Mr. HARWOOD; Mr. WORSHIP; Mr. PARKINSON; Mr. HEATH.

APPOINTMENTS FOR THE WEEK.

November 26. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

28. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Mr. Baker Brown "On Vesico-Vaginal Fistula: a New Operation for its Cure."

29. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

30. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. Council Meeting, 7½.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Lettsomian Lectures, by F. W. Pavy, M.D., Professor of Physiology at Guy's Hospital, "On Certain Points Connected with Diabetes." With Experimental Illustrations.

December 1. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council Meeting at 7.) Mr. H. Lobb "On the Pathology and Treatment of Simple Peripheral Neuralgia."

2. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Mr. T. W. Pettigrew "On Chloroform, and Instrumental Labour."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Closing Artificial Anus; Removal of Growth from Tongue; Polypus of Nose. By Mr. Bowman—For Varicocele.

To Students and others.—You will do

well to inspect the NEW STOCK of Messrs. MILLIKIN and LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances, made to order with precision and despatch.

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Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

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3 and 4 oz. ditto ditto	blue tinted	7s. 6d.	do.
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6 & 8 oz., any shape, plain or graduated	clear	8s.	per gross.
3 & 4 oz., do. do.	blue tinted	7s. 6d.	do.
½ oz. white moulded phials do.	of a very superior quality.	4s. 6d.	do.
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Surgical Instrument Maker to King's College Hospital

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J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

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"DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
420, Oxford-street."

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIV.—*Continued.*

ON OVARIAN DROPSY.—ITS DIFFERENTIAL DIAGNOSIS.

3. *Fibroid Tumours of the Uterus.*—Another form of disease which it is sometimes difficult to distinguish from ovarian tumours, is one of which you have a specimen in the ward in the case of a woman who is the subject of an abdominal tumour of the size of a large adult head, rounded in form, and lying somewhat towards the right side. This tumour has very much the form and the appearance of an ovarian growth, but by studying the distinctive marks which I am about to explain to you, we have come to the conclusion that it is not cystic and ovarian in its origin, but that it is solid and grows from the uterus,—that it is, in fact, a large fibroid tumour of the uterus. From mistaking such a growth for a cystic ovarian tumour fatal practical errors have sometimes been fallen into; for it has repeatedly happened that Surgeons, and men of high standing in the Profession, believing they had to do with a case of ovarian tumour, have opened the abdomen and removed a morbid mass. After performing this operation, as they imagined, of ovariotomy, when they came to examine the tumour they have found that they had not performed that operation at all, but had extirpated a large pediculated fibroid tumour of the uterus. That operation, I need hardly add, has almost invariably ended fatally. In other cases, the abdomen has been laid open, and the operation suspended because the disease was found not to be ovarian dropsy, but a fibroid mass imbedded in the walls of the uterus. To prevent you, if possible, making such a great and grave mistake, let me request your especial attention for a few moments, while I briefly enumerate and explain the several signs and points of distinction which will enable you to establish a correct differential diagnosis between these two forms of disease.

a. Difference in Consistence.—Fibroid tumours are solid, massive and heavy, for they rarely contain cysts or cavities, but are usually made up entirely of solid fibrous tissues, and when such a tumour is not fixed by inflammatory adhesions, you can usually discover this characteristic of its consistence by moving it from side to side through the abdominal wall, or by examining it simultaneously through the vagina, and from the external surface. I have just said that fibroid tumours of the uterus only rarely contain cysts. Let me add that these cysts are never large. But a large fibroid sometimes grows loose, as it were, uncompact, and œdematous, and presents an imperfect and deceptive feeling of fluctuation, a state of matters, however, which is very far from being common. Ovarian tumours, on the other hand, are soft and fluctuating in the majority of cases that come before you; that is, when the smaller cysts have coalesced to the formation of one or two prominent and preponderating cavities. But when the tumours are still small, and made up of a mass of little cysts, they are more dense and elastic, and if in making your diagnosis of such a tumour, you depended too much upon the consistence of it, you would be extremely apt to fall into error, against which you must guard yourselves by attending to other distinctive marks, such as

b. Difference in Outline.—Although on ovarian tumours one or more projections or protuberances are often to be felt on the surface, indicating separate primary cysts, or the position of secondary cysts on the wall of the larger and principal cavity or cavities, yet, on the whole, the surface is felt to be comparatively equable and smooth. Large fibroid tumours, on the contrary, are more rough and nodulated, being made up usually of a large number of small fibrous nodules; and even where one of the masses has come to be developed so much more than all the others as to present a large extent of smooth, uninterrupted surface, you can still frequently find a number of small fibroids growing up beside the large one. Fibroid growths of the uterus seldom, indeed, occur single. The walls of the uterus usually contain several of them at once, in different states of advancement and size. The smaller fibroids sometimes are placed on the surface of the larger of the series. More frequently they can be felt, like hard balls or masses of varying shape, seated upon or springing from other parts of the uterine surface. We never have this last characteristic symptom in ovarian dropsy—never, that is to say, smaller tumours quite separate from the large tumour. When a group of fibroids are present, the tumour which they form is usually, also, far more irregular in shape, and much more angular in outline than the comparatively spherical tumour usually formed by dropsy of the ovary. The indications derived from the contour of the tumour are thus among the most certain signs of its real nature. But they are not always to be entirely depended on. For, on the one hand, when fibroid tumours take on an enormous degree of development, and the distinctions between its constituent masses become diminished, they may, as I hinted a minute ago, come to feel almost as smooth and equable as any cystic tumour; and when, at the same time, they become soft from the infiltration of fluid, as sometimes happens in such cases, the resulting softness and apparent fluctuation may easily lead the most experienced into error. On the other hand, when ovarian tumours are still of moderate size, and at that stage, when several cysts of nearly equal size are, as it were, struggling for the pre-eminence, the prominences they present might mislead to the belief that they are uterine fibroids.

c. Difference in Sounds heard on Auscultation.—The stethoscope gives us one of the best marks of distinction that I know of between ovarian and fibroid tumours. On listening through the abdominal wall over a fibroid tumour large enough to reach above the pelvic brim, you can often hear a rushing sound precisely resembling the sound heard in the gravid uterus, and known as the placental or uterine bruit. This sound occurs, as we shall see afterwards, in fibroid tumours growing within the muscular walls of the uterus, and not in the sub-peritoneal variety of the disease. But I never yet heard a sound resembling that bruit on auscultating over an ovarian tumour; and indeed I never heard any sound at all except, it might be, the pulsating sounds of the large abdominal arteries. Drs. Churchill, Scanzoni, and others, have averred that they have heard a distinct bruit emitted by an ovarian tumour, but they had not an opportunity of verifying their diagnosis by a post-mortem examination; and we may still doubt whether the tumours from which the sound proceeded were really ovarian. Whenever you hear that sound, therefore, in the case of an abdominal tumour, and you know that the patient is not pregnant, you have strong reason to conclude that the tumour is a uterine fibroid, and not a cystic ovarian tumour.

d. Difference in Relation to Connection with the Uterus.—Careful vaginal exploration will give you some further indications of much value in enabling you to distinguish between ovarian and fibroid tumours. If the uterus be within reach of the finger, or, still better, if you can introduce a sound into its interior, you will find that in the case of fibroid tumours the whole mass can be felt through the abdominal wall to be moved from one side to the other, according to the motion imparted to the uterus by the sound; while, if the tumour be ovarian, the uterus alone is moved, and the mass, as felt through the abdomen, remains fixed and motionless. Or, on the other hand, by keeping the finger in contact with the os uteri, and making movement of the mass from without, you can decide as to their connexion from the consentaneous movements then felt; or, if the uterus remain unaffected by the movement of the abdominal mass, then you know that they are independent of each other, and that the tumour is probably attached to the ovary.

e. Difference in Relation to Position of the Uterus.—Formerly, I used to think that we had another sign distinctive of the existence of an ovarian tumour, when the mass was felt lying behind the uterus; not that fibroid tumours might not occupy the same position; but they are usually more diffused through the walls of the uterus, and lie as often in front as behind; and I imagined that ovarian tumours would not be found to take up a position in front of the uterus. But I

have seen several cases in which an ovarian tumour had become pediculated, and, having passed round the uterus, tilted the organ backwards and retained a position in front of it, between the uterus and the bladder.

f. Difference in Size of the Uterus.—Perhaps one of the most certain and the most reliable signs of fibroid tumours of the uterus, as distinguished from ovarian growths, is elongation of the cavity of the uterus, which is very generally present in connexion with intramural and submucous fibroid tumours. This elongation you can ascertain by passing the uterine sound. When examining a uterus which is the seat of an intramural or submucous fibroid tumour, you will find that the instrument can be pushed much further into the cavity than in cases where the womb is unaltered, and you can thus determine that the organ is spun out and enlarged like the pregnant uterus, so that instead of being only two and a-half inches long, it admits the sound for a distance of three, or even sometimes as far as six or eight inches. Such a decided enlargement of the uterus I have never found among all the many cases of ovarian dropsy that I have had occasion to examine, and I regard it as of itself almost sufficient to show the tumour to be uterine and not ovarian in its seat. Cruveilhier, indeed, has found on dissection some instances in which the uterus was enlarged in patients who had died with ovarian dropsy, but such cases, though enough to put us on our guard, are certainly rare; and I repeat, that when you find the sound passing into the uterus four or five inches, you may almost be quite certain that the doubtful tumour grows from the uterus and not from the ovary.

4. *Ascites.*—A large and soft ovarian tumour, distinctly fluctuating, and filling up a large space in the abdominal cavity, is not likely to be ever mistaken for the gravid uterus, or for a fibroid uterine tumour. But you will occasionally find yourselves for a few minutes in doubt as to whether in such a case you have to deal with an ovarian growth, or with a collection of ascitic fluid lying free in the abdominal cavity; and it sometimes becomes a matter of importance to know how you are to make a diagnosis between ovarian and abdominal dropsy. When you are thus doubtful of the true nature of the case, you will be guided to a correct diagnosis by various considerations, as, *Firstly*, By observing the form which the abdomen assumes when the patient is made to lie supine. Ovarian tumours, like the pregnant uterus, make the yielding anterior abdominal walls project forward in the centre, sometimes, however, in an almost angulated and irregular form; while the abdomen is usually flattened out when filled with ascitic fluid, and any bulging that exists is seen at the sides, from the tendency that the free and unencysted fluid has to gravitate to the lowest level. *Secondly*. If you make percussion over a large ovarian tumour, you will find that the sound is dull around

Fig. 2.

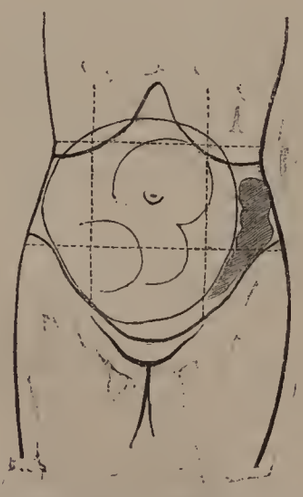

Fig. 2.—Diagram illustrative of the relation of an ovarian tumour to the descending colon. Percussion in the umbilical and hypogastric regions would give a dull sound, while at the sides and above the tones would be resonant.

the umbilicus, and over all that part of the abdomen where the tumour comes in contact with the internal surface of the anterior wall, while at the sides and above, the intestines which have been pushed aside and upwards by the tumour, yield a tympanitic sound. If you percuss the abdomen when it is filled with an ascitic collection, on the other hand, you obtain a resonant sound in front around the umbilicus, while at the sides the sound, from the line of the water-level downwards, is dull, because the fluid has sunk backwards, and allowed the intestines to float upwards towards the anterior surface. Or if the abdomen be so much distended with fluid as to prevent the bowels from reaching the abdominal wall, and the sound emitted on percussion around the umbilicus be dull, yet by pressing the wall backwards, and thus displacing some of the fluid, you can at last arrive at the bowels, and then you will obtain the resonant percussion tone. If you have still any doubt as to nature of the case, you may, *Thirdly*, succeed in resolving it by causing the patient to move from side to side, when you will observe the free ascitic fluid shifting its position, and sinking down to the side on which the patient lies; and this change of position of the fluid you can easily detect by marking the line at which the dull and tympanitic sounds meet when the patient lies in any particular position, and finding it to vary when she turns to one or other side. On the other hand, in ovarian dropsy the relative line of dulness and resonance on percussion is not materially altered by these changes of position in the patient. In fact, you will remember easily these distinctive marks between peritoneal and ovarian dropsy, if you will merely hold in recollection,—1. That the dropsical effusion obeys in the abdomen the common laws of the gravitation of fluids to the most dependent parts; 2. That in cases of ovarian dropsy the fluid is inclosed within an isolated cyst or series of cysts, and does not move and gravitate through the general cavity of the abdomen; and, 3. That on the contrary, the effusion in ascites or peritoneal dropsy is contained within the general cavity of the abdomen, and moves from one part to another of that cavity, in correspondence with changes in the mere position of the patient; while the intestines—distended with air, and specifically lighter—float more or less on the surface of the fluid, as may readily be ascertained by percussion. There is only, let me add, one class of cases where these physical signs may prove insufficient to guide you to a correct diagnosis—those cases namely, where the peritonitic effusion is associated with a tubercular affection of the mesentery and peritoneum, or the omentum has become the seat of adhesions, which prevent the bowels from floating forward when the patient lies supine. A knowledge of the patient's previous history, and her general constitutional condition, will often serve to enable you, however, to decide between the two forms of disease; for on inquiry you will find that when the collection of fluid is ascitic in character, the patient is suffering, or has suffered at some previous period or periods, from renal, or more frequently still, from some form of cardiac or hepatic disease, which you may still be able to recognise even after the abdomen has become much distended, and that the distension has begun at the most dependent part of the cavity and spread gradually and equably upwards: while in the case of ovarian dropsical collections, the anamnesis teaches that the disease first showed itself in the form of a circumscribed and rounded growth, seated originally in one or other iliac region, and at length attaining such a size as to fill up the whole cavity of the abdomen.

5. *Tympanitis of Spurious Pregnancy.*—You would hardly suppose it likely that a tympanitic distension of the bowels could be mistaken for a solid ovarian tumour. Yet such an error has not unfrequently been fallen into. I was once called to see a lady of high rank, living at a great distance from this city, who had been pronounced by her Medical attendant to be the subject of an ovarian dropsy, and her family had been thrown into the greatest distress in consequence. The abdomen was very large; but on percussion, both anteriorly and laterally, it everywhere yielded not a dull but a tympanitic sound; and the supposed cystic tumour thus resolved itself into a gaseous accumulation in the intestines, which on further investigation proved to be associated with all the other symptoms that I described to you a short time ago as characteristic of pseudocyesis, or spurious pregnancy. That is an instance where a grave error in diagnosis was fallen into, but where, fortunately, no corresponding grave error in practice was committed. But such a mistake in diagnosis has led to most painful consequences when a Surgeon has cut open the abdomen with the view of perform-

ing the operation of ovariotomy in a patient whose most grave disorder was the tympanitic distension of the intestines so frequently seen in cases of pseudocyesis. You may remember my telling you, when lecturing on that subject, that no less than six cases have been put on record where patients had been subjected to the dreadful operation I have just referred to, ere it was discovered that the tumour intended to be removed had no existence at all. If you bear in mind the possibility of the error, the difference of the tones elicited on percussion will always serve to guard you against the chance of making such a dangerous mistake.

6. *Hydatids.*—The variety of abdominal tumour which perhaps you will find the greatest difficulty of all in distinguishing from an ovarian growth, is one, fortunately, of but rare occurrence in practice. The tumour may be of large size, and it presents all the physical characters of a cystic ovarian tumour; but if you could have an opportunity of opening the abdomen, you would find that it was formed by a hydatigenous degeneration of the omentum. Hydatids of the omentum, then, and partial encysted ascitic collections, which are usually associated with hydatigenous degeneration of some portion of the peritoneum, form a class of tumours which no difference in physical signs, and, probably, no difference in functional symptoms, will enable you to distinguish from cystic degeneration of the ovary. In the case of the omental growth, however, you may be enabled to form a correct diagnosis by being told by the patient that the tumour began to grow high up in the abdominal cavity above the umbilicus, where it was first felt, and whence in growing it has extended always downwards; instead of beginning low down in the pelvis, and growing upwards as is seen in the case of ovarian tumours. Or if no inflammatory adhesions have taken place, you can perhaps push the tumour upwards in the abdominal cavity to such an extent as to convince you that it can have no attachment below, and that it cannot spring from any pelvic organ. In the case of the encysted ascitic collection, you can sometimes, I believe, only determine the real nature of the case by tapping the cyst, and finding the hydatigenous bodies in the fluid that escapes.

7. *Fæcal Collections in the Intestines.*—Some of you may remember, that during the winter we had in the Hospital a patient who was sent in from the country, and presented on admission the colour and appearance of a person labouring under some malignant disease. The facial expression might have led you to believe that she was the subject of a cancerous diathesis. She had a tumour in the left hypogastric region about the size of a fist. But under the use of croton-oil it readily disappeared, and proved to be only a mass of fæces in the colon. You might suppose that it would be difficult to mistake such a tumour for any kind of morbid growth, and you might imagine that the patient would be suffering from such a degree of constipation as at once to indicate its real nature. But there is not of necessity any degree of constipation present. On the contrary, there is sometimes diarrhœa. Dr. Abercrombie told me he once attended, with some other Physicians, a case where there were large swellings felt in the abdomen, and the patient suffered severely from diarrhœa. After death the swellings were found to be formed merely by hardened deposits of fæcal matter in the sacculi of the large intestine, the central tract through the bowel being left free; and that he was then in attendance upon a patient suffering from obstinate diarrhœa, who at the same time had large scybalous masses accumulated in the colon. And you can readily understand how large collections of hard fæcal matter lying long in any part of the large intestine, should at length give rise to such an amount of irritation there as to produce an attack of diarrhœa; and when this has become established, the original cause of it will readily be overlooked. The peculiar feeling of such a tumour will generally enable you to decide as to its true character: it feels like no other tumour that I know of. On being examined either through the abdominal walls or through the rectum, it is felt to be hard and resistant, but if one finger be pressed steadily upon it for one or two minutes, it will at last indent like a hard snowball, and, as there is not the slightest elasticity about it, the indentation remains after the pressure is removed. If any doubt should still remain, the persevering use of aperients will clear up for you the diagnosis by causing the mass to be dissolved and carried off.

ORIGINAL COMMUNICATIONS.

REMARKS ON INDIAN TAPEWORM.

By A. LEITH ADAMS, M.B.
Surgeon 22nd Regiment.

There cannot be a doubt that tapeworm is very common among European soldiers in India, and, from some cause or other, they are more subject to these disgusting parasites than the upper classes, whose means enable them to exercise greater choice in articles of food and drink. My attention was first directed to this subject during the year 1852, while serving with my corps at Rawul Paidee, in the Punjaub. The regiment had been quartered for the previous eighteen months at Dugshai, on the Western Himalayas, where, in addition to an excellent climate, there was every variety of vegetable and animal food; yet during that period few cases of tænia came to my notice; but as soon as the men were settled in their new station the numbers greatly increased. Even now, after a lapse of seven years, and all the great changes a regiment undergoes in that period, I find, out of twenty cases treated within the past year, no fewer than twelve had their origin at Rawul Paidee. Within the last few years much light has been thrown on the natural history of these parasites, and some important sanitary rules have resulted from the labours of Kuchenmeister, Von Siebold, and Mr. Rainey. With reference to the production and development of the above cases, I refer in particular to the influence of measled pork in producing tapeworm—a fact now placed beyond the shadow of a doubt. Supposing even there are a hundred other ways and means of infection, I have no doubt in my own mind that the main, if not the only, cause of the prevalence of tapeworm in India is owing to the diseased pork. The Mohammedans do not show their abhorrence of the "unclean animal" to a greater degree than do the more wealthy classes of Europeans for that sold in the native bazaars; but the soldier, whose means will not allow him to procure more wholesome food, readily purchases the diseased meat; and when we sift the matter, it comes out that officers are very rarely affected with tapeworm, while, on the other hand, it is very prevalent among the men. Who has resided in India, and not witnessed daily disgusting scenes where herds of pigs are driven to feed on human excrement? The owners of these loathsome animals make no secret that their chief subsistence is obtained in this way, and tell you that the pigs are for the gorra log (soldier), not the saib log. It is, therefore, no stretch of the imagination to suppose that one of these pigs swallows a portion of tapeworm, when a few weeks afterwards its flesh will be charged with cysticerci: the animal is then killed, and sold to the European soldier in the form of pork, bacon, or sausages (a). In fact, I can assert, without any fear of contradiction, both from personal observation and the experience of trustworthy soldiers, that the native pork sold in the Indian bazaars is invariably measled. Now that the army of India is being organised, and a Council assembled to concert measures for preserving the health of our soldiers, we may expect the day is not far distant when, by a well-regulated sanitary police, this and such-like noxious influences will cease to exist.

Encysted flesh, if well boiled or roasted, is harmless as regards the production of tænia, for the degree of heat requisite for its preparation completely destroys the cysticerci; but it is quite possible that the former may not always be the case. The soldiers' meals are cooked by natives who have little interest in their work. In many parts of India great difficulty is experienced in procuring cattle and sheep fit for food, so that recourse is had to whatever can be obtained. The miserable specimens of the ovine and bovine races with which we often feed our Indian soldiers, bear a striking resemblance to the leanest of Pharaoh's lean kine.

With reference to the symptoms and consequences of tænia, there is much variety; some enjoy good health, though infested by worms. Many suffer from severe forms of indigestion; and, I believe, in tropical climates, chronic hepatic

(a) Von Siebold says, "The shrunk cysticerci in such sausages are very easily to be found; they form milk-white bodies of the size of a needle's head."

disease is frequently induced by tænia. Not long since, a soldier of the 50th Regiment consulted me for obstinate vomiting, jaundice, and other symptoms indicating chronic disease of the stomach and liver, for which he had been invalided from Ceylon six months before. He had suffered from the disease for three years, and during that period had been constantly in the habit of passing tapeworm with and without fæces. He was subjected to a strict Hospital regimen, and after taking the ætherial oil of fern, passed an enormous mass of tapeworms; the dose was repeated next day, but not a trace of worm appeared in the evacuations. From that date his health rapidly improved. I saw him a month afterwards, when he confessed he had not felt so well for many years, and that the symptoms had entirely left him. Probably the entire worm was expelled in this case. Experience has taught me, however, not to be too sanguine in these cases; re-appearance of tapeworm, after months of apparent immunity, is a constant occurrence, in spite of the most powerful and efficacious remedies.

Although many persons affected with tænia appear to enjoy good health, yet, on minutely examining their cases, it is seldom we do not find dyspeptic symptoms accompanying them, and the longer the parasite remains in its host, the more marked these symptoms become; for it is rare to find the digestive organs regular,—relaxation of the bowels and flatulence are of frequent occurrence after slight irregularities in living. The appetite may be bad, voracious, or craving, but easily satisfied. A sensation of nausea on getting out of bed was a very constant symptom in a great majority of cases under my care. Vertigo and perverted vision are pretty constant. One of my patients complained, in addition to severe symptoms of gastric dyspepsia, of affection of vision, so that he had been, for many years, in the habit of observing black spots before his eyes, and at times objects under their level appeared obscured in a dark cloud, while everything above was clear and distinct. These sensations entirely left him after the expulsion of the worms by oil of fern with oil of turpentine, and he continued free from the above symptoms for ten months afterwards. A case somewhat similar occurred in the practice of my friend Dr. Leared, of the Great Northern Hospital, London, who is disposed to assign the affection to a true organic disorder of the brain. In a paper published in the *Medical Times and Gazette* of January 15 last, I adverted to a well-marked expression of face and constitutional symptoms characteristic of the worst cases of tænia in bad constitutions. Many of these cases, in spite of the most efficacious remedies and after masses of worms have been expelled, obtain only temporary relief for a few weeks. On these occasions abundance of neck-pieces are observed, which doubtless belong to several individual worms, and in this way I account for the very intractable nature of certain cases met with in practice. I have treated several hundred cases, and, except in two, the head could not be found; the obstinacy with which it clings to its host after the loss of every segment up to the neck—the rapidity with which reproduction takes place, the constant passage of segments without fæces, accompanied by continual tickling at the sphincter, together with the general appearances of the segments lead me to the conclusion that all my patients are infested by the tænia medio canellata of Kuchenmeister. I have found, however, that the segment is no certain means of distinguishing the species, as segments of the same worm had their median stems and branches agreeing with descriptions of tænia solium and tænia medio canellata. A head, however, agreed in every particular with Kuchenmeister's description of the latter, and has left no doubt in my own mind that this is the common tape-worm of India. The tænia of the Hottentots resembles apparently this species; there is, therefore, a similarity between the Indian and African which it is important to settle, in order that their difference or identity may be fixed. My experience has been confined almost without exception to such as originated in India. Consequently these observations do not apply strictly to the tænia of this country, which, judging from authorities, is a more manageable parasite, and expelled with greater certainty; whereas, on the other hand, the constant annoyance caused by the passage of segments, and the wonderful rapidity by which reproduction takes place after enormous quantities have been expelled, show that the tænia medio canellata is much more injurious to its host.

The following case is interesting:—

Private A. G., aged 29; stout and healthy; had been passing tapeworm for six years; they appeared in his evacuations shortly after his departure from Rawul Paidee, in the Punjaub. He acknowledges to have been in the habit of eating measled pork and sausages, when quartered in the above station. They pass away from him almost daily when at rest, but oftener when walking; he has morning sickness, and frequently sudden and transient vertigo, a craving for food, and a sense of uneasiness at the verge of the anus. Large doses of powdered kamala were administered shortly after the appearance of the parasite, but afforded only temporary relief. Admitted July 14, 1859. Diet, milk. Pulv. jalapæ c., ʒj.; calomel, grs. iv. M. The effect of this purge was to bring away several small segments. On the 15th, tinct. kamala, ʒiv.; ol. felicis æth., ʒij. M. Bowels opened several times; passed on each occasion enormous coils of tapeworm, and many neck-pieces, and the head, which is not larger than that of a large pin, with two minute black spots. It agrees in every particular with the unarmed head of tænia medio canellata, as described by Kuchenmeister. Dr. Leared has since confirmed the identity by microscopical examination; and I have the rare satisfaction of being enabled to pronounce a cure in this case. Now three months have nearly elapsed since its expulsion without any indication of a relapse, and the total disappearance of the concomitant symptoms which used to annoy my patient.

I believe success in the treatment of tænia has been very much overrated; letting alone quacks, scientific investigators have, doubtless, in many instances, been led away by the apparent good results of their remedies. How often does it happen that after the expulsion of large coils of worm, the patient experiences great relief and for weeks imagines his cure completed, when by degrees the old sensations recur, and segments are seen in the evacuations which daily increase in numbers until he becomes even worse than before. Cases are not uncommon when enormous coils are expelled by anthelmintics every three months. How long the parasite will stand this breaking up, and whether the same head continues for years to furnish segments, are points yet undecided.

The researches of the German helmenthologists, Kuchenmeister and Von Siebold, show that a remarkable metamorphosis takes place before the eggs of the tænia are capable of producing the perfect parasite, that these eggs do not become true tapeworms in the host, but having emigrated from the infested animal, they find their way into others and there undergo the change from which the tænia results. What I have already said with reference to the feeding of pigs in India is one example of the mode of reproduction. Von Siebold says, "There are many kinds of intestinal worms in whose eggs the embryo is never hatched if they remain in the place where they have been laid. These young must then either wait for, or seek an animal to lodge in, having entered into which, they are capable of attaining sexual maturity. For example, what would happen if the millions of eggs that a single tapeworm can produce were to develop and generate their young in the same intestine in which they were laid?" Although the most intimate intercourse exists between soldiers living under the same roof, eating their meals together, and sleeping in close apposition, I have not met with a new case of tænia, since the arrival of the regiment in England, now a period of four years. All were of Indian origin; for out of twenty treated by me within the last year, twelve were of nine years' standing, four of fifteen, and three of eighteen years' duration. Has the growth and continuance of the tænia for these long periods been owing to a permanent vitality of the head or have they been reproduced directly from the eggs in the intestines of their host?

Nothing can be more fallacious than the supposition that Indian tænia is certain to be completely expelled by even the most careful regimen, and the most powerful remedies. In order to secure success there must be a carefully-conducted regimen before and during the administration of remedies; the slightest error in this respect detracts wonderfully from the certainty of the action of many anthelmintics. After trials of various modes of treatment I find the following the most efficacious:—For ten or twelve hours no solid food is allowed, then a drastic purgative is given, which has the effect of expelling several segments; after the purging has ceased, a draught of tincture of kamala, ʒiv.; æthereal oil of fern ʒij., in ʒij. of mucilage, is given, and repeated daily

until all traces of the worm have disappeared from the evacuations. During the treatment tea and toast, or rice and milk, only are allowed. Usually after the first dose large coils of worm are voided, with neck-pieces indicating the strength of the combination. When either remedy was used singly, or oil of turpentine, it was seldom that neck-pieces were voided; moreover, the intervals between the expulsion and reappearance of the worms were much longer by the above plan than any other I have tried. As to the relative value of these remedies in Indian tænia I consider the ætherial oil of fern far superior to any anthelmintic I have used.

I am disposed to place oil of turpentine before kamala, although the latter seldom fails in expelling quantities of worms, it is not certain in its action even when given in large and repeated doses. Santonina alone or combined with calomel has very little effect on Indian tænia. Frequent disappointments in the results of all remedies I have hitherto tried, and constant applications for relief from my unfortunate patients, have induced me to try a plan, suggested by Dr. Leared, of giving doses of fern or kamala at short intervals, with an occasional drastic purge, in hopes that by a regular and continued course of annoyance the head of this most obstinate parasite may be compelled to detach itself. I have given this mode of treatment a trial in upwards of six cases, but hitherto without success. I fear there are few patients will submit to the frequent discomfort occasioned by the medicine.

ON THE RELATIONS OF BELLADONNA AND OPIUM, AND ON POISONING BY BELLADONNA.

By JAMES SEATON, L.R.C.S. Edin., L.A.C.

The following cases, which occurred in my practice in September, 1858, will, I hope, prove interesting to the Profession, as illustrating the symptoms produced by belladonna in poisonous doses, and showing the relation which exists between that poison and opium. I was led to the use of opium by the perusal of a paper read by Mr. Benjamin Bell, before the Medico-Chirurgical Society of Edinburgh, and which appeared in the *Edinburgh Medical Journal* of July, 1858.

Two young men having gathered about a pint of the ripe fruit of the atropa belladonna, which they found growing in an old quarry a few miles from Leeds, on their arrival home they distributed them among their friends, believing them to be innocuous. The cases which follow were the result of their imprudence. The berries appeared to be ripe, were in size a little less than a small cherry, and were described to have a mawkish, sweet taste.

J. W., aged 23.—On September 12, 1858, at a quarter-past seven p.m. took ten berries; at eight p.m. complained of dryness of throat, and great difficulty in swallowing, followed by indistinctness of vision, and pain in the head and eyeballs, which felt as if starting from their sockets. These symptoms were followed by delirium, characterised by intense wakefulness and vivacity, and a want of coherency in his ideas and speech.

At half-past ten p.m. took an emetic, which induced free vomiting, notwithstanding which the symptoms persisted. At two a.m. on the 13th, was ordered a dose of castor-oil, and tinctura opii, ♏ vij. every four hours. At five a.m. slept for a short time, but on awaking was still delirious; took the medicine every two hours up till two p.m., when he fell asleep and awoke two hours afterwards quite collected. The indistinctness of vision in this, as in the other cases, continued several days. The pupils which, before sleep, were widely dilated, on sleep being obtained became contracted to the ordinary size.

J. R., aged 23. At seven p.m. on September 12, took five berries, at eight had dry throat and tongue, great lassitude, and inability to walk. At ten p.m. vomited freely from the action of an emetic. I saw him at 11 a.m. on the 13th, when he still complained of pain in the head and eyeballs, giddiness, and dimness of sight. The pupils were dilated, but there was no delirium. Took no medicine.

W. R., aged 25. At seven p.m. on September 12, took eight berries; at eight o'clock had dryness of throat and tongue, with the other symptoms above described. At eleven p.m. took an emetic, and vomited. He passed a sleepless night, and continued more or less delirious up till five p.m. on the 13th, when he was seen for the first time by my assistant, who ordered him tinctura opii ♏ x. every two hours. After the third dose he fell asleep, and on awaking in the morning felt much better, and was quite collected.

H. W., aged 22. At seven p.m. took eighteen berries; at a quarter past eight the symptoms became developed; at nine p.m. took an emetic, which induced free vomiting. This patient suffered very little, and took no medicine.

J. E., aged 7 years. At half-past seven p.m., on September 12, took six berries; at nine had dryness of the throat, followed by the other symptoms. At two a.m. on the 13th vomited spontaneously. Was first seen at eleven a.m. on the same day, when he was intensely delirious and wakeful, being continually busy with some imaginary occupation. Was ordered tinctura opii ♏ viij. every hour. The medicine was continued the whole day, but the delirium continued unabated. At twelve p.m. the dose was doubled, in the form of morphia, and two and a-half hours afterwards he fell asleep, and continued so till seven a.m. on the 14th, when he had an evacuation per rectum, and again slept for two or three hours, after which he awoke quite sane. The pupils, which had been widely dilated, became contracted when sleep was obtained.

C. C., aged 14. At eight p.m., on September 12, took two berries; at nine the symptoms of poisoning supervened; passed a sleepless night, and did not vomit; was seen at seven a.m. on the 13th, when he was ordered a dose of castor-oil, and tinct. opii ♏ viij., every two hours. As the delirium continued unabated at eleven a.m., was ordered tinct. opii ♏ xvj. every hour, and the medicine was thus given up till seven p.m., when he fell asleep, and continued so, with slight intermissions, till five on the following morning, when he awoke, all his more serious symptoms having disappeared. The same condition of pupil was observed in this as in the other cases.

E. W., aged 46. At seven, p.m., on September 12, took twelve berries; at eight the symptoms commenced; at half-past ten became delirious, and continued so till half-past four, a.m. On the 13th, when I was sent for, she was ordered a dose of castor-oil, and, immediately on taking it, vomited freely for the first time. She was also ordered tinct. opii ♏ viij. every two hours. As the delirium continued undiminished, at nine, a.m., the dose of opium was doubled, in the form of morphia, and given every hour. The medicine was thus continued, and the symptoms persisted without any material alleviation, till ten, p.m., when she fell asleep, and awoke in the morning quite collected.

T. W., aged 8. At seven, p.m., on September 12, took five berries, and had similar symptoms. At seven, a.m., on the 13th, was ordered tinct. opii ♏ vj., to be taken every two hours; at eleven the dose was doubled, and ordered every hour. He continued sleepless and delirious up to twelve, p.m., when he fell asleep, and awoke in the morning quite collected.

J. W., aged 12. On September 12, at seven, p.m., took two berries, but did not vomit; during the night was sleepless, delirious, and had all the other symptoms of poisoning. At five, a.m., on the 13th, had a dose of castor-oil, and was ordered tinct. opii ♏ vj., to be taken every two hours. At eleven, a.m., the dose of opium was doubled, in the form of morphia, and given every hour. The delirium continued intense during the whole day and following night, although the dose of opium was gradually increased, and it was not till half-past seven, p.m., on the 14th, that sleep was obtained. He then slept during the whole night, and when he awoke had all his more serious symptoms relieved. This patient was thus wide awake and excessively active for forty-eight hours after taking the berries, and, before he slept, had taken equivalent to twenty-four grains of opium.

S. W., aged 14. About seven p.m. on Sept. 12th took berries, but the exact number is unknown. Had the same symptoms as already described. At three a.m. on 13th she vomited. At seven a.m. was ordered castor-oil, and tinct. opii ♏ viij. to be taken every two hours. At eleven a.m. the dose was increased to ♏ xij. every hour up till four o'clock, after which she took no more medicine. From four till seven p.m.

she continued delirous, but having intervals of complete unconsciousness; after seven she fell into a state of total insensibility; at ten she was incapable of being roused, and at twelve p.m. died in a comatose condition. The pupils, at the moment of death, were so widely dilated as to render the iris scarcely visible.

Post-mortem, thirty-seven hours after death.—The external appearance of the body was that of a subject of scrofula. The limbs attenuated, and considerable swelling of the face from carious bone. The superficial vessels of the brain were slightly congested. A section of the organ showed the vascular points to be scarcely, if at all, more developed than natural. The ventricles were empty, the substance firm, and the arachnoid perfectly glistening and transparent. Both lungs were entirely adherent to the walls of the chest, the result of old pleurisy. Structure of the heart pale and flabby; valves healthy, and the cavities filled with fluid blood. The blood in the large vessels was very dark-coloured, and flowed out like water on their being divided.

The stomach was partially distended with gas, and contained about an ounce and a-half of yellowish fluid, and a small piece of undigested apple. The mucous membrane was somewhat paler than natural, except two or three small spots of very slight congestion, situated near the pyloric orifice. No appearance of inflammation was observable. The mucous membrane of the intestines was also perfectly healthy. A number of seeds were found scattered over the surface of the duodenum and jejunum, and near the middle of the latter a whole berry was seen. The contents of the bowels were of a black colour, owing to the patient having been taking iron medicinally up to the period of her death.

It would appear, from the above cases, that the violence of the symptoms did not correspond with the number of the berries taken, as J. W., who had only two, was very alarmingly ill; while H. W., who had eighteen, escaped with scarcely any bad effects. The reason probably is, that, while in the one case the berries were completely absorbed, in the other they were vomited before sufficient time had elapsed for their digestion. The first symptom appears to have been dryness of the mouth and throat; next, indistinctness of vision and dilated pupil; and, afterwards, in the more severe cases, delirium supervened. I found in one man, who had only swallowed one berry, the dry mouth and fauces without any affection of vision. The indistinctness of vision was the most persistent symptom; in all the cases it existed to a greater or less degree for several days, and the boy C. C.'s vision continues defective up to the present time. The delirium was of a busy, restless, vivid character, but generally rather pleasing than otherwise. The patients appeared to think that they were pursuing their ordinary occupations; one boy appeared eager in flying a kite; another pulled tables and chairs about, thinking he was working in a coal pit; while the woman, E. W., appeared to be remarkably busy with her ordinary household duties. All their movements were of a quick, excited character strikingly resembling delirium tremens. There was no very marked vascular excitement, the skin was, in most of the cases, moderately cool, and the pulse rapid, but without power.

The remarkable tolerance of opium in these cases would appear to bear out the conclusion at which Mr. Bell, Dr. Graves, and others have arrived: that opium and belladonna mutually counteract each other. In none of the cases in which delirium was present, were the symptoms alleviated until sleep was obtained; and, after sleep, the patients felt comparatively well. The pupils were widely dilated so long as the delirium continued, and, when sleep was obtained, were either contracted or reduced to the natural size.

With regard to the fatal case, I may mention, that she was decidedly scrofulous, and had been under treatment for several months for disease of the bones of the face. It will be observed that she took much less opium than several of the cases which recovered, and that, at the moment of death, the pupils were very widely dilated.

The post-mortem appearances are chiefly valuable for their negative testimony. The condition of the brain appeared to be as nearly as possible perfectly natural; as was the mucous membrane of the stomach and intestines. The only thing which was abnormal was the remarkable fluidity of the blood in every part of the body.

53, Kirkgate, Leeds.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

The following are brief accounts of some of the operations performed at King's College Hospital on Saturday last:—

POLYPOID (?) DISEASE OF THE ANTRUM AND NARES.—REMOVAL.

(Under care of Mr. FERGUSSON.)

Mr. Fergusson removed a polypus from a man, aged 69. The following is a brief notice of his remarks on the case, and explanatory of the operative procedure. The polypus had eroded the nasal process of the superior maxillary bone, and appeared on the face through the side of the nose beneath the eye, involving also the skin in this position. It was of doubtful nature—it might be called common gelatinous or fibrous polypus, or it might be malignant. These cases are frequent, and occur generally in advanced life. The prospect of this case was unfavourable on account of the advanced age of the patient and also the extensive nature of the disease. A better chance would have been given by earlier removal, but as removal was the only chance left, and as the patient earnestly desired that something should be done to relieve him, Mr. Fergusson decided to remove it, and he expected that, though it would probably return, still he believed that the patient would enjoy a period of comparative comfort. Since the introduction of chloroform, operative interference in these cases was more warrantable. Mr. Fergusson first laid open the nostril, and found then that the disease implicated the antrum. He next removed a portion of the anterior wall of this cavity, and by the fingers, etc., he scooped out the diseased mass. On inspection after removal, some portion looked like soft cancer, and some like ordinary gelatinous or fibrous polypus. He stated that he had frequently seen the nostril laid open, and as the disease was found extending to the antrum, the nostril was stitched up, and the operation abandoned. He had, however, lately been in the habit of pursuing the growth, and in removing it completely. In the case of a young man, some years ago, a patient in King's College Hospital, he found, as stated, that on removing a polypoid mass from the nostril, the finger passed into the antrum. In this case he cleared out the cavity. In three months it recurred in the same position, and when the nostril was completely occluded, the operation was again performed, and every point was freed from the disease. It healed well, and the man, who has been seen once or twice a-year, is still free from the disease.

VARICOCELE.—LIGATURE AND SUBCUTANEOUS SECTION.

(Under care of Mr. BOWMAN.)

The patient, a young man, had suffered from the disease (varicocele of the left side) for six months. The pain in his testes, loins, etc., prevented his following his employment. In August Mr. Hulke passed a needle under the vein, and applied a ligature. The needle came away in eight days Several abscesses formed in the neighbourhood, the irritation of which has only just passed off, but the varicocele still remained.

Mr. Bowman stated that the operation was based on exactly the same principle as that of subcutaneous ligature of veins for varicose ulcers (*vide infra*). He passed two needles, an inch apart, under the veins, carefully keeping the vas deferens with the artery away, and then applied the ligature over them, just tight enough to occlude the cavity of the veins, but not to cut them. The veins were then divided between the needle by a tenotomy-knife, the wound made being very small. A pad was next placed over the incision. Mr. Bowman stated that he had treated varicocele by this method on several occasions with very satisfactory results. There was no hæmorrhage, nor did suppuration follow, and thus there was no chance of pus, and also none of decomposed blood, being absorbed into the system. He should remove the lower needle probably on Monday, and the upper one on Wednesday last. The neuralgia would probably remain for a little time after

the operation. He stated that atrophy of the testis, so frequent in varicocele is, due to impaired nutrition from obstructed circulation, the same condition precisely existing in varicose ulcer, and both also remediable by the same means, viz., obliteration of the varicose veins.

[November 30.—To-day Mr. Bowman removed the second needle, the lower one having been removed on Monday. The man is doing well. There is no suppuration.]

VARICOSE ULCER,—LIGATURE AND SECTION OF THE VEINS.

Mr. Bowman now directed the attention of the gentlemen present to the case in which he had operated a fortnight ago, for the cure of varicose ulcer, by ligature and section of the veins of the leg. The patient was now free from pain, which previously had been severe. The sore—now not half its former size—was healthy, florid, and granulating, its edges smooth, and the neighbouring tissues had lost their brawny hardness, and become supple and soft. The parts concerned in the operation healed well, and the operation in every respect had proved quite satisfactory.

POLYPUS OF THE EAR.—TREATMENT BY TORSION.

(Under care of Mr. BOWMAN.)

A woman, aged 30. She had had the disease six years. It had on one occasion been partly removed, but was now of large size and extended from the meatus. It was covered with cuticle and was quite firm. Mr. Bowman had punctured it, and evacuated some serum, and thus reduced its size; but it was soon again as large as ever. Mr. Bowman said that it was impossible to state with certainty the point from which it grew, but it was probably the membrana tympani. Various methods of treating polypus of the ear were in use. Soft ones were removed in the same way as polypi of the nose, or their neck was ligatured by an ingenious instrument contrived for that purpose. He remarked that, considering that the canal was narrow and curved, the latter methods were of doubtful value. It was necessary to use great caution in extraction; for if, as often happens, the polypus grows from the membrana tympani, this structure would be destroyed, the tympanic chain of bones might also be destroyed, and even death ensue by disease extending from the petrous portion of the temporal bone to the brain.

On Wednesday Mr. Bowman commenced the treatment of the case by slow torsion. He transfixed the extruded part by a needle, and then gave it a twist. He gave it another twist to-day. One effect on the tumour of this procedure was to render it livid and almost black, showing the immediate effect on the circulation of the mass. Mr. Bowman hoped that by this means he should cause ulceration of the neck of the tumour, and thus ensure its safe and complete removal.

CLINICAL REPORT ON FAVUS.

Were Favus a common disease, instead of being, as it is, an exceedingly rare one, it must long ago have taken its place in that short category of diseases of which we may assert that they are thoroughly understood, and need no further description. It is, in all its stages, and under every aspect, so peculiar in itself, and so different from every other skin affection, that it is impossible for anyone who has once become familiar to ever feel in doubt as to its diagnosis. In nine cases out of ten its history would enable a skilled dermatologist to pronounce positively as to its nature without even seeing the patient; to the naked eye its characters are so marked, that neither history or microscopic examination are requisite; under the microscope, the smallest fragment of its crust, again, at once reveals its nature: we may, indeed, go further, and assert that, in a majority of cases, neither microscope nor even eyes are needful, a well-trained olfactory sense being amply sufficient. Under these circumstances, the differences of opinion and confusion of statement which we still encounter in authors respecting it, and in witness to which we may refer to quotations given below, are at first sight extraordinary. The fact is, however, that the real disease is, and always has been, very infrequent, and that not a few have written descriptions of it who plainly had before them other and much more common affections; while of those who have been correct and exact in diagnosis, almost all have written from the observation of a very limited number of cases.

In proof of our assertion, that although the disease is, in its nature, most definite and uniform, yet that startling discrepancies exist respecting it in the opinions of the Profession, we shall cite, in juxtaposition, the opinions of certain writers as to several of the more important facts in its clinical history.

OPINIONS OF WRITERS.

IS FAVUS A STRUMOUS DISEASE?

"Tinrea favosa (favus) is said to occur chiefly in the scrofulous, those mentally weak, and those in bad health; Jacobs was certainly neither scrofulous nor mentally weak, and his health was excellent."—*Dr. Jenner's Clinical Lecture* (1853).

" . . . . One, the essential nature of which consists in the deposition of that heterologous formation called tubercle."—*Mr. Erichsen* (1842).

"It will be sufficient for me to show you in one group the favus patients who are now in our wards, in order to convince you that, with the exception of a few scrofulous children, the subjects of this disease are all of a robust constitution."—*Bazin*, "*Des Teignes*," p. 82 (1858). (a)

"Defective nutrition is the real cause of the disease."—*Mr. Erasmus Wilson* (1847).

"To favour its propagation poverty and sickliness must have reduced the living body to a state fit to constitute the nidus for a parasitic plant."—*Dr. Corrigan* (1845).

DEGREE OF FREQUENCY OF FAVUS.

"It is a very rare disease in Ireland, according to my experience."—*Dr. Corrigan* (1845).

"In the course of my long connexion with the St. Pancras Infirmary, I have seen not more than six cases of favus."—*Mr. Erasmus Wilson* (1847).

"Favus is, next to eczema and impetigo, the most common of the chronic diseases of the scalp. The complaint is very common in England."—*Rayer*.

"Tinrea favosa (favus) is fortunately rather a rare disease in England."—*Dr. Jenner* (1857).

IS FAVUS CONTAGIOUS?

"The contagiousness of favus is an established fact."—*Gibert*.

"Favus is a contagious disease, and is readily communicated among children who make use of the same comb and brush."—*Rayer*.

"Essentielement contagieux."—*Cazenave*.

"I believe it is not contagious."—*Dr. Corrigan* (1845).

"It spreads rapidly by infection through families of children."—*Mr. Samuel Plumbe* (1821).

"My own careful investigations have forced on my mind the conclusion that favus is not contagious."—*Mr. Erasmus Wilson* (1847).

"Favus is the only true and real contagious disease of the scalp. . . . . There cannot be the least doubt that it is very frequently, and very readily, communicated by contact."—*Mr. Erichsen* (1842), "*On Diseases of the Scalp*."

"Favus is evidently contagious, but in some cases the attempt to produce infection has entirely failed."—*Biett*.

The discrepancies which are to be found in our standard writers upon the subject being so wide, we propose in the following report to bring the disease in question to the only test which can afford a satisfactory and final decision. Gathering our facts from the very extended field afforded by the London Hospitals, we are able to bring together a much larger number than could have been obtained in the same period at any single one. These cases will be submitted to cautious numerical analysis, and the inferences from them carefully, but definitely stated. By this means we trust to obtain a wide basis, not of opinion, but of fact. In order to increase our series as much as possible, we have included in the following table all such cases as we could find recorded by other writers, in sufficient detail for our purpose. The number of original cases in the subjoined table is thirty-eight; six have been under the writer's own observation, and the particulars respecting them have been noted by himself. It may be well to add that in all, with but two or three exceptions, the microscope was employed to confirm the diagnosis.

JONATHAN HUTCHINSON.

"(a) Il me suffirait de vous montrer réunis les teigneux qui occupent nos salles pour vous convaincre qu'à part quelques enfants scrofuleux, ces malades sont tous d'une constitution robuste."

TABULAR STATEMENT OF FORTY-FOUR CASES OF FAVUS.

Number.	Name. Station in Life. Hospital.	Age.	Temperament. State of Health.	Whether of Strumous Diathesis.	History of Phthisis or Struma in the Patient's Relatives.	History as to Contagion.			Age at which it began.	Duration.	Parts affected.	Progress under Treatment, Remarks, etc.
						Caught it.	Gave it.	Degree of Exposure.				
1	Wm. R., a neglected orphan.—Hospital for Diseases of the Skin.—Mr. Startin	8	Although he is reputed delicate, he has never had any definite illness	There are no signs of strumous nor phthisical aspect; he has, however, rather thick alæ nasi	No	Said to have done so	No	Very great	5	3 years	It began on the top of the head and spread, but never affected other parts	Treated by sulphur ointment for three weeks, after which no favus crust could be detected; he also took iodides and tonics.
2	John G., a Scotch boy, a tramp.—Hospital for Diseases of the Skin.—Mr. Startin	15	He lives badly (vegetables chiefly); dirty in his habits, etc.; well-grown, and healthy-looking, but has not been so well since the small-pox	No	No	No	No	He sleeps with two brothers	13	2 years	It began on the occiput and spread gradually over the part of the head covered by hair only, except a little behind	He says, "the small-pox left it."
3	Stephen C., Irish.—St. Thomas's Hospital.—Dr. Risdon Bennett	11	Stout, well-grown; lives chiefly on vegetables	No	No	Yes (?)	Yes	He did not give it to his brother, with whom he slept, but to a child in the Hospital	..	....	It involves the whole scalp, and perhaps on the back of the hands	He fancies that he caught it from a boy in a workhouse. He was discharged "cured," but was seen six weeks afterwards as bad as ever.
4	Aaron I., German Jew.—London Hospital	12	Pale and pasty complexion	No	....	No	No	Great	9	3 years	The whole scalp is covered; it never extended to other parts; microscope not used	
5	Mary S.—Hospital for Diseases of the Skin.—Mr. Startin	9	The child pretty-well developed, but is said to be getting thinner	No positive symptoms, but upper lip rather thick	Her mother's relatives are consumptive	No	A sister said to have it	Very great	8	9 months	It began on the head; there are only a few spots without crusts elsewhere	
6	Wm. H., shoeblack.—Hospital for Diseases of the Skin.—Mr. Startin	15	Stout and strong	No	No	No	No	He sleeps with his brother, who has never caught it	12	3 years	It began at the top of the head, and extended to the whole scalp; no other parts affected	It has been got apparently well often, but has always returned.
7	Mary Ann H.—Hospital for Diseases of the Skin.—Mr. Startin.—Feb. 9, 1852.—M.B. iv., p. 11	11	Has had delicate health, but looks fairly healthy; dark complexion, brown eyes	No note	No note	No	No	Much exposed	1 (?) 7 (?)	10 (?) years 4 (?) years	It extends over the whole scalp; hair not diseased, and still firmly fixed	It was doubtful as to the age at which it began. The child had had an eruption from early infancy, but it had not spread or assumed its present character until within four years.
8	Maria E.—Hospital for Diseases of the Skin.—Mr. Startin.—Feb. 14, 1853.—M.B. iv., p. 16	11	Healthy-looking; probably a Jewess, but the note does not state	No note	No note	No	No	No note	10	6 months	The whole scalp is covered, and in some parts the hair is destroyed	
9	Mary Ann S.—Hospital for Diseases of the Skin.—Mr. McWhinnie.—1853.—M.B. v., p. 13	14	A neglected child. It followed measles. She appears to be in good health	No	No	No	No	Great	..	....	Scalp covered	In this case there were patches of tinea tonsurans on the body. These patches were cured by the sulphur ointment. Her scalp was kept clean as long as she used the ointment patiently. She remained under observation several years.
10	Eliz. J., Guy's Hospital.—Dr. Barlow.—M.B. v., p. 27.—Feb. 4, 1853.	14	Stout, tall, florid	She was of healthy appearance	No note	No	No	Much exposed	2	12 years	Vertex of the scalp covered	She used the unguentum metallorum of the Guy's Pharmacopœia; and the scalp was cleaned; but a year later, she came under treatment at the Hospital for Diseases of the Skin, as bad as ever. She attended at the latter for more than a year, and was still not cured.
11	Eliza H.—Hospital for Diseases of the Skin.—Mr. Startin.—M.B. v., p. 42	17	Fair complexion; rather delicate looking; she has never menstruated, and looks younger than she is	No note	No note	No	No	Much exposed; slept with her sister	16	1 year	Almost the whole scalp is covered; some bald patches	

12	John R. — Hospital for Diseases of the Skin.—Mr.Startin. M.B. vi., p. 3	5	Fair complexion	No note	No note	No note	No note	No note	5	3 weeks	Patches of favus on the buttock, mixed with patches of poringo	
13	Willm. R.—Hospital for Diseases of the Skin.—Mr.Startin. —M.B. vi., p. 23	17	Fair complexion. Small of his age	No note	No note	Said to have caught it	No	Has slept with his brother, but never gave it	2	15 years	Scalp	
14	WilliamC.—Hospital for Diseases of the Skin.—Mr.Startin. —June 17, 1853.—M.B. vi., p. 36	7	Said to have never been well since he contracted the disease; he was healthy before	No note	No note	No	*See next Case (his sister)*	Great	4	3 years	The top of the head, with a fringe of hair all round	In this instance, the disease began on the boy's head first, and on the girl's a few weeks afterwards. They had seven brothers and sisters, with whom they habitually slept, played, etc.; but no communication of the disease to them had ever taken place.
15	Eliz. C. — Hospital for Diseases of the Skin.—Mr.Startin. —June 17, 1853.—M.B. vi. p. 36	5	Like her brother, this child is said to have been delicate ever since she had the disease	No note	No note	She caught it from her brother, and about the same time	No	Great	2	3 years	Affects the upper part of the scalp	
16	Hannah McM., Irish. —Hospital for Diseases of the Skin. — Mr. Startin. — M.B. vi., p. 42.— April 6, 1853	16	She had good health before the attack, but never since. Accustomed to live well	No note	No note	No note	No note	No note	13	3 years	Covers the top of the scalp	
17	Aaron L., Jew.— Hospital for Diseases of the Skin. —Mr. Startin.— M.B. ix., p. 10	12	Florid, and in good health. Well-fed and cared for	No	No struma or phthisis in his family	No	No	Very much exposed	11	14 months	Covers the whole scalp, excepting a border of hair on the forehead	
18	Mary Ann P.—Hospital for Diseases of the Skin.—Mr. Startin.—M.B. ix., p. 16.—Dec., 1852	11	Fair complexion; florid	No	No note	Caught it from her brother	No	Much exposed	..	Some years	On the vertex of head	Two of her brothers were stated to have had it, and to have got well after about a year's treatment. The disease in the girl was not well characterised, but the microscope placed it beyond a doubt.
19	John N.—St. Thomas's Hospital.— Dr. Risdon Bennett.-M.B.ix. p.37	5½	A florid healthy-looking boy. Subject of chorea.	No	No noto	Caught it from a boy in the same ward.	No	No note	5½	1 week	A single patch upon the shoulder	This boy had been a month in St. Thomas's, in the same ward with the subject of Case No. 3, with whom he was very intimate
20	Ann G., Irish.—Hospital for Diseases of the Skin.—Mr. Startin.—M.B. x., p. 6. Feb. 6, 1854	9	Fair complexion; good health	No	No	No	No	Much exposed	..	Some years	Scalp almost covered, presenting in parts a glossy cicatrix. Some scaly spots on the neck, but not favus spots	By means of the compound sulphur ointment the disease was kept in abeyance, but a year after the first note it was still uncured
21	Samuel B., Jew.— Metropolitan Free Hospital. — Mr. Hutchinson.-M.B. xiv. p. 15	12	In good health; not strumous; dark complexion	No	No noto	No	No	No note	12	3 woeks	A single small patch of favus on the left side of the chest	The crust was removed, and fuming nitric acid was applied to the part. The result was a cure.
22	Elizabeth N.—Metropolitan Free Hospital.—Mr. Hutchinson. — Case Book O. Case No. 1714	13	Fair complexion; well grown	No	No note	Caught it from her sisters	No	Great	2	10 years	Over the whole scalp; hair destroyed; only one or two patches of favus-crust remaining, the rest of the scalp being in a state of thin cicatrix	Two of her elder sisters had had it each of them for long periods. They were stated to be now well, but one had lost nearly the whole of her hair
23	Elizabeth B.—Metropolitan Free Hospital. — Mr. Hutchinson. — Case Book O. Case No. 1758	7 mos.	A healthy fair-skinned infant	No	No note	No	No	No note	7 mos.	1 week	Slight eczema on the scalp for six months; a single patch of favus on the right side of the chest	As in Case 21. Perfect cure
24	Rose W., Jewess.— Metropolitan Free Hospital. — Mr. Hutchinson.—Case Book O. Case No. 1986	14	Has been badly fed; hair black and strong	Thick-lipped, pallid, and rather strumous in aspect	No note	Said to have caught it at school	No	No note	2	12 years	Over the posterior three-fourths, fourth scalp. Hair black and strong, and but little destroyed	....
25	Sarah W., Jewess.— Metropolitan Free Hospital. — Mr. Hutchinson— Case Book O. Case No. 1999	9	....	....	....	From her sister	No note	....	1	8 years	....	....

Number.	Name. Station in Life. Hospital.	Age.	Temperament. State of Health.	Whether of Strumous Diathesis.	History of Phthisis or Struma in the Patient's Relatives.	History as to Contagion.			Age at which it began.	Duration.	Parts affected.	Progress under Treatment, Remarks, etc.
						Caught it.	Gave it.	Degree of Exposure.				
26	Isaac C., Jew. — Metropolitan Free Hospital. — Mr. Hutchinson.—Case Book O. Case No. 2424	18	Dark complexion; healthy	The glands in the neck are slightly swollen, but his aspect is not strumous	No struma in his family	Yes	No note	No note	..	....	....	A brother and sister are stated to have had it, and have got well
27	Patrick K., Irish. — Metropolitan Free Hospital. — Mr. Hutchinson.—Case Book N. Case No. 2743	12	No note	No note	No note	No	No	No note	10	2 years	Over the whole scalp; much of the hair destroyed	
28	Hyman J., Jew.— Metropolitan Free Hospital. — Mr. Hutchinson.—Case Book M. Case No. 4290	29	Excellent health; dark complexion; stout	No	No note	No note	No note	No note	17	12 years	Small spots of favus scattered over the whole scalp; no patches on the body	He had been under Dr. Jenner's care three years before, and subsequently under that of Dr. Barker, in St. Thomas's Hospital. When under Dr. Jenner, he had large patches on the body; after Dr. Jenner's treatment (sulphurous acid) he remained well for two years.
29	Chas. P.—Metropolitan Free Hospital.—Mr. Hutchinson. — Case Book L., p. 295.—Nov. 26, 1858	18	A neglected lad, of dirty habits	Has had inflamed glands under the jaw, the scars of which remain	No note	No	No	No note	2	16 years	Over the whole scalp	He had been under treatment at St. George's and St. Mary's Hospitals, but without permanent benefit.
30	Mary Ann P.—Metropolitan Free Hospital. — Mr. Hutchinson	2½	In good health	No	No	No	No	No note	2½	2 weeks	A single patch on the back	The patient, her sister, and two cousins, had tinea tonsurans on various parts of the body; none on the scalp. The patch of favus was destroyed by fuming nitric acid. Permanent cure.
31	Eliza H. — Hospital for Diseases of the Skin.—Mr. Startin. —Register ii., p. 21. —March 24, 1852	12	Healthy	No note	No note	No note	No note	No note	5	7 years	On the scalp	The mother of these patients had suffered from favus, which had left her at the age of 22. She stated that her father and her grandmother had also suffered from the same disease. For further details see remarks under the head of Contagion.
32	Harriet H., sister to the above	7	Healthy	No note	No note	No note	No note	No note	..	3 months	On the scalp	
33	Mrs. F.—Mr. Hutchinson	24	Healthy	No	No	No	No	Much exposed	6	18	Patches on the vertex of the head; the other parts being bald	This woman was married, and had five children; but neither they nor her husband had caught the disease. She lived in an isolated country village, and had never seen any one with a like affection.
34	Fanny McC. — York and District Union Workhouse. — Mr. North.—Nov., 1859	9	Health not bad; but when first seen a year or less ago, she was a "squalid, miserable-looking" child	Decided strumous diathesis. No active struma.	No history	No note	No	Very great. The child was not kept from the others in a large workhouse. No other child caught it	..	....	Scalp	The compound sulphur ointment seemed to keep the disease down, and ultimately to cure. The child is now free from the disease, which has, however, left large bald patches, with shining cicatricial-looking surface.
35	Isabella F., servant girl. — Royal Infirmary, Edinburgh. — Dr. Bennett. — May 6, 1849, to Jan. 17, 1850	22	Somewhat stout; fair skin	Scrofulous aspect	No note	No note	No note	....	10	12	Scalp covered	She was treated by the local application of cod-liver oil, pitch, and sulphur, after removal of crusts, but the disease always re-appeared.

36	Margaret B.—Royal Infirmary, Edinburgh.—Dr. Bennett.—June 19, 1849	12	Cachectic	Scrofulous and cachectic appearance	No note	No note	No note	Said to have arisen from using a comb belonging to a girl who had a sore head	9	3	Numerous and dense crusts on scalp, in small groups, and is isolated on temples, forehead, and occiput. The scalp is bald in patches.	Crusts removed, and surface kept moist by an alkaline lotion. Early in July she took ʒss. of cod-liver oil three times a-day, and used the same locally; an oil-silk cap being also used. She was dismissed cured on August 10. She was re-admitted for five days on Sept. 5. The disease had not re-appeared.
37	Helen G. — Royal Infirmary, Edinburgh.—Dr. Bennett.—Nov. 3, 1853	15	No note	No note	No note	No note	No note	No note	11	4	A great portion of the scalp was bald, from destruction of hair-bulbs, but the other portions were covered by friable crust and crowded by pediculi	She had been frequently in the Infirmary before. She was treated by the sulphurous acid lotion, and the disease had not returned on Feb. 5.
38	Margaret C.—Royal Infirmary, Edinburgh.—Dr. Bennett.—July 23, 1849	5	An ill-nourished, cachectic-looking child	No note	No note	Caught it from Isabella F. (Case 35), a patient in the same ward	No	Great	5	A few months	Scalp	She was admitted for eczema impetiginodes on July 23, 1849. She caught favus, as stated, in August or September. She was treated by cod-liver oil internally and externally, and was discharged apparently well on Dec. 6
39	James S., a painter. Royal Infirmary, Edinburgh. — Dr. Bennett—January 27, 1856	15	No note	No note	No note	No note	No note	No note	15	Week	A circular reddened spot about the size of a shilling, with favus crusts in the centre, over the external angle of the left malar bone	The microscope was used. The whole was cauterised with nitrate of silver. Cure.
40	Charlotte C., a Hindoo girl.—Royal Infirmary, Edinburgh.—Dr. Bennett. — June 20, 1857	18	No note	No note	No note	No note	No note	No note	..	As long as she can remember	Scalp bald in patches. The hair is filled with scales easily detached. Towards the back of the head these scales were enclosed in a diffused friable yellowish matter, "which, under the microscope, presents the thalli and sporules of favus"	She was admitted several times, and oleaginous and other remedies were tried.
41	Mary A. B., a poor girl, formerly in a workhouse.—Hospital for Diseases of the Skin.—Mr. Startin.—Nov. 28, 1859	15	Fair complexion. Health good	Flat nose; thick lips	No history	No note	No	Her sister used to sleep with her	5	10 years	It extended over the vertex, leaving a circle of hair quite free. It is now, however, nearly clean, leaving bald patches	She says that she has never seen any one with a similar disease. Children in the workhouse had ringworm, but she never caught it.
42	William M.—Dr. Corrigan	14	No note	No note	No note	No note	No note	No note	13	1 year	It covered a large extent of the scalp	
43	Thomas F.—Dr. Corrigan	14	"A fine healthy boy"	No note	No note	No note	No note	No note	3	11	It covered the whole scalp	
44	William L., stable-boy.—Dr. Corrigan	18	Good	No note	No note	No note	No note	No note	11	7	It occupied the greater part of the scalp	

FIRST-RATE LEECHES.—Of all the plagues which beset the traveller in the rising grounds of Ceylon the most detested are the land leeches. They are not frequent in the plains, which are too hot and dry for them; but among the rank vegetation in the lower ranges of the hill country, which is kept damp by frequent showers, they are found in tormenting profusion. These leeches never visit ponds or streams, but in moving they have the power of planting one extremity upon the earth and raising the other perpendicularly to watch for their victim. Such is their vigilance and instinct, that on the approach of a passer-by to a spot which they infest, they may be seen among the grass and fallen leaves on the edge of a native path, poised erect, and preparing for their attack on man and horse. On descrying their prey they advance rapidly by semicircular strides, fixing one end firmly, and arching the other forward, till by successive advances they reach and occupy the traveller. Sir Emerson presents us with a picture of these leech evolutions, which is simply shocking to the reader's serenity, especially when he learns that they insinuate themselves so imperceptibly that the first intimation of their onslaught is the trickling of the blood or a chill feeling of the leech when it begins to hang heavily on the skin from being distended by its repast. Furthermore, their numbers are such that they constitute a serious danger, for when the Kandyans were in rebellion, in 1818, the soldiers, and especially the Madras Sepoys, with pioneers and coolies, suffered so severely from this cause that numbers of them perished. Horses are driven wild by them, and stamp the ground in fury to shake them from their fetlocks, to which they hang in bloody tassels. The bare legs of the palankin-bearers and coolies are a favourite resort, and, their hands being too much engaged to be spared to pull them off, the leeches hang like bunches of grapes round their ankles; and "I have seen," says Sir Emerson Tennent, "the blood literally flowing over the edge of a European's shoe from their innumerable bites." We believe it is no uncommon incident of a journey to have to detach some 50 to 100 of these pests at its close. Such is one of the many drawbacks which its varieties of insect life attach to a residence in Lanka—"the resplendent."—*Tennent's Ceylon.*

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Medical Times and Gazette.

SATURDAY, DECEMBER 3.

THE COLLEGE OF SURGEONS AND ITS NEW ELECTS.

No sophistry can turn wrong into right, and an ill deed is best mended by timely owning the evil and going back into the true way. A few years ago one of our colonies was threatened by the Home Government with an importation of convicts. A cargo was incontinently despatched. Righteously, and with an indignation which we can now in some measure sympathise with, the lawful citizens remonstrated and resisted. It was unendurable that loyal and honest men should have thrust upon them the presence and keeping of those who had lived in open violation of the laws of their country, who till their conviction had thriven by imposture and preying on the weakness and ignorance of others. Happily the cry and the demonstration were heeded; the orders for disembarkation were recalled, our hand was stayed in the committal of a national injustice, and order and good feeling were restored as the next fair breeze wafted the pestilential mass away over the Southern Ocean.

We have recently seen a similar wrong committed on a small scale, among ourselves, even in spite of warning, and with a pleading of spurious equity which places its utterers in one or other of two false positions. They must be either incapable, or unworthy of their trust. We have in late numbers explained to our readers that the College of Surgeons not long ago admitted to a modified examination, and granted Diplomas of Surgery to, two applicants who had in no way complied with established regulations; the one, a Druggist, the other, a Surgeon's Assistant: and that, not content with these specific acts of injustice to their duly-qualified Fellows and Members, the Council, in an official letter to the protesting Practioners of Dudley, openly declare themselves "obliged to relax their rules for a limited period, in favour of certain persons who have practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register." The Council also acknowledge that they have "admitted to examination persons whose Surgical and general character has been certified by competent Practitioners." And all this is "owing to the highly penal clauses of the Medical Act."

About the facts and intentions there can be no dispute. It is with the injustice and impolicy of these proceedings that we have now to do. Nor ought we to overlook the Jesuitical device by which we are to be decoyed into acquiescence with this infringement of our rights. "In common with several of the Medical Corporations in the United Kingdom," we adopt this course. Is it so? Are the examiners of the College of Surgeons really following any lead? No doubt the new bye-law of the College of Physicians is here more directly alluded to. But wherein is the community of action? Does the College of Physicians propose to admit, or has it ever admitted, men to its membership who have had no Medical education, who have complied with no curriculum, who have obtained no reputable degree? It is true many of their new members have not fulfilled all the letter of the old requirements; but all of them have been either Doctors of Medicine, or among their own extra-licentiates, and not only certified by "competent Practitioners," but by members of their own body. Is any standard equivalent to this set up by the College of Surgeons for its new elects? Far from it. And herein lies the injustice of the deed. Its impolicy follows as surely as a shadow. Bad comes of bad as a natural consequence. There is no averting it, and a few tinselled rags of false liberality thrown over it only make our disgust the more. Let us look at this point all round. The wrong spreads over the whole mass of the Profession. Physicians, Surgeons, Apothecaries,—whether English, Scotch, or Irish,—are all equally injured. Whatever the qualification may be, it has been obtained according to rule, and the enclosure of professional privilege has been entered by recognised portals. Have not all a right to complain when they find a back-door suddenly opened, and intruders forcing their way in the crowd? A cur may steal in occasionally notwithstanding the vigilance of the best keepers; but a string of black sheep must be let pass by treachery. The public is imposed upon. Faith is broken with the people. Why are Charters granted? Princes can only depute their powers to others in such matters, and when "our trusty and well-beloved" Council betray their trust, who is to blame, and who may rightfully accuse?

But of all others the Fellows and Members of the College have the fullest ground for murmuring. They have sought the Diploma as an affair of honour. It confers no special privileges. Its distinction is one which has sprung from the accumulated self-esteem and mutual respect of its elects. No one ever thinks of the official frippery as a source of dignity to the main body. To have elected a well-certified layman as President would not have been an act so outraging propriety as the unfair introduction of any member. But not to speak of men in the position of Examiners, Council, or Presidents, who may indulge their whims with impunity, and without ever having their equanimity rifled by being hustled in a rush of Professional impostors; take the case of a private Surgeon, who has throughout life endeavoured to regard the obligations of his College oath, who remembers the years of his own study and Hospital practice, and who, having now sons to educate, looks over the long list of things to be done and time spent by the young aspirant for Surgical honours, and prides himself upon the thought that he has spared no pains to render them equal to what is demanded of them. This man too has his social position. He has perhaps stood better with the public because of his relation with the College, and it may be that circumstances have called upon him to point out to a Board of Guardians, or a Bench of Magistrates, the distinction between his own qualifications and the miserable pretensions of some illegal Practitioner who has ventured to beard the poor helpless Society of Apothecaries by driving a trade of quackery in his neighbourhood. Nevertheless these "persons" are often successful in their way, and "have practised many years" and find it in their power to induce even "Competent Practitioners" to certify as the College exacts. What does the College then do? Admits them to membership and equality with their former opponents! On the next public occasion our regular friend finds himself in a false position. Present equality overrides all antecedents. He can say no more. The Council have decided upon his degradation. He is garotted by a ticket-of-leave man.

This concrete way of dealing with the matter is the one which brings out most plainly the features of its injustice. We trust that even the President's seat is not too far off for him to see and loathe them.

THE WEEK.

Poisoning by misadventure still flourishes, thanks to our Druggists; and we may safely prophecy that it will never cease flourishing until the Legislature has determined that no one shall deal or meddle with those sharp-edged tools,—poisons,—who has not proved himself capable of understanding their nature and their deadly qualities. Here is another specimen of what our *laissez-faire* Legislature patronises; it is the old tune, played on an old instrument:—

"On Wednesday the Bradford coroner held an inquest on the body of Samuel Edmonson, aged nine months, whose death was caused by the administration of oil of bitter almonds, supplied to his parents by a druggist's boy in mistake for oil of sweet almonds. After a lengthened investigation the jury came to the following verdict: 'That the child died from the effects of a deadly poison called essential oil of bitter almonds, having been sold to his parents for the oil of sweet almonds, and administered by them to him with a good intent; and the jury consider Mr. Cookson, the druggist, was highly blameable for permitting an inexperienced and very ignorant youth to sell the poisonous drug which caused the death of the deceased.' A minority of the jury, including the foreman, was at first in favour of returning a verdict of manslaughter, but eventually all concurred in the verdict above recorded."

A strange case of attempted wholesale poisoning by cantharides is recorded in this week's journals. The coachman of the gentleman in whose house the affair took place purchased, as it turned out, an ounce of cantharides, and deliberately mixed it with the beer and coffee of the family. Five of the servant maids were seriously affected, and so also the master and mistress of the establishment. All of them have happily recovered. Is it possible that this is one of those strange cases of coincidence or of the effects of example on ill-conditioned minds? Our readers will remember that a short time ago an extraordinary case of murder came before the public, in which it was suspected that cantharides was the fatal agent. Had the coachman taken the idea from this?—Then at Canterbury we have a case of poisoning by mistake, by a Druggist, who seems to have sold a draught containing a third part of laudanum for a black draught, and killed a young man in twelve hours. As the Druggist has been committed to take his trial for manslaughter, we need not say more about this case at present. The public have been startled to find that, but for a circumstance almost accidental, at least two other unfortunate persons whose death is now the subject of inquiry, might have gone to their graves and no suspicion been excited that their death was other than a natural one; for it is certain that, had not the accused, by his conduct and voluntary statements, set the inquiry afoot, it never would have taken place. In many cases where the poisonous black draughts were swallowed they produced great pain and vomiting, which lasted many hours; but, the poison having been thus thrown off the stomach, death did not follow.

Two years ago the Royal Commission appointed to search into the regulations affecting the sanitary condition of the Army, reported that "the treatment and care of lunatic soldiers had constituted an important branch of their inquiries." The chief difficulty the Commission had to contend with in reference to the subject, was the provision for one class of permanent lunatics. Those who had friends, or whose parishes could be ascertained, were discharged, and sent to them; but those who were without friends, and whose parishes could not be traced, had to be dealt with otherwise. This residue constituted the principal stumbling-block. Prior to the late war these unfortunates had been sent to a Government Hospital at Yarmouth; since the war they have been sent to a private establishment at Bow. The accommodation, however, soon proved to be insufficient, and what then was to be done? "Build a special asylum for these lunatics, and the lunatics of the Indian Army," said the Commissioners in Lunacy. "No," said the Secretary of State for War; and the Royal Commission approved the decision, and expressed the opinion that it would be better "to trust, as at present, to civil establishments for the permanent reception of military lunatics." Well, then, you will say, obtain additional accommodation in other asylums, But the Commissioners in Lunacy had testified with a high voice, before the Royal Commission, against the iniquities of private asylums, and they did not approve of county asylums for soldier-lunatics. The military authorities could not, therefore, think of dealing so hardly with their lunatics as to send them to such places. Bow was a necessity, but the evil of that place was sufficient for the time being. The happy inspiration then seized the War-Department to turn the friendless and parishless lunatic adrift in the streets, and leave him to the fostering care of the parochial authorities. Nay more, if these were not sufficiently prompt in acting the part of the Good Samaritan, the War-Department was prepared to hold them up to general reprobation. Mark the result. It so happens, that all lunatics liable to be discharged from the Army are sent to Fort Pitt, Rochester, before being finally dealt with. Hence, if the course adopted by the War-Department could have been successfully carried out, there would have been forced upon that city the whole of the friendless lunatics of the British Army, amounting to some forty or fifty annually. The overseers naturally declined this responsibility; and on Saturday, the 26th ult., by the instructions of the Secretary of State for War, they were charged before the local magistrates for neglect of duty in not taking care of a lunatic who had been turned adrift from Fort Pitt a day or two before. The Magistrates unanimously dismissed the charge, and the War-Department has been righteously foiled in this disgraceful attempt to brow-beat and over-awe the parish beadle. Cannot the law shield the unhappy lunatic from the sufferings he is exposed to by this unjustifiable conduct of the military authorities? We trust that the Commissioners of Lunacy will take up this question, for we understand that they are making inquiries into the recent case at Rochester, and have expressed their disapproval of the course adopted by the War-Department.

The annual meeting of the Northumberland and Durham Medical Registration Society was held last week in Newcastle, and was numerously attended. The objects of this Society are threefold: first, to assist the Medical Registrar in discriminating between the legitimate and fraudulent claims of candidates for Medical Registration, and to suppress illegal Medical practice within the range of the Society's jurisdiction; secondly, to scrutinise the working of the Medical Act, and to urge on the Legislature such alterations and additions to it as may for the future be thought advisable; and thirdly, to urge on the qualifying Boards of this country the adoption of such extensions or improvements in the system of Medical Education as may from time to time be recommended to them by the Medical Council. It was stated that the numerical strength of the Society was verging on 200, being about one-third the number of the members of the London Association. It appears that the Society have been subjected to some abuse on the part of certain local periodicals, on account of a rule now in existence tending to exclude Homœopathic and other quacks from their ranks, although such persons may possess Medical titles. A motion was made at the meeting by a Dr. Glover, for the purpose of rescinding this very wholesome rule; but the unlucky proposition met with no support from the meeting, and it fell to the ground for the want of a seconder. The Society very properly argue that they act on the

broad principle that the members of the Profession who embrace Homœopathy have openly abandoned and reviled the Medical faith believed in and practised by every Practitioner at present attached to the Society, and which Medical faith every Medical Board in Great Britain insists that all candidates for legal qualifications shall understand and believe. The Society, therefore, had unanimously resolved that they were justly entitled to exclude from their ranks men who, morally considered, were no longer members of the common Profession, although the law secures them certain legal privileges. It will be well for the Profession if every Medical Association in the United Kingdom, and indeed throughout the civilised world, should adopt the same rule as that of the Northumberland and Durham Medical Registration Society, for it is of course a mere delusion on the part of the public to suppose that the globulistic absurdities have anything in common with the principles of legitimate Medicine, and it is therefore only fair that honest and sensible Practitioners should repudiate the Homœopathic doctrines and their professors. With regard to the prosecution of unlicensed Practitioners, the Society appears to be acting firmly, but with prudence and caution, taking summary proceedings against those who, since the passing of the Act, are practising without any qualification, and palming themselves off upon the public under assumed titles; urging others, who having passed through a due course of study, but practising without having received their qualifications, to procure their legal titles as soon as possible; but dealing gently and leniently with those who are advanced in years, and who, though not legally qualified, have passed in former time through a regular course of Medical education. The Northumberland and Durham Society have been invited to join the London Medical Registration Society, but they have declined to do so on the terms proposed, although they express their willingness to co-operate in the most cordial manner with their London friends. The last business transacted was the reading of a memorial to the Secretary of State for the Home Department, on the subject of the death of a man who appears to have died through the improper interference of a clergyman, and who was buried by the same clergyman without any Medical certificate. The man was suffering under double pneumonia, and was attended by a regular Medical Practitioner; but at the instigation of the clergyman, he was wrapped in a sheet steeped in cold water, by which treatment the disease and the life of the patient were both speedily terminated. The Society merely requested the Secretary of State to allow an inquest to be held, but the Right Honourable gentleman had given no answer to the memorial. We have thus detailed at some length the chief proceedings at a late meeting of the Northumberland and Durham Medical Registration Society, because we believe that the transactions of so large and respectable a body of Medical Practitioners will exercise a beneficial influence upon the progress of reform in the Medical Profession.

Leeds Medical Registration Association.—At a large and influential meeting of the Medical Practitioners of Leeds and its district, held in the Lecture-room of the Leeds School of Medicine, on November 25, C. G. Wheelhouse, Esq., in the chair, is was finally determined that a Medical Registration Association should be formed under the above title. It was resolved—"That the objects of this Association shall be to prevent unqualified persons becoming registered, to obtain the removal of the name of any person who may have obtained registration by fradulent means, and to prosecute unqualified practitioners; that this Association affiliate itself upon the London Medical Registration Association, and thereby avail itself of the advantage offered by it of a public prosecutor." Other resolutions of detail were passed and a committee appointed to report to a general meeting.

REVIEWS.

An Account of the Life, Lectures, and Writings of William Cullen, M.D. By John Thompson, M.D. Two vols. Edinburgh: 1859.

The first of these two large volumes was published so far back as 1832. The second volume now appears, having been commenced by Dr. J. Thompson and Dr. Wm. Thompson, and concluded by Dr. David Craigie. And sadly, therefore, and curiously enough it happens, that the two Thompsons, father and son, who begun this life of Dr. Cullen have both passed away before its completion; and have had their own biographies appended to its pages. Lord Cullen was to have written his father's life, and having all the materials in hand and an intimate acquaintance with the history of Dr. Cullen, was the proper person for the task. He declined many offers from Medical men, who offered to undertake the life, and at last died, as it seems, without having made any progress whatever in the execution of his design. After Lord Cullen's death Dr. Thompson, who had not himself personally known Dr. Cullen, was requested by the family to undertake the life.

Of these two large volumes the first, and about one-half of the second, were written by Dr. Thompson and his son, and to Dr. Craigie we are indebted for the remainder. There is not to be found in them much of the private life and personal history of Dr. Cullen, but rather an account of, and analysis of, his writings. Indeed his editors complain that the facts and reliable information which they were able to obtain relative to his life were few; and little chance is there of gratifying curiosity now that Cullen's only grandson is approaching the age of fourscore years!

But Dr. Cullen was a public man, and his intercourse with the Profession at large and the public will be found fully detailed in these volumes. It is, of course, impossible for us here to point out the influence which Dr. Cullen exercised in his generation upon the progress of the Medical Profession, or to do more than give a mere outline of what this Life of Cullen offers to the readers.

His early struggles are interesting; but he seems always to have played a cautious game in the struggle, never trusting too much to the accidents of fortune. His intercourse and correspondence with the great men of his own and other countries were considerable; and if we are not mistaken, the letters of these men to him, and of his to them, will be generally considered as forming not the least interesting and instructive part of the work. However well told and analysed may be the history of Medical Science in the hands of Stahl, of Hoffmann, or of Whytt, it really is hard, in these advanced days of physiology, to sit down and calmly investigate and discuss the opinions, doctrines, and ideas of such learned men. There is really no time to give to such things. Those, however, who will dive down a little into the labyrinthic tale, will learn in what a chaos physiology reposed before the days of Cullen.

In the first of these volumes will be found an account of Cullen's birth and parentage, his education, his travels, his connexion with Glasgow, and his removal to Edinburgh. During this first part of his life he was much given up to Chemistry. At Edinburgh he commenced his famous Clinical Lectures; and at length succeeded Dr. Gregory in the chair of the Practice of Physic. Throughout his career he seems to have been most happy in the friendship of the great professional men of his day,—a fact clearly shown by his correspondence with them. His abilities and zeal also won for him the respect of his fellow-citizens. This Life of Cullen, from his wide connexions and broad scientific labours, is in reality almost a history of the Medicine of his days. No one can take it up without finding matter for instruction and amusement. His enlarged views respecting the position which Medicine ought to occupy, on education, and on professional dignity, do him the greatest credit. His was no narrowed soul. Chemistry, Botany, Agriculture, Materia Medica,—in all these he was well skilled, as well as in the Practice of Physic.

To the Profession generally these volumes are full of interest; but they will be found especially so to our Scotch brethren—Dr. Cullen's own countrymen.

Guy's Hospital Reports. Edited by Samuel Wilks, M.D. and Alfred Poland. Third Series. Vol. V. London: 1859.

The rich store-house of knowledge accumulated in Guy's Hospital is again made available, in the present number of the Reports, for diffusing a large amount of practical information among the members of the Profession. It is evident that the interests of Medicine are greatly promoted by the contributions from our Metropolitan Hospitals, either in such Special Reports, or in the wider publicity afforded by these columns, and that the truth or falsehood of Medical doctrines will best be established by the evidence of results afforded by patients under actual treatment. In these extensive fields of observation the symptoms of disease are accurately noted from day to day, and the effects of treatment are carefully recorded; and, when the cases terminate fatally, the revelations of the dead-house are invaluable in clearing up doubts, and in confirming or contradicting the diagnosis made during life.

Among the more important papers in the present number, are a long and able Report on Injuries and Diseases of the Nervous System, by Mr. Thomas Bryant; a collection of cases of Morbus Addisonii, Melanæmia, Anæmia Idiopathica, Leucocythemia Splenica et Lymphatica, by Dr. Wilks; a paper on Lesions of the Nervous System producing Diabetes, by Dr. F. W. Pavy; the third series of Contributions to the Practical Surgery of New Growths or Tumours, by Mr. John Birkett; some cases of Aneurism of the Cerebral Vessels, by Dr. Gull. In Dr. Wilks's paper the first case adduced is one of disease of the supra-renal capsules attended with bronzed skin, and the writer defends Dr. Addison's theory of the connexion between the organic lesion and the cutaneous discoloration, with great ability, notwithstanding the serious objections which have lately been urged against it. Thence he proceeds to consider other cases of discoloration and decoloration of the cutaneous surface, in connexion with diseases of internal organs, expecially of the liver and spleen; and he adduces some facts from Frerich's work on the Liver, in illustration of the influence of that organ in modifying the blood-pigment.

Among the shorter papers are one on a case of Contraction of the Œsophagus from Corrosive Poison, in which the operation of Gastrotomy was performed by Mr. Cooper Forster, and although unsuccessful in its results, the operation was sufficiently satisfactory to encourage the repetition of the operation in similar unfavourable cases. A few cases of Poisoning follow, which have occurred in Guy's Hospital since the last Report, the poisons being respectively solution of chloride of zinc, sulphuric acid, soap-lees, and alcohol; a series of cases illustrative of the Treatment of Rheumatic Fever, by Dr. G. Whitley, who arrives at the conclusion that the alkaline treatment is, on the whole, the most efficacious; a paper on some points in the Diagnosis of Heart-Disease, by Dr. Barlow; and some contributions to Dental Pathology, by Mr. S. J. A. Salter. The number is illustrated by several well-executed engravings, some of which are coloured.

Illustrations to "How to Work with the Microscope." By Lionel Beale, M.B., F.R.S. Containing upwards of 150 separate figures. London: 1859.

This little work consists of a series of plates, twenty-eight in number, illustrating Dr. Beale's book, entitled "How to Work with the Microscope." The engravings consist principally of diagrams, showing the construction of the instrument, and the various accessory apparatus employed by the microscopical inquirer. A few figures, however, are introduced, representing the microscopical appearances of some common objects, such as chalk, particles of wood, flannel, etc. which are often found on the object-glass, and which might mislead the investigator.

Royal Medical and Chirurgical Society.—The following gentlemen will be balloted for, as Fellows of this Society on Tuesday evening, December 13th, 1859. The Ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely:—Richard Barwell, Frank Chance, William Howship Dickinson, Edward Long Fox, John McIntyre, Henry Hunter Raymond, Charles Williams, and Joseph Williams.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE NORMAL HYPERTROPHY OF THE HEART DURING PREGNANCY.

By M. LARCHER.

The point the author here wishes to bring under the notice of the Profession, he has had ample means of investigating at the Paris Maternité, for his investigations have been extended to 130 pregnant women, the great bulk of whom succumbed to puerperal fever—no lesion having preceded or given rise to the condition of the heart observed in them. The conclusion he comes to is, that the *heart is normally in a state of hypertrophy during gestation.* The walls of the left ventricle become increased by at least from a fourth to a third in thickness, its texture being also more firm and its colour more bright—the right ventricle and the auricles retaining their normal thickness. These observations, made by M. Larcher, date back some thirty years, and have been confirmed by subsequent ones, made with great exactitude, by M. Ducrest, upon 100 other women: but why this paper has been so long in being published no explanation is given.

Within certain limits this condition of things may co-exist with the maintenance of health; but it none the less may be taken to express a predisposition to congestions and hæmorrhages. If, as the general rule, the hypertrophy gradually disappears after parturition, it may be otherwise in exceptional instances, expecially where the recurrence of pregnancy has been frequent, and with short intervals. Is this not a cause of the varied lesions of the circulatory apparatus so commonly met with in women who have borne many children, either at too premature an epoch, at too brief intervals, or during an unfavourable condition of health? There is every reason, too, to believe that the bronchitis, which is so common during pregnancy, derives much of its character of persistency from this condition of the heart. Again, may we not attribute to this the greater danger of pneumonia when developed in pregnant women, and the frequency with which abortion then occurs? The various forms of hæmorrhage met with in pregnancy, as epistaxis, hæmoptysis, metrorrhagia, and apoplexy, are likewise predisposed to by this hypertrophy, normal though it be. Although pregnancy may, in the majority of cases, suspend or render slower the progress of pulmonary consumption, the progress of this affection becomes accelerated after delivery, and the still hypertrophied heart increases the perturbation of the respiratory apparatus.—*Archives Générales*, tome xiii. pp. 291—306.

ON ULCERATION AND PERFORATION OF THE APPENDIX VERMIFORMIS.

By M. LEUDET.

M. Leudet terminates an interesting memoir upon this subject with the following conclusions:—1. Perforation of the ileo-cæcal appendix is so much more common than is that of any other part of the intestine, as to equal in frequency all the other perforations of the canal taken together. 2. Ulceration of the appendix is very frequent in pulmonary phthisis, accompanied by lesions of the cæcum, and even in chronic enteritis. 3. The causes of the perforation are the ulcerations in enteritis, those in pulmonary phthisis (six times in thirteen), typhoid fever, foreign bodies, and perhaps in some rare cases the eruptive fevers. 4. A lesion consecutive to the perforation is generalised peritonitis, which is, fortunately, rare, since it occurred only in one of forty-three cases. Circumscribed peritonitis is much more common, and may be confined to the adjacent nooses of intestine, or between these and the abdominal wall. The purulent collection may consist in an abscess of the iliac fossa, either sub or supra-apeneurotic, attended with the usual consequences. Other and rarer terminations are the opening of the circumscribed peritonitis outwardly, or adhesion of the appendix to, and its communication with the small intestine, cæcum, rectum, bladder, or internal iliac artery. Abscess of the liver and phlebitis of the vena portæ are sometimes consequences of the perforation; and in other cases, the adhesions which limit the

peritonitis may give rise to fatal strangulation of the small intestine. 5. The symptoms of perforation vary according to the consecutive accidents. It may be latent, especially in phthisis. 6. The perforation is susceptible of cure, and it only causes rapid death in a small number of cases. 7. Its diagnosis is difficult; but it may be suspected when symptoms of partial peritonitis in the right internal iliac fossa come on, in individuals who until then were in good health, or who are the subjects of phthisis or chronic enteritis. 8. In these cases purgatives and glysters must be abstained from, the best treatment consisting in employing opium and belladonna in large doses, with tepid baths, and limiting the amount of fluid drank.—*Archives Générales*, tome xiv., p. 327, 328.

EXCERPTA MINORA.

Glucosuria in Marsh Fevers.—M. Burdel thus concludes a memoir upon this subject:—1. A true diabetes exists in marsh fevers. 2. It is only ephemeral; *i. e.*, being the evidence of the disturbed state of the economy, it appears, persists, and disappears with the fever. 3. It is the expression of the special disturbance of the equilibrium prevailing between the cerebro-spinal and sympathetic nervous systems. 4. M. Claude Bernard's explanation is confirmed by these facts. 5. The more violent the paroxysm, and the more intense the shivering, the greater is the amount of sugar. 6. On the other hand, the greater the number of paroxysms which have taken place, and the more these have lost their force,—when, in fact, the cachexy has become established, the less is the quantity of sugar.—*Union Méd.*, No. 139.

Alum Lozenges in Affections of the Throat.—M. Argenti, of Venice, proposes, as a substitute for alum gargles in affections of the throat, lozenges formed of alum, sugar, and tragacanth, mixed up with diluted laurel-water, so as to form lozenges, each containing a suitable dose of alum. The mass is to be well manipulated, and, after division, to be put on a sheet of paper and dried by a gentle heat. The lozenges keep well, and form an agreeable medicament, which, by aid of the saliva, becomes effectually applied to the parts. A pharmacien of Paris has for some time past prepared chlorate of potass in the same manner.—*Bull. de Thérap.*, tome lvii., p. 413.

The Influence of Cohabitation in the Transmission of Phthisis.—M. Bruchon concludes an interesting memoir upon this subject with the following propositions:—1. Pulmonary phthisis may become communicated in the course of time from individual to individual under the influence of cohabitation, and the consequent intimate relations—a proposition equally supported by reasoning, and by facts. 2. The transmission is usually operated from the older to the younger subject. 3. In the great majority of cases it takes place from the man to the woman. 4. It is to be feared in proportion as the subject exposed to it manifests a predisposition to the disease. 5. The influences which contribute to the result are identity of hygienic conditions, frequent absorption of morbific exhalations from the diseased subject, and fecundation by the latter.—*Revue Médicale*, 1859, tome ii. p. 88.

Application in Tumours of the Breast of a Doubtful Nature.—Benign tumours of the breast so far simulate cancer sometimes that even experienced surgeons advise their extirpation. M. Chahrely has recently published several cases of this description in the Bordeaux *Journal de Médecine* in which a complete cure has been effected by applications of the following powder continued uninterruptedly during several months:—Powdered starch, 250 parts; powdered iodine, ½ to 1 part; chlorhydrate of morphia, ½ a part. Mix. The powder is to be applied upon a layer of wadding, which is to be kept *in situ* by a suspensory bandage.—*Bulletin de Thérap.* tome lvii. p. 412.

Injection of Tincture of Aloes in Gleet.—M. Gamberini, of Bologna, states that in some cases in which other injections have failed he has derived great advantage from injecting tincture of aloes 14 parts diluted with 120 parts of water.—*Ibid.* p. 426.

A Spanish Cure for Nymphomania.—A young woman of high position having terminated a brilliant education at a convent in Saragossa, was seized, after romance reading, with nymphomania. M. Ester, the physician, believing that acting upon the imagination of the patient was the only effectual mode of cure, had her suddenly and without explanation conveyed to the Venereal Hospital. She was there brought into the presence of a woman covered with syphilitic ulcers, and in the most deplorable state; and the sufferings, regrets, and imprecations she listened to produced so vivid an impression upon the girl, that she at once returned to chaste ideas. She has since married, had children, and remained a model of grace and virtue.—*Ibid.* p. 429.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, November 21, 1859.

The opening of the Medical Session here was inaugurated on Wednesday last with the usual pomp and ceremony, in the large amphitheatre of the "Ecole de Médecine," which was crowded to the door with students and others interested in the event. As is usual at this annual ceremony, an oration was pronounced and prizes, in the shape of medals, were distributed to the "Laureats" of the past year. For one of the prizes (the Corvissart, I believe,) not one of the essays sent in for competition was considered of sufficient merit to entitle it to the reward, and the announcement of this fact was followed by a general murmur of disapprobation on the part of the students, which, however, was speedily suppressed by M. Gavarret humorously remarking that the fault did not lie with the Faculty, but with the students themselves. M. Wurtz, Professor of Chemistry, was the orator of the day, his subject being the "Memory of M. Soubeiran," one of two members of the Faculty who, since its meeting of last year, has paid the debt of Nature. As mention was merely made of M. Berard's death, it is to be presumed that his eulogy is reserved for some future occasion, for he was sufficiently distinguished to merit a few remarks. The discourse of M. Wurtz was comprehensive and pithy, and captivated in a more than ordinary degree the attention of his audience. The compliments he paid to the memory of his colleague were extremely graceful, and some of his remarks unusually happy and effective. Commencing with Soubeiran's boyhood, he rapidly traced his career through all its varied phases; remarked on the extraordinary difficulties with which he had struggled in his progress from comparative obscurity to the high and honourable position to which he had attained a few years before his death; and attributed his entire success to the untiring study and indomitable perseverance for which he was so remarkable. Of patronage he had none, but conquered every step by his own unaided efforts. In speaking of the discoveries he had made in pharmaceutical chemistry, the orator showed that Soubeiran's mind was essentially practical in its character, his investigations bearing specially, and, as if by preference, on the composition of those medicinal substances which are of acknowledged utility in the treatment of disease. To mercury, and its varied combinations, he had not only devoted great attention, but had, by his sagacity and perseverance, succeeded in imitating so well the English calomel, that the French no longer found themselves under the necessity of having recourse (as had been their wont) to the London market for this highly-important and invaluable preparation. With Liebig he shares the merit of having discovered chloroform: both these distinguished chemists having arrived at this important discovery about the same time, the researches of the one being quite unknown to the other. While according to Soubeiran's memory the praise which he so justly merited, I could not help thinking that M. Wurtz would have done well, when speaking of chloroform, to have made some slight mention of our distinguished countryman, Dr. Simpson, of Edinburgh, for certain it is, that this substance (though it may have been discovered by Soubeiran) was, as it were, a dead letter, a mere curiosity on the shelves of the laboratory—its utility having been utterly ignored—until Simpson proclaimed to the world its powerful and invaluable properties as an anæsthetic, and assigned to it the important place it now occupies in the domain of practical medicine. The subjects of prizes for the current year having been announced, M. Dubois, the Dean of the Faculty, declared the session opened, and the meeting ended.

At the Hôpital Lariboisière, M. Chassaignac is just now treating a case of club-foot, of the valgus kind, by the application of electricity, under the personal direction of M. Duchêsne (de Boulogne), who has the merit of having introduced this novel method of treatment, and, so far as the case has gone, it is

likely to have a favourable termination; the foot, after but two or three Faradisations, having already become more natural in shape. It may be known to most of your readers that the action of the peronæus longus muscle is of a threefold kind; for example, it produces a rotatory movement of the foot, by which the plantar surface is turned outwards; it bends the foot, and it also turns the point of the foot outwards. In addition to these functions, M. Duchèsne has discovered a fourth, and in this new capacity he regards it as a kind of active ligament of the plantar arch, which is developed by the contraction of this muscle. For this last-mentioned function, as well as for the three others, the peronæus longus lateralis has for its antagonist the tibialis anticus, the contraction of which produces straightening of the foot and flattening of the plantar arch. Proceeding on these views, M. Duchèsne has succeeded in curing, without having recourse to section of the tendons, a case of valgus club-foot in which the arch was unusually high, or to use the French expression, a case of "valgus pied creux." It has also been successful after the section of the peroneus brevis and of the extensor longus, in completing a cure in a case of valgus where, after the operation, the foot on being placed in a proper position, was found to be perfectly flat (valgus pied plat). For the purpose of giving an arch to the foot, he directed currents of electricity to the peronæus longus lateralis, and the result was all that could be desired, without the use of any mechanical appliances. This latter patient, it may be well to add, was seventeen years of age; and models of the foot, in plaster of Paris, taken before and after the Faradisation, proved beyond doubt the efficacy of the treatment. The case at present under treatment at the Lariboisière Hospital, belongs to this latter category, and whatever the ultimate result may be, one thing I could not fail to remark, in common with some other professional men present, viz. that during the Faradisation of the peronæus longus muscle, there was a tendency to the development of the plantar arch; thus giving evidence of the existence of the fourth, or new function, attributed to this muscle by M. Duchésne.

Last week I saw M. Sichel, at his Clinique, perform extirpation of the left eye, in the case of a man some 30 years of age. The operation was deemed necessary in consequence of the existence of a tumour, situated at the inner and lower portion of the bony orbit, which during its development had completely destroyed the sight of the eye; pushing the globe forwards, upwards, and outwards. The tumour, on being examined *in situ*, presented the size of a large walnut, and could be pretty distinctly defined. It was of seven years' growth, and at one point fluctuation was perceptible. This latter circumstance, taken in connexion with the age of the patient, led M. Sichel to believe, or rather hope, that it might be a cyst; yet although the man was strong and vigorous, and apparently of a good constitution, the duration of the tumour, and more especially the slowness of its growth, rendered the diagnosis somewhat doubtful, and gave rise to a suspicion that it *might* be of a malignant character. The operation once decided on, it was carefully and ably performed, the tumour, together with the eye, having been removed *en masse*. M. Sichel, in the course of the dissection, finding rather suspicious evidence of the malignancy of the tumour, was particularly careful in removing every portion of tissue implicated in the morbid process. The hæmorrhage which followed the section of the optic nerve was not, in the first instance, great, and was easily controlled by the application of lint steeped in a solution of the perchloride of iron, but just as the dressing of the wound was about to take place, a violent attack of vomiting, the result no doubt of the chloroform, under the influence of which the patient had been kept for upwards of half-an-hour, brought on a recurrence of the bleeding, which for a few seconds threatened to be troublesome. It was, however, ultimately overcome by fresh applications of the same styptic, neither ligature nor actual cautery (which latter M. Sichel, by the way, loudly condemns under the circumstances) having been had recourse to. The patient has since progressed most favourably, and may now be considered convalescent, in so far, at least, as the operation is concerned. The tumour which, to the naked eye, had all the appearance of encephaloid disease, was forwarded to M. Robin, the famous microscopist, who pronounced it to be distinctly *encephaloid*, belonging to the variety styled "*melanique*," or melanotic.

In matters of this kind, M. Robin renders immense service to the Profession throughout France. Pathological specimens of all kinds are daily forwarded to him, not only by the Medical men in Paris, but by those residing in the remotest parts of the empire; and his judgment as to their nature is in all cases considered law. While speaking of this highly talented and scientific man, I may mention that his house is now the resort of the greater part of the enlightened and intelligent Medical men of our own and other countries, who visit Paris. All are eager to secure a few hours' private instruction from him; and all those who have been fortunate enough to do so, agree in saying that M. Robin is a most invaluable, intelligent, and pains-taking instructor.

Another case of tetanus has occurred here in the service of M. Follin, at the Hôpital Necker, in which woorara was tried, but without success, as the sequel will show. The patient, a lad 16 years of age, had sustained a fracture of the lower third of the radius of the right arm, accompanied by considerable bruising of the soft parts. He was admitted on October 28, and up to the night of the 3rd of the present month everything went on satisfactorily. On the morning of the 4th, the masseter muscles were observed to be a little contracted, together with convulsive movements of the muscles of the face. These symptoms rapidly increased in gravity, and at 8 a.m., there was some difficulty in opening the jaws. Deglutition was also difficult; the respiration was abdominal, giving twenty-eight inspirations to the minute; pulse 116.

At half-past eight, a.m., ten drops of a solution of woorara (of the strength of one part of the drug to 100 of water) were injected by means of Pravaz's syringe into the cellular tissue of the forearm, the quality of the woorara having been previously tested by M. Vulpiau, who is esteemed an authority on this subject. Each drop introduced by the half turn of the syringe was esteemed by weight at three centigrammes. A fresh injection was made every half-hour, the doses being gradually increased, so that at half-past two, p.m., they had reached twenty-four drops. About half-past four a more concentrated solution was employed, but the number of drops was diminished. These injections, like the others, were continued every half-hour, the dose being gradually increased. Up to a quarter-past nine there appeared no change in the tetanic symptoms, with this exception, that the masseter muscles were perhaps not quite so hard.

At eleven, p.m., the jaws could be more easily separated, and a certain amelioration was perceptible. Injections into the cellular tissue of the chest were now had recourse to. The improvement did not continue; the disease, on the contrary, making such rapid progress that, after a more than usually violent paroxysm, he died at half-past one, p.m., the following day. In connexion with this case, M. Follin afterwards gathered from M. Cl. Bernard certain facts which may in part account for the non-success of the woorara, M. Bernard declaring that the action of this poison is infinitely less marked when administered to the mutilated and suffering animal than when given to the healthy and strong.

EDINBURGH UNIVERSITY COURT.—The Chancellor, Lord Brougham, has appointed Sir John Melville, late Lord Provost of the city, as his assessor, and the Rector, Mr. Gladstone, has chosen Dr. John Brown, the well-known author of "Locke and Sydenham." These appointments make the University Court, which consists of eight members, complete; and it is expected that a meeting will shortly be held to appoint three of the seven curators of the patronage taken from the Town-council, and of which body the Town-council have to elect four. The Curatorial Court must be constituted within two months from the 15th of October last.

PINEL writes thus to his brother, dissuading him from entering the Medical Profession:—"Paris is a remarkable place, where, without principles the most fixed, man may readily be seduced away from what is right; and where he is often utterly lost. You may, it is true, at length reach your desired object, but it is almost invariably by sinister means, which are repugnant to an honest mind. Moreover, amid an immense population, and the hurly burly of society every one thinks only of himself, without affection for others. Those who give you hopes of assistance do so only to assume the airs of protectors; and they forget you as you leave the threshhold of their doors. . . . Trust me, your happiness is in your own hand in the place where Heaven has fixed you," etc.

GENERAL CORRESPONDENCE.

ON THE SO-CALLED "DIABETIC CATARACT."

LETTER FROM MR. WILDE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Permit me to offer a few observations on the paper by Mr. Haynes Walton in your issue for the 12th November, and that by Mr. France in the number for the 26th of that month. According to the latter authority it would seem that there was a special disease of the lens set up in patients labouring under diabetes. Without discussing this question, I have only to remark that the diagnostic symptoms described by Mr. France are to be seen in other cases totally unaffected by renal disease; and I have seen patients labouring under diabetes where cataract also existed of a totally different character, consistence, and course from that described by him.

With respect to Mr. Walton's method of extracting a soft lens by making a small incision with the ordinary knife, and then completing it with the small straight knife, or any other cutting instrument, so as to effect "an ample section along the upper margin of the cornea, without wounding the iris," it is not altogether new, though I am sure very applicable to the cases alluded to. A smallness of the anterior chamber, caused by the bulging forward of the iris, is observed, not only in many affections of the eye, but is often seen in a greater or less degree as the natural condition of the parts, and that, too, without producing any alteration in the adjusting powers of the eye. One hundred years ago anatomists did not believe that the iris presented a plane anteriorly, and it was upon this principle that O'Halloran invented his concave double-edged knife, to avoid cutting the iris. As I entered fully into this question many years ago, in my Memoir of Silvester O'Halloran, published in the *Dublin Quarterly Journal of Medical Science*, vol. vi., it is not here necessary further to allude to it. I have often had occasion to extract in cases where the iris projected towards the cornea, and have never had any accident therefrom. I remember one case, that of an old lady, the wife of the Registrar of Cork-street Fever Hospital,—where the iris was so much bulged forward that I had to make the point of the knife describe the segment of a circle in passing through the anterior chamber: the section turned out very well, and the vision was extremely good. It is, however, a manœuvre in operating one should not like to have to perform often, for reasons well known to those who frequently extract. What rendered the case more difficult was that the pupil could never be got to dilate to beyond somewhat less than the medium size. More than the usual amount of pressure had to be used, but there was no escape of the vitreous. I mention the address of this patient solely because the Medical officers of the Institution happened to be present at the time. Mr. Walton has reason to congratulate himself on the success of his cure; for certainly cataract operations in diabetic cases are by no means favourable.

I am, &c.

Dublin, Nov. 27, 1859. W. R. WILDE.

THE *Bordeaux Journal of Medicine* tells us that in July last the heat was so great as to have exercised a very fatal influence—numerous cases of sudden death having occurred. Ten persons at least were conveyed in a dying state to the Hôpital St. André. Blood in these cases did not flow on venesection. Autopsies showed the existence of great cerebral congestions. Cholera infantilis also was very rife.

"THE Army Doctors suffer occasionally. They hear the balls whistling around them, and now and then get hit. At Solferino one of the first balls fired struck one of our comrades in the thigh, and the first wound he dressed was his own. Many of us ran great dangers, from the Head of the Medical Staff: many were wounded, but generally not seriously. But the Doctors' wounds are not always lucky ones. Besides those who have perished in Africa and in the Crimea, there exists in the archives of the Ministry a list of more than 7000 Military Surgeons grouped under the head of killed, died, or missing, during the wars of the Empire."—*Gaz. Méd.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 22, 1859.

F. C. SKEY, Esq., President, in the Chair.

A paper, by T. SPENCER WELLS, F.R.C.S., Surgeon to the Samaritan Hospital, Lecturer on Surgery at the Grosvenor-place School, was read, entitled,

THREE CASES OF TETANUS, IN WHICH WOORARA WAS USED IN THE TREATMENT.

The author commenced by stating, that of upwards of 300 cases of ovariotomy recorded, he had only found one in which tetanic symptoms were observed; and referred to the singular fact that tetanus appeared in two out of four cases in which he had performed this operation last month, and to the equally remarkable circumstance that, although he had not seen a case of tetanus for upwards of ten years, a third case had occurred in his own practice within a month, and this after a very trifling operation, proving that the nature of the operation, or the mode of its performance, had little to do with the origin of the disease. The author alluded to recent cases of tetanus treated on the Continent by Vella, Manec, and Chassaignac; and to the experiments of Bernard with the alkaloid *curarina*, the active principle of the poison. He showed that the experiments of Sir B. Brodie in 1811, the application of the results of these experiments by Professor Sewell, at the Veterinary College, and subsequent experiments of Mr. Morgan, and of Dr. Harley, had anticipated all that had been done recently on the Continent, with the exception of making the actual trial on the human subject. The cases now brought forward were the first similar trials made in this country. The author then detailed the particulars of a case of chronic, but severe trismus, going on to opisthotonos, appearing a fortnight after ovariotomy in a patient 41 years of age. The exciting cause appeared to have been a draught of cold air. The great point of interest in the treatment was, that woorara was used hypodermically and epidermically, six grains of the extract having been used in six days. The patient recovered. In a second case, acute tetanus appeared seven days after ovariotomy in a lady, 38 years of age, and proved fatal in three days. The treatment was commenced by assafœtida injections, and woorara was afterwards used, the softened extract having been inoculated in both arms. In the third case, tetanus appeared four days after a simplified perineal operation for the relief of prolapsus uteri in a patient, 51 years of age. It progressed slowly; was treated first by opium and ether, afterwards by woorara, and latterly by chloroform, the influence of which was kept up at intervals for forty-eight hours. The patient died on the evening the paper was read. The author, after expressing regret for the little positive information he had been able to lay before the Society as to the real value of woorara in the treatment of tetanus, thought that he had seen enough to establish the following propositions: 1. That our knowledge of the physiological action of woorara,—of its antagonistic effects to the artificial tetanus of strychnine,—of the results of its use in idiopathic tetanus of the horse and ass,—and the facts that two cases of chronic tetanus in man, on the Continent, and one in this country, have recovered during its application, should encourage further experiments. 2. That although three cases of acute traumatic tetanus in man on the Continent, and two in this country have died, notwithstanding the use of woorara, this should not discourage us from further trials, when we consider the very fatal nature of this form of tetanus, and the fact that in only one of these cases was the woorara applied in a large quantity. 3. That looking to the probable difference in strength of the specimens of extract brought to this country, and to the well-founded belief that they are not all prepared from the same species of vegetable, it would be well, in future trials, to use a solution of the active principle of woorara—the alkaloid *curarina*. 4. That it is desirable to ascertain as far as possible, by experiments on the lower animals, what dose of this

alkaloid might be inoculated with safety in man; and whether the artificial tetanus of strychnine establishes a tolerance of curarina. This would afford some test as to the safety of using much larger doses in man when suffering from tetanus than when in a state of health. 5. That Veterinary Surgeons should be requested to aid us in our attempts to determine the value of woorara when treating tetanus in the lower animals by carrying on the dose of the poison until its full effects were shown by suspended animation, and then restoring the animal by artificial respiration. In conclusion, he suggested that more accurate observation is much needed of what may be called the *Natural History of Tetanus* "It has been demonstrated," he said, "that direct injury to nerves by pressure, contusion, puncture, or laceration, will induce tetanus. In many cases of tetanus important injuries to nerves have been discovered: such as a knot of whipthong embedded in the ulnar nerve, the knot of a ligature in the sciatic nerve, a splinter of wood in the radial nerve. In other cases, the nerves near a wound have been found reddened and tumefied, and evidences of inflammatory change have extended along nerves from the seat of injury to the spinal cord. But in many cases no change either in the peripheral nerves, or in the spinal cord or brain has been discovered. It is most interesting and important, therefore, to discover whether we may not have two very different conditions confounded under the single term, "tetanus;" whether in some cases we have spasms dependent upon irritation of a peripheral nerve and increased reflex excitability; and in other cases a blood disease caused by the absorption of a morbid animal poison, developed by perverted secretion of the wounded surface; which poison is analogous in its effects, and possibly in its composition, to urea, strychnine, and the poison of hydrophobia. Of the three cases I have brought before the Society, the two former strike me as instances of tetanus from morbid poison, and the third as dependent on injury to the branches of the perineal nerves. Much light may be thrown on this interesting question, by noting the effects produced on animals by inoculation of the secretions of the wound; or of the blood, or juice of muscle; or of the urine and other excretions of tetanic patients; and I trust that some of the gentlemen now present, may enrich Medical Science by some such observations as I have ventured to suggest."

Mr. Curling said that no one who had witnessed the operation for ovariotomy, could be surprised at its occasionally giving rise to tetanus, but he believed that the circumstance of two cases in succession resulting after that operation was quite accidental. A similar occurrence took place at St. Mark's Hospital where there were very many operations for hæmorrhoids, tetanus never having followed them except in two cases which occurred in succession. He agreed with Mr. Wells in thinking that no satisfactory conclusion could be drawn from the two cases he had recorded, as to the beneficial influence of woorara. He remembered the early experiments to which reference had been made, and he had stated in his work on Tetanus, that the poison was deserving of a cautious trial in acute cases of tetanus in the human subject, Several cases had come under his care since that period, but the poison was not at hand for him to employ. One important objection to it was the difficulty of regulating its action. It was no doubt deserving of a further trial, but its application should be restricted to genuine cases of acute well-developed tetanus. He had seen many cases recover, not of an acute, but of a severe chronic form. In those cases chloroform had been very advantageous in warding off spasms for a considerable period. It would be a great advantage if a specimen of woorara could be obtained that might be depended on, and if a safe and efficacious mode of exhibiting it could be discovered.

Dr. Harley said he agreed with the author in believing that the conflicting opinions regarding the action of woorara on the human body, were chiefly due to the fact of the specimens employed being of ununiform strength. He had in his possession at the present time five specimens of the poison prepared by different tribes; and, although the general action of all was identical, yet their strength varied considerably. There was, however, a second, and equally important reason, namely, the mode of administration. Woorara differed from many remedies in not being absorbed equally readily when introduced into the body by various channels. Thus it could not enter through the unabraded skin, and when taken by the mouth its action was extremely doubtful. Dr. Harley had made a pigeon swallow twenty, and a mouse thirty, times more than was sufficient to destroy them if introduced by a wound, and yet both animals remained unaffected. This did not arise, he said, from the poisons being destroyed in the digestive canal, for he had seen Bernard poison a bird with the excrements of a dog, to which a poisonous dose had been given with impunity. As regards the value of woorara when compared to other narcotics, Dr. Harley remarked that he considered that its superiority consisted in its peculiar power of paralysing the motory, and not the sensory nerves. Nay more, he said, that it could be so administered as to destroy entirely the power of voluntary motion, without impairing the consciousness of the animal. (Dr. Harley related one or two experiments in proof of this statement.) In administering woorara to animals labouring under tetanus induced by strychnine, he therefore gave sufficient to paralyse all the muscles, except those of respiration. In this way he was able to allay the tetanic spasm without destroying the intelligence, or arresting the performance of the organic functions. And by continuing the thus moderated action of woorara until the kidneys had time to eliminate the strychnine from the system, he had been able to save the life of the animal. The theory of its action in tetanus was, Dr. Harley considered, much the same. That is to say, you try to keep the spasms from killing the patient by their violence, until the morbid state calling them into play has exhausted itself. The chances of curing by woorara a patient labouring under strychnine poisoning, are naturally much greater than those of curing a case of traumatic tetanus, where the morbific matter may go on increasing until its effects are more than sufficient to counteract the influence of woorara.

Dr. Sibson said that in 1838 he wrote to Mr. Waterton on the subject of woorara. Mr. Waterton, after hearing of Mr. Sewell's experiments, went over to New Guinea to obtain a store of the poison, with a view to its use in cases of tetanus or hydrophobia. He afterwards experimented on an ass to show that an animal might be resuscitated, after what would otherwise be a fatal dose, by artificial respiration. He (Dr. Sibson) performed the experiments to try the effect of artificial respiration. For more than an hour the animal lay apparently dead, with no sign of life but the beating of the heart. At length it was made to breathe, and in an hour afterwards was walked round the room by Mr. Waterton. Some of the poison was given to him (Dr. Sibson), and he experimented with it upon a horse, the subject of tetanus. A dose proportionate to that given to the ass did not produce the desired effect; and in increasing it, the animal was destroyed. In another case the animal breathed at the end of three or four hours, but it died before the apparatus could be applied a second time. The animal was free from tetanus during the whole period of the experiment. He had performed experiments on lower animals similar to those described by Dr. Harley. In only one instance was any considerable result produced after giving the poison by the mouth, but in that case he considered that some abrasion had accidentally taken place. In order to overcome tetanus it was necessary to give an adequate dose, and he feared that an adequate dose would be such as absolutely to call for artificial respiration. He had been for years prepared to encounter the responsibility of employing artificial respiration in cases of hydrophobia; and in one instance, in which he was telegraphed for to go to Wakefield, he took his apparatus with him; but, when within thirty miles of the town he heard, greatly to his relief, that the patient was dead. He thought the woorara poison offered the best chance of success, from its complete destruction of the disease for at least a number of hours, and he hoped that in some case of hydrophobia it would be tried with artificial respiration. He feared that the symptoms of tetanus would be found too severe to be overcome without loss of life.

Mr. Spencer Wells said he should be sorry to see the poison administered in such quantities as to suspend animation, until more favourable results had been produced upon animals than those which followed the experiments of Mr. Sewell and Dr. Sibson. It was encouraging to observe that many of the improvements which were supposed to originate abroad should prove to have arisen in this country. A great stir had been made abroad as to the researches of Bernard and Vella respecting the physiological action of woorara and tetanus; yet years ago Sir B. Brodie, Mr. Sewell and Mr. Morgan were doing all that the French physiologists and Surgeons were now taking credit for. So with regard to the

distribution of the sensitive and motor branches of the mixed nerves, which Dr. Harley gave Bernard the credit of discovering by the aid of woorara—the same thing was pointed out twenty years ago by Mr. Hilton at Guy's Hospital.

Dr. Radcliffe said that in several cases tetanic spasms had given way to conium, which might be administered by the stomach, and was of very certain action. He suggested that this would be a better agent to employ than woorara.

The President said it was of the utmost importance that there should be a standard form of the poison obtainable by the Profession. If no such form could be obtained, the experiments would be valueless.

PASTEBOARD SPLINTS.

At the conclusion of the meeting, Mr. Acton exhibited some pasteboard splints, which he had lately brought with him from the Continent. Mr. Acton stated he had seen these splints applied with great advantage in the Military Hospital at Brussels; and that their inventor M. Merchie, Chief Surgeon to that Institution, informed him that similar splints had been extensively employed by the Russians in the treatment of fractures at Sebastopol. They are exceedingly light, firm, and must be inexpensive, as they are manufactured in pasteboard or *papier-maché*. When wet the substance is moulded to the form of the thigh, leg, arm, or forearm. These portable dry splints retain the proper shape of the limb. In case of fracture occurring, half a splint is applied to the limb. A little cotton wool only intervening between the skin and the pasteboard. The other half splint is then placed on the opposite side of the fractured limb, and the whole enveloped in a bandage. The inventor had demonstrated on the field of battle, that as soon as these splints were applied, a man could be removed to the rear, and transported long distances without danger or pain in the usual conveyances. In country practice, Mr. Acton thought these ready-prepared splints would be of great service, particularly where it might be difficult to obtain additional professional assistance in putting up fractures; and in the forthcoming struggle with the Chinese they might afford considerable assistance to the Army Surgical Staff.

Several Hospital Surgeons augured well for the success of these splints, and were anxious to know where they could be obtained.

Mr. Acton stated that his object in bringing them before the Society was merely to take the opinion of the members on their utility. None as yet had been made in London, but, doubtless, they could be manufactured at a very cheap rate.

OBITUARY.

PROFESSOR GEORGE WILSON.

A deep sense of regret and bereavement spread through Edinburgh last week with the melancholy news of the death of Dr. George Wilson, F.R.S.E., Professor of Technology in that University, which took place at a late hour on the 22nd ult. The loss of a man so learned and able in his own department, and so universally regarded with esteem and affection, is no common one to the city, or even to the country; and it is apparently heightened by the circumstance of his removal at a time when the prospects of his usefulness were greatly extending, as his talents and labours were being more fully appreciated. The Technology Class this winter was an unusually large one; and the Industrial Museum, in which Professor Wilson took so great and paternal an interest, seemed to have passed through all the initiatory difficulties, promising soon to take its place among the most prominent institutions of Edinburgh. Professor Wilson, whose health, at all times extremely delicate, had been further weakened by over-work, died of an inflammatory attack of about a fortnight's duration, though it did not assume a serious aspect till within a day or two of the end. From the address of the President of the Philosophical Institution, we extract the following feeling tribute to the departed Professor:—"A zealous and devoted student, eager in the pursuit of truth, indefatigable in research, versatile in application, he had at a comparatively early age earned a wide-spread scientific fame. Profoundly conscientious in the discharge of every duty, however arduous, his sincere, single-minded devotion to that department of science which he made peculiarly his own, gained him the esteem and confidence of all, in every quarter of the country, with whom his pursuits brought him into contact. To him, in an especial manner, Scotland will owe not only her Industrial Museum, but the position which Industrial Science has already attained among us, as well as that wider future development, for which he has prepared the foundation, of those arts that enrich, fertilise, and adorn the material life of man. But his love for science was no exclusive passion; full of deep, gentle, and generous sympathies, he was warmly alive to the interests and wants of every class of his fellow-men—always willing and eager to aid in every effort for the promotion of their culture, their instruction, their material and spiritual welfare. We can all remember—alas, it is now only in memory that we can recal the pleasure—how often he has charmed as well as instructed us here; how often, in his prelections from this desk, the clear, scientific exposition has been enlivened and adorned by his graceful play of fancy. In many recurring sessions he has been one of the most admired and welcome lecturers of this institution; and on occasions too numerous to be recounted, we have thankfully profited by his advice—always ready, always judicious, always kindly and cheerfully bestowed. In his personal relations no one was more universally beloved—none will be more sincerely lamented." We learn from another source that "His last public lecture at the Pharmaceutical Society, on the Training of Young Students, was delivered with all his eloquence and zeal, and was full of the most genial and kindly feeling."

PROFESSOR LAWRIE.

It is with feelings which are but feebly expressed by the word regret that we announce the death of Dr. James A. Lawrie, Professor of Surgery in Glasgow University. The melancholy event occurred on Wednesday week, at the Bridge of Allan, where he had been residing for some time, in the hope that the purity of the atmosphere might alleviate the prolonged sufferings to which he was subjected. He had desisted for a considerable time from his professional duties owing to fast failing health, and though he resorted to change of air and a complete cessation from the cares of his office, he made no progress towards recovery. He was son of the Rev. Dr. Archibald Lawrie, of Loudoun (the friend of Burns), and, after undergoing the usual Medical curriculum, he proceeded to Madras Presidency, where he practised his Profession, and gathered the seeds of the disease which ultimately cut him off. Returning from India, he was appointed a Professor in the Andersonian University; and on the occurrence of the vacancy in the Professorship of Surgery in Glasgow University, caused by the melancholy demise of Dr. Burns in 1850, he was appointed to the Chair. He was an able and industrious preceptor, gentle and judicious as a practitioner, and highly esteemed as a member of society. He was the representative in the Medical Council of the Universities of Glasgow and St. Andrew's.

The Royal Society.—The anniversary meeting of this Society was held on Wednesday at their apartments at Burlington-house. Sir B. Brodie, President, delivered his annual address. The medals were then awarded as follows:—The Copley Medal to M. Weber, of Göttingen, and the two Royal Medals to Mr. Arthur Cayley and Mr. George Bentham. The ballot for the election of the council and officers was then taken, and the following gentlemen were declared duly elected:—President: Sir Benjamin Collins Brodie, D.C.L. Treasurer: Major-General Edward Sabine, R.A., D.C.L. Secretaries: William Sharpey, M.D., and Mr. George Gabriel Stokes, M.A., D.C.L. Foreign Secretary: Mr. William Hallows Miller, M.A. Other Members of the Council: Mr. C. Cardale Babington, M.A.; Rear-Admiral Sir George Back, D.C.L; Rev. John Barlow, M.A.; Mr. Thomas Bell; Mr. Arthur Cayley, William Farr, M.D., D.C.L.; Sir H. Holland, Bart, M.D., D.C.L.; Mr. Thomas Henry Huxley; Sir Roderick I. Murchison, M.A.; Mr. Thomas Webster, M.A.; Rev. William Whewell, D.D.; Alexander William Williamson, Ph.D.; Rev. Robert Willis, M.A., Sir William Page Wood, D.C.L.; the Lord Wrottesley, M.A.; and Colonel Philip Yorke. After the election, the Society and their friends dined together at the Thatched-house Tavern, the President in the chair.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Monday, November 21st, Daniel Noble, M.D., Manchester, was admitted a Fellow of the College.

The following Members of the College were also admitted to the Fellowship, at the Comitia Majora, held on the 25th inst.:—

Alison, Somerville Scott, M.D., Park-street
Barclay, John, M.D., Leicester
Bardsley, Sir James Lomax, M.D., Manchester
Barnes, Robert, M.D., Finsbury-square
Beale, Lionel Smith, M.B., Grosvenor-street
Beattie, William, M.D., Upper Berkeley-street
Bird, James, M.D., Hyde-park-square
Bucknill, John Charles, M.D., Exeter
Cammack, Thomas, M.D., Spalding
Davies, John Birt, M.D., Birmingham
De Mussy, Henri Gueneau, M.D., Cavendish-place
Dickinson, Joseph, M.D., Liverpool
Evanson, Richard Tonson, M.D., Torquay
Embleton, Dennis, M.D., Newcastle-upon-Tyne
Fleming, Alexander, M.D., Birmingham
Francis, Dayrell Joseph Thackwell, M.D., Northampton
Greenhow, Edward H., M.D., Berkeley-st., Portman-sq.
Haa, Charles John, M.D., Brooke-street
Hall, Charles Radclyffe, Torquay
Hoskins, Samuel Elliott, M.D., Guernsey
Hunt, Henry, Brook-street
Jackson, John, M.D., Hendon
Maclachlan, Daniel, M.D., Royal Hospital, Chelsea
Mapleton, Henry, M.D., Army Medical Department
Marcet, William, M.D., Chapel-street, Belgrave-square
Martin, Robert, M.D., St. Bartholomew's Hospital
Meryon, Edward, M.D., Clarges-street
Murchison, Charles, M.D., Wimpole-street
McWilliam, James Ormiston, C.B., M.D., Trinity-sq., Tower-hill
Odling, William, M.B., Prince's-place, Kennington-road
Olliffe, Sir Joseph Francis, M.D., Paris
Parker, Nicholas, M.D., Finsbury-square
Reynolds, John Russell, M.D., Grosvenor-street
Rolleston, George, M.B., Oxford
Sandwith, Humphrey, M.D., Hull
Shapter, Thomas, M.D., Exeter
Smith, William Tyler, M.D. Upper Grosvenor-street
Thurnam, John, M.D., Devizes
Vose, James Richard White, M.D., Liverpool
Weber, Hermann, M.D., Finsbury-square

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted to the Fellowship at a meeting of the Council held on November 24:—

Andrew, Edwyn, University College Hospital
Croft, John, Dreadnought Hospital-ship
Hill, Matthew Berkeley, Stapleton, near Bristol
Marriott, Charles Hayes, Kibworth, Leicestershire
Painter, Richard Budd, Brydges-street, Covent-garden

At a meeting of the Court of Examiners held on Nov. 26, the following gentlemen were reported to have passed their Preliminary Examination for the Membership of the College in Anatomy and Physiology, and, when eligible, will be admitted to the Pass Examination:—

Atwood, William Alban, St. Bartholomew's Hospital
Bartlett, Thomas Hiron, Birmingham
Bale, William, Manchester
Bennett, Charles Henry, St. George's Hospital
Cheese, James, St. Bartholomew's Hospital
Evers, Charles, St. Bartholomew's Hospital
Fox, Allan Nesbitt, Dublin
Finch, Thomas, Birmingham
Foulds, Samuel, Leeds
Gaylcard, Christopher, Guy's Hospital
Griffith, Gorrequer, Dublin
Gidney, John, Hull
Grosjean, James Keith Jeannert, St. Mary's Hospital
Hyde, George Edwin, Birmingham
Hutcheon, Henry Stone, Aberdeen
Heath, Robert Edward, Belfast
Hicks, Edward Buller, London Hospital
Johnson, James, Manchester
Johnson, Cuthbert Newington Hughes, Guy's Hospital
Kearney, Daniel, Madras
King, John Lynes, Guy's Hospital
Leachman, Albert Warren, University College
Levis, John Samson, Cork
Mackertich, Simon, King's College
Mawley, Augustus, University College
Miller, John Nicholas, University College
Monckton, Alfred, King's College
Morgan, Cosby William, St. Bartholomew's Hospital
Morgan, Theodore, St. Bartholomew's Hospital
Nathan, Henry Frederick, St. Bartholomew's Hospital
Neesom, Joseph, Leeds
O'Toole, William Henry, Dublin
Smith, William, Aberdeen
Somerville, James Harmer, Birmingham
Smith, Robert Harman, Guy's Hospital
Thomas, John Richard, Dublin
Von Lintzky, William Johnson, Calcutta

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 24th November:—

Adams, Samuel Hoppus, London
Beavan, James, Gravesend
Bower, Edmund, Weymouth
Bowling, Thomas, Birmingham
Empson, Charles Frederick, Selby, Yorkshire
Leniker, Elisha Harrie, Balderton, Newark-on-Trent
Lloyd, David, Carmarthen, South Wales
Neesom, Joseph, Bradford, Yorkshire
Nelson, William John, Acomb, Yorkshire

The following gentlemen also on the same day passed their First Examination:—

Cotton, Thomas, Spalding
Freeman, Delamark, Kennington
Hawes, Richard Metcalfe, Bedale, Yorkshire
Phillips, George Griffith, Newcastle Emlyn, South Wales
Sissons, William Harling, Hull

DEATHS.

BANKHEAD.—November 26th, at Florence, Charles Bankhead, M.D., formerly Physician Extraordinary to His Majesty King George the Fourth, aged 92.

BELLRINGER.—November 14, George H. Bellringer, Assistant Surgeon H.M.S. *Gladiator*.

ELMHIRST.—November 18, at Ousslethwaite, near Barnsley, Yorkshire, Richard Elmhirst, of Lincoln, M.D., one of the Physicians to the Lincoln County Hospital for 28 years, aged 56.

HARRISON.—November 21, at Driffield, Washington Harrison, Surgeon, aged 59.

SANDFORD.—November 17th, at Wolverhampton, after a short illness, Richard Sandford, aged 40.

WEIR.—September 3, at Maryborough, Australia, John Weir, M.D., aged 30.

YOUNG.—November 22, at 3, Richmond-terrace, Belfast, George Henry Young, M.D.

THE child of Judge Hua, spoken of as stolen by Miss Chéreau, is a grandson of Richerand.

FIRE, by fault of Crinoline, is still one of Death's devouring agencies among the votaries of this amazing fashion.

COLONEL MURE has been elected Rector of St. Andrew's University.

DR. ROOKE has been elected an Alderman of Scarborough, after a severe contest.

THE ROYAL SEA-BATHING INFIRMARY AT MARGATE has held its half-yearly meeting, and announces a flourishing condition of its finances.

"DURING the Italian war chloroform was as extensively used, and was as harmless, as in the Crimea," says Surgeon-Major Armand; "I never heard of an accident from its use."

HOSPITALS OF THE AUSTRIAN MONARCHY.—The public civil Hospitals are said to amount to 330, and the military to 159 in number, 400,000 individuals being the mean number treated therein. There are also 40 Lunatic Asylums, containing about 6000 patients; 40 Maternités, at which 60,000 births per annum take place; and 33 Foundling Hospitals, receiving about 24,000 infants.

THE "DOCTEUR NOIR" SOLD UP.—The ventilation of the schemes of the impudent cancer-quack Vriès, or the "Docteur Noir," seems to have had the advantage of knocking up his trade; for the last we hear of him is an order for peremptory sale at the French "Tattersall's" of his carriage and horses, seized by his landlord for rent.

ANOTHER DEATH FROM CHLOROFORM AT PARIS.—A somewhat aged woman, possessed of a strong constitution, entered La Charité, under the care of M. Manec, on account of a dislocation of the shoulder. After the first attempts at reduction had failed, recourse was had to chloroform. The reduction was easily accomplished; but the Surgeon had hardly completed his manœuvres when the patient expired. All attempts at restoration were in vain.

CHOLERA IN MOROCCO.—The number of deaths from cholera in the French expeditionary army during the 20 days'

campaign against the frontier tribes of Morocco has been 2160. As the total of effectives has not been given, it is impossible to ascertain with certainty the rate of mortality, but if we suppose it to have been 10,000 men, the death-rate will have been 21·6 per cent. in less than a month.

Eccentric Birds.—At the meeting of the Zoological Society, on the 22nd ult., Dr. Hamilton exhibited some specimens of young pheasants, in which several peculiarities were observed. These birds had the plumage of the cock bird upon the breast, and of the hen bird upon the back, and neither testes nor ovaries could be found on dissection. At the same meeting Mr. Bartlett stated that a Herring Gull (*Larus argentatus*), which was bred in the Society's Gardens, two years ago, was in the habit of passing the winter in the Gardens, and absenting itself during the summer months, as it was supposed for the purpose of breeding.

Longevity among the Peerage.—It is not a little singular that of the score or so of Peers who have died since the commencement of the year there were 16 whose united ages amounted to no less than 1,229 years, giving an average of seventy-six and a half years each. The list of noble lords is as follows:—The Earl of Aylesford, aged 72; Lord Northwick, 81; the Earl of Ripon, 76; the Marquis of Bristol, 89; the Earl of Devon, 81; the Bishop of Bangor, 86; the Duke of Leeds, 60; the Earl of Moray, 63; the Earl of Tankerville, 83; Earl Cathcart, 76; the Earl of Harborough, 62; the Earl Minto, 76; Viscount St. Vincent, 92; the Earl of Jersey, 86; the Earl of Westmoreland, 75; and Earl Waldegrave, 71.—*Once a Week.*

Ceylon Insects.—Owing to the combination of heat, moisture, and vegetation, the myriads of insects in Ceylon are a far more important feature. There are "walking leaves" there which lay eggs like seeds, "walking sticks," which attain the length of several inches. Ants of all kinds and capacities swarm in overwhelming numbers, consuming everything which comes in their way, from the contents of your cupboards up to kyanized timber. They clear your portmanteaus, tunnel through your rows of books, and, as they never sleep, achieve extraordinary results in a single night. Ticks lie in wait for you in the jungle, and treat you as their natural burrowing ground.—*Tennent's Ceylon.*

The Salamander.—The menagerie at the Jardin des Plantes has just been enriched by the reception of a fine specimen of the *Salamandra maxima*, or large salamander of Japan. This reptile has been sent by M. de Codrika, French Consul General in the Dutch East Indian Colonies, as a present from M. Pompe van Meedervoot, Physician to the Dutch Government at Japan. Up to the present time there have been only two living specimens in Europe, one at Leyden and the other at Amsterdam. The salamander, which has only been known to Europeans since the tour of discovery made in Japan by M. de Siebold, lives in the mountain valleys of the Isle of Niphon, between the 34th and 36th degrees north latitude. It resides in the rivulets and lakes formed by the rains at a height of from 4000 to 5000 feet above the level of the sea. This reptile arrived in Paris from Batavia after a voyage of two months, and although it suffered a little during the passage, it appears now in excellent health. It is about twenty-seven and a half inches in length, and full grown will be about three feet.

Improvement in the Voltaic Pile.—It is well known that Bunsen's pile, which is but a modification of Grove's, consists of a glazed vessel, containing a cylindrical element of zinc, which surrounds a porous vessel filled with strong nitric acid, into which a charcoal cylinder has been introduced, the liquid in the outermost vessel consisting of water acidulated with about 10 parts of sulphuric acid. Now, although this is a most powerful combination, and in general use, it has two great inconveniences; first, the quantity of nitrous vapour it evolves is highly unpleasant, and may become dangerous; and, secondly, the current produced is not of constant intensity. M. Thomas has just communicated to the Academy of Sciences a modification which he has effected in this kind of pile, and which would seem to be quite free from the inconvenience alluded to. M. Thomas, in fact, shows that the development of nitrous vapour is one of the chief causes which interfere with the constancy of the current, inasmuch as they attack the copper ribands forming the electrodes, and effect certain chemical combinations, which give rise to counter-currents, and thus impair the principal one. He therefore causes these gases, as they are evolved, to pass into a porous vessel, where they are decomposed. In this process a secondary current is produced, which, by the peculiar construction of the apparatus, is turned to account, and tends to correct the inequalities of the principal current. This arrangement also prevents the pile from becoming dirty, as is the case with Bunsen's pile.

Light appears to have an influence in the transformations of amylaceous matters, dextrine, etc. By its sole influence it so modifies amylaceous matters as to turn them into sugar and dextrine when they are exposed to the solar rays at a temperature of 100 cent. It also would appear that animal starch (glycogenous matter) is transformed into sugar more rapidly and more abundantly under the influence of light than in the dark. It is very remarkable that animal fecula remains in the liver of frogs without becoming starch during winter, just as the vegetable fecula ceases its transformations. In these animals, also, the greatest richness in sugar coincides with the period of the ripening of fruits. The glycogenous matter may remain unchanged in the liver, like starch in tubers and grains, if the frogs are entirely removed from the light; then no sugar is formed. In this way we may explain the rapid disappearance after birth of the glycogenous matter which exists so abundantly in the skin of the fœtus.—*Report by MM. Corvisart and St. Victor.*

Births, Marriages, and Deaths in Prussia.—At the meeting of the Statistical Society on the 15th ult. Sir Francis H. Goldsmid, Q.C., read a paper "On some Recent Statistics of Prussia." While in London the children born out of wedlock are only 1 in 20, in Paris and Vienna every third child is illegitimate; and in Munich, years have even occurred when the number of illegitimate births have outnumbered the legitimate. In Prussia in 1816 the illegitimate births were to the legitimate as 8·05, in 1849 as 7·96 to 100. In Westphalia, however, in the province of Posen, and the Rhenish provinces, the proportion of illegitimate births is only about half as great as in the other parts of the kingdom. With regard to the proportion of births to the population in Prussia, Sir Francis stated, that from 1810 to 1825 the proportion was about 1 to 23, from 1828 to 1846 about 1 to 25 or 26, but that in 1849 it again reached 1 to 23. In the towns the proportion is 1 to 25·68, in the country as 1 to 22·88. In Berlin, in the year 1849, the proportion was 1 to 30·81. The death-rate, as compared with the births, was, in 1849, 498,862 as against 691,562; and while the excess of male births was 19,428, the excess of male deaths was 13,826. It was found that boys and young men died more quickly than girls and young women. Between the ages of twenty-five and thirty the deaths were equal in both sexes. From thirty to forty the excess was on the female side; after that, to sixty, it was on the male side again; so that among very old persons, it was found that more females died than males. The rate of mortality in Prussia, as compared with the population, varied between 1816 and 1849, from 1 in 28 to 1 in 37, the highest mortality having been in 1831, the cholera year.

Dr. Barclay on Compulsory Vaccination.—Dr. Barclay, the Chelsea Medical Officer of Health, at a late meeting of the Vestry, stated that a letter had been received from the vestry of St. George-the-Martyr, requesting co-operation in bringing before Parliament the necessity for more stringent measures to carry into effect the Compulsory Vaccination Act. He (the Doctor) was of opinion that an answer in the affirmative should now be addressed to that Board, his reason for hesitation personally having been that a legislative enactment with that intent had been passed which had not been fairly tested. The provision having been repealed, the vestry seemed to be called upon to make some representation to the Government on the difficulties attendant on the attempt to carry out the provisions of the Act. But there seemed to him to be no good and sufficient reason why they should sit still until further legislation took place. The 132nd section of the Metropolis Local Management Act directed their Medical Officer of Health to point out the most efficacious mode of checking or preventing the spread of contagious epidemic diseases; and that could only be done with a view to the Vestry taking action for their prevention. He had had occasion to point out that small-pox had been on the increase lately throughout the metropolis, and was likely to assume an epidemical character. He regretted to say that many isolated cases had been recently reported to him in their district, and

therefore he felt it to be his duty to show the Vestry what ought to be at once done under the existing law and circumstances. In his former report he stated that the only available record of vaccination was exceedingly imperfect, and yet, such as it was, it must form the basis of their proceedings in this important question. He believed it was greatly through ignorance and interference that it was so, and therefore he should propose, in the first instance, merely to issue a notice to each person registering the birth of a child that if in due course the vaccination of that child was not also registered, further proceedings would be taken to insure the correct performance of the operation as required by the Act.

M. Chevallier on Smethurst's Case.—M. Chevallier, the celebrated Paris *expert*, says:—"The perusal of the report of this case has given me cause for the most grave reflection, demonstrating, as it does, the excessive prudence which should always govern the *expert* in all matters confided to him by Courts of Justice, and the necessity there is of *seeing* and *re-seeing* before delivering his opinion. Entrusted now, during thirty years, with a great number of *expertises*, I have never employed Marsh's apparatus for the search of arsenic without feeling a beating at the heart. In fact, might not the life or the honour of a man or a family depend upon the reactions it manifested? What reflections must arise when we recollect that at a certain period the vinegar sold by C—— contained arsenic, proceeding from wood-vinegar added to wine-vinegar?" We subjoin a few of the passages from the article "*Expert*," in M. Chevallier's *Dictionnaire des Falsifications*:—"The Chemist *expert*, who has obtained the confidence of the tribunals, when fully impressed with the importance of the mission entrusted to him, should, if his practice has been defective, engage in the special study of all the questions relating to juridical chemistry. He should never deliver his opinion unless his conviction is complete; and if he conceives any doubt, he should put away all false shame, and request that the opinion of another *expert* should be taken in conjunction with his own. We know of *experts* who, to avoid all error, have had performed in Paris the *expertises* they were charged to undertake in the provinces, and which they did not dare refuse for fear of being taxed with ignorance. An *expertise* is not, in fact, always an easy matter; and the functions of an *expert* exacts on the part of him who fulfils them profound knowledge joined to extreme prudence. I have been in a position to detect errors committed by persons possessed of considerable scientific acquirements, but who had not had sufficient practice. To become a skilful *expert*, it requires to have seen much and to have practised much."—*Journal de Chim. Méd.*

Legal Obstacles Placed in the way of Medical Men Recovering their Debts.—Brompton County Court before J. L. Adolphus, Esq.: Ward v. Cooper.—This action afforded another instance of the obstacles placed in the way of the Medical Profession in getting disputed accounts settled in the County Courts; and so harrassing have the proceedings of these law-courts of late become, as to cause many Medical creditors to give up just debts rather than wait all day in court, and be subject to the abuse of pettifogging advocates, and the injustice of the judges in cutting down their bills. In the present case the plaintiff, who formerly practised at Kensington, but is now residing at Wingfield, near Windsor, had to leave his patients, and travel to Brompton, to recover a bill of £7 19s. of a wealthy tradesman residing at Kensington, and who adopted the usual defence to Medical men's claims, "overcharge, and medicines charged for not supplied." Dr. Ward stated that in January of this year, five children belonging to the defendant were attacked with scarlet fever, and from that time, up to March, he paid the most unremitting attention to the patients. In the interim three of his patients died, and two recovered. He had no hesitation in rejecting an offer of the defendant to pay five pounds, firstly upon principle, and a duty he owed to the Profession at large; and, secondly, the charges were so moderate, under the circumstances, that if he made a deduction he should be a positive loser for drugs. The defendant said that part of the medicine supplied was charged for the three children after they had died, and he considered the bill a most unreasonable one, and that five pounds would be ample payment. Dr. Ward appeared astounded at the defendant's charge, and warmly contended that the medicine alluded to was not intended for the three dead children, but for the two that survived. The defendant might as easily have urged that his attendances were for the deceased after they were buried: The Judge thought the defendant had so recently met with a calamity, that Dr. Ward should make some allowance, and directed a short adjournment, which ended in the plaintiff's positive refusal to come to any other arrangement than give two months' time to pay the bill. Ordinary costs were only allowed.

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 26, 1859.

BIRTHS.

Births of Boys, 904; Girls, 881; Total, 1785.
Average of 10 corresponding weeks, 1849–58, 1547·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	661	646	1307
Average of the ten years 1849–58	590·0	619·7	1209·7
Average corrected to increased population	..	..	1331
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	41	21	62

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	6	9	2	8	1	3
North	490,396	9	4	25	3	7	2	5
Central	393,256	1	9	11	1	4	6	3
East	485,522	10	5	22	3	7	3	10
South	616,635	7	7	17	4	4	1	7
Total	2,362,236	30	31	84	13	30	13	28

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·797 in.
Mean temperature	41·1
Highest point of thermometer	53·0
Lowest point of thermometer	28·8
Mean dew-point temperature	39·8
General direction of wind	S.E.
Whole amount of rain in the week	0·08
Amount of horizontal movement of air in the week	755 miles.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

A SERIES OF PAPERS WILL APPEAR

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL;

AND

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Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES,

With special relation to their Causes, as—

Intemperance,
Unsuitable Studies,
Fanaticism, etc., etc.

It is quite unnecessary to make a single remark upon the great interest of such a Series of Papers from so eminent a Physician, and so able a writer as Dr. Conolly.

Mr. Robertson's case shall appear next week.

Dr. Cregeen.—The conduct of the coroner in the case was most exemplary. Inquiry shall be made as to the legal liability of overseers in similar cases.

Rusticarius.—The days appointed for the examination of Licentiates in Midwifery may be learned by applying to Mr. Belfour, the Secretary of the College.

S. R.—1. Up to the age of 26. 2. We do not clearly understand the question; "the usual rate of mortality of Europeans by disease" is a very indefinite problem.

Dr. A.—Dr. Thom has published a Case of Rupture of the Uterus before Delivery, in the *Edinburgh Journal*. We never reprint articles from British contemporary journals.

Celsus.—It is only necessary to prove that anyone was in practice before 1815 to entitle him to register. It is clear that anyone so registered must be at least 65 years of age.

H. W. C.—Our solicitor has been instructed to proceed against the advertisers who faudulently insert fictitious puffs of their filthy books, as protended extracts from reviews in this Journal.

Querens.—It is entirely a matter of private arrangement or local custom; but as a general rule the accoucheur's fee includes any ordinary attendance on the mother until she is about again, though charges are made for medicines supplied.

Village Surgeon.—In the case mentioned, X should not have attended the child without previously conferring with P. The feelings of a patient must always be allowed their due weight in such cases, even by those who adhere to the strictest code of Medical etiquette.

The Experience of a Guy's Dresser for the Week.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It may be interesting to some of those who esteem the memory of the good old school wherein they acquired the first outlines of Medical science, to peruse the few accompanying notes by the dresser for the week commencing October 26th, and terminating November 2nd, showing that the privileges and advantages of this invaluable appointment which many have shared in bygone days, are still enjoyed by their successors

The subjoined list comprises the accidents admitted during the week, and those treated in the Surgery, exclusive of the ordinary "taking in" day, when the beds were generally filled.

Accidents taken in the Hospital:—

Fracture of Femur; Upper Third.
,, ,, Middle ,,
,, ,, Lower ,,
,, Tibia and Fibula; Middle
,, Fibula
,, Pelvis into Sacro-Iliac Joint
,, Neck of Humerus
Comminuted Fracture of Humerus
Injury to Spine and Pelvis (Contusion)
,, Leg
,, Abdomen
Crushed Hand (Amputation)
Compound Fracture of Finger (Amputation—3 cases)
Local Gangrene from Direct Injury
Tracheotomy for Foreign-body
Severe Scald
,, Burn of Upper Extremity (2 cases)
Retention (Permanent Stricture)

Accidents treated in the Surgery:—

6 Cases of Fractures of Clavicle
Acromion Process of Scapula
Coracoid Process
Olecranon Process
3 Fractures of Ulna (alone)
8 ,, Radius (alone)
3 Fractures of both Bones above Joint
6 Cases of Fractured Ribs
7 ,, Spasmodic Stricture and Retention
4 Cases of old Permanent Stricture
2 ,, Palmar Abscess
4 ,, Thecal Abscess
Gangrene of Tips of Fingers
6 Scalp-wounds
2 Cases of Necrosis of Metacarpus
Dislocation of Thumb
Lachrymal Abscess
Wound of Palmar Arch (2 cases)
,, Temporal Artery
Ventral Hernia
Hydrocele (old)
3 Cases of Compound Fracture of Finger
Phlegmonous Impaction over Patella
5 Cases of Morbus Londiniensis (2 for Stomach-pump, 3 Emetic, &c.)
Contusions, Lacerated and incised Wounds, Sprains, Bites, and other Injuries of many Varieties

Many of these cases were subjects for admission, but would not submit to our recommendation. I am, &c. J. D. Hill, Dresser.

Poor-Law Medical Reform Association.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your Journal of this day, under the head of "Correspondents," is an inquiry as to "the Constitution of the Poor-Law Medical Reform Association, and who are its Office-Bearers," by Mr. Paul Jones, a name, I presume, assumed for the occasion, as it is not in the Medical Register. Usually, I refrain from replying to anonymous communications, for under such head Mr. Paul Jones must be classified; but in this instance I will break my rule, and inform the gentleman that I have the honour to be Chairman of the Association, conduct the correspondence, and act as Treasurer; and in the latter capacity shall be most happy to receive any contributions, as just now the funds are very low. There is also a Committee, which consists at the present time of thirty-four gentlemen, who reside in various parts of the Kingdom, and at distances so great from each other that it is impossible for them often to meet. They have, however, assembled in London seven times, and I have had frequent communication with them. During the agitation, upwards of 70,000 pamphlets and circulars have been distributed, and a very large number of petitions presented to Parliament.

As Mr. Paul Jones thinks that a "real and simple organisation would soon produce a well-considered and matured plan, acceptable to the Poor-Law Medical Officers, and reasonable and feasible too," perhaps he will have the kindness to make his plan public; and as I have already issued mine in the form of a draft Act of Parliament, the Poor-Law Medical Officers will be able to judge which they prefer. A variety of plans have at times been suggested; indeed, only last week, one gentleman wrote,—"All we want is our salaries increased one-third,' not considering there are some Medical Officers with only twopence per case, whilst others have more than 120 times that amount, and therefore a lumping increase of one-third would afford but little satisfaction to the first-named, and would not be agreed to by the Guardians in the latter instance. Objectors are also numerous. One gentleman stated he would oppose the proposed Bill, unless I would consent to withdraw the clause which gives the private as well as the public vaccinator one shilling for each certificate of successful vaccination—the reason assigned is, that for the sake of the shilling the private vaccinator would vaccinate gratuitously.

From the above statements, Mr. Paul Jones must not be surprised if he find the office of a legislator not quite the sinecure he anticipates.

I am, &c., Richard Griffin.

12, Royal-terrace, Weymouth, November 26, 1859.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Gordon; Dr. Seaton; Dr. Adams; Dr. Thompson; Mr. Stedman; Dr. Graily Hewitt; Registrar-General; Mr. Wilde, Dublin; Mr. Griffin; Dr. Harley; Mr. Seton; Mr. Rivers; Mr. Wheatley; Dr. Baines; Dr. Esmarch, Kiel; Mr. Humphreys; Mr. Rayner; Mr. Roberts; Mr. Sergeant; Mr. Sale; Mr. Ward; Mr. Bolton; Mr. May; Mr. Webb; Mr. Moreton; Dr. Saunders; Dr. Leinhart; Mr. Elliot.

APPOINTMENTS FOR THE WEEK.

December 3. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

5. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Epidemiological Society, 8 p.m. Report of the Diphtheria Sub-Committee. By J. N. Radcliffe, Esq.

Medical Society of London, 8½ p.m. Dr. Cockle "On Certain Points of Diagnosis in Mitral Valve Disease."

6. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

7. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures, by F. W. Pavy, M.D., Professor of Physiology at Guy's Hospital, "On Certain Points Connected with Diabetes." With Experimental Illustrations.

Obstetrical Society of London, 8 p.m. (Council Meeting, 7 p.m.) Papers by Mr. Bailey, (Thetford); Drs. Barnes, Waller, Oldham, Priestley, Davis, Hodges; Mr. Ball, Mr. Baker Brown.

8. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

9. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotomy; Removal of Growth from Upper Jaw.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

By Mr. Holt—Amputation of Leg; Stricture of Urethra (3 cases); Necrosis of Tibia. By Mr. Brooke—Melanotic Tumour of the Eye.

ORIGINAL COMMUNICATIONS.

REVIEW OF CASES OF STONE IN THE BLADDER.

By THOMAS P. TEALE, F.R.C.S.
Surgeon to the Leeds General Infirmary.

The Statistics of Lithotomy lately published in the *Medical Times and Gazette*, have led me to review my own practice as regards the treatment of Stone in the Bladder, with the object of ascertaining its results, and of noticing the changes which from time to time have been made in my mode of operating.

If such a review were generally made by Surgeons, and its results recorded, embracing all the cases treated by each, much valuable information would be acquired. Influenced by this conviction, I proceed to submit to the Profession all the cases of Stone in the Bladder which have been treated in my own practice, public or private, ranging from the year 1826 to 1859.

These operations are 87 in number, and may be classed under the following heads:—

	Cases.	Recoveries.	Deaths.
1. Lateral Lithotomy in Adults	35	22	13
2. Lateral Lithotomy in Children	18	18	0
3. Lithotrity in adult Males .	15	14	1
4. Median Lithotomy . .	12	11	1
5. Stone in the Female . .	7	7	0
	87	72	15

Of these cases, an unusually large proportion were adult males, namely, 57 in 87, the remaining 30 consisting of 23 male children and 7 females of various ages.

The cases to which initials only are attached occurred in my private practice. Those of which the names are given in full were treated by me in the Leeds Infirmary.

Table 1.—LATERAL LITHOTOMY IN THE ADULT.

No.	Date.	Name.	Age.	Result.	Remarks.
1	March 11, 1826	Mr. H.	66	Death	Death on sixth day from inflammation of cellular tissue of the pelvis; a very fat subject; prostate much enlarged; lithic calculus, 2 ounces
2	July 9, 1835	Mr. B.	30	Recovery	Phosphatic stone, 4 drms.
3	Sept. 6, 1838	Francis Marston	67	Recovery	
4	Aug. 9, 1841	Mr. W. M.	66	Recovery	After apparent cure of lithic acid stone by lithotrity, return of symptoms of stone with great irritability of bladder, rendering lithotomy necessary, by which several phosphatic concretions were removed.
5	Jan. 1, 1842	Wm. Dixon	40	Death	Lithic acid, 3½ ounces; typhoid symptoms; death on 21st day.
6	April 1, 1843	George Longley	19	Recovery	Mulberry, 5 drachms.
7	May 13, 1843	Mr. B.	76	Recovery	Nine lithic acid calculi.
8	Feb. 22, 1844	Mr. G. C.	63	Recovery	Two lithic acid calculi, weighing 9 drachms and 2 drachms respectively.
9	June 19, 1844	Benj. Johnson	62	Recovery	Lithic acid calculus, 1 ounce 2 drachms.
10	July 5, 1844	Chas. Hammond	21	Recovery	Albuminuria; brisk hæmorrhage twenty-two hours after operation, and again on the 7th day; lithic acid, 7 drachms.
11	Aug. 30, 1845	Joshua Gledhill	60	Recovery	Albuminuria; slow recovery; small fistula remaining several months; lithic stone, 7 drachms.
12	Oct. 22, 1846	Mr. W. W.	69	Recovery	Lithic acid, 3¾ ounces.
13	Oct. 31, 1846	Wm. Doughty	68	Recovery	He had subsequently a return of stone, but was not again operated on; lithic acid, 3 drachms.
14	Sept. 6, 1847	John Wright	63	Death	Died on the 10th day of bronchitis; no mischief in the pelvis detected after death.
15	Jan. 15, 1848	John Adamson	58	Death	Died exhausted on the 15th day; no morbid appearances observed after death; mulberry, 5 drachms.
16	June 29, 1848	James Clay	41	Recovery	Lithic acid, encrusted with triple phosphate, 6 drachms.
17	Sept. 21, 1848	Edwd. Gomersal	30	Recovery	Lithate of ammonia, 5 drachms.
18	Aug. 1849	Mr. C.	58	Death	Eight calculi; he did well for three or four days, had a rigor and died on the 6th day. No examination after death
19	Aug 20, 1849	Mr. L.	64	Recovery	Lithic acid, 7 drachms.
20	Jan. 17, 1850	J. T. Peel	14	Recovery	Mulberry, 6 drachms.
21	Sept. 28, 1850	Mr. B.	58	Death	Ten calculi; at the end of three weeks he was considered nearly convalescent, when he was seized with pelvic and crural phlebitis, and died on the 24th day.
22	Jan. 4, 1851	Mr. S. W.	53	Recovery	Mulberry, 5 drachms.
23	Jan. 23, 1851	Henry Wright	16	Recovery	Lithic acid, 2 drachms.
24	Oct. 30, 1851	John Stead	22	Recovery	Lithic acid, 2 ounces.
25	Oct. 30, 1851	Thomas Overend	53	Death	Lithic acid, 2 ounces and 1 drachm; death in six weeks; calculi in kidneys and suppuration of kidneys.
26	Dec. 18, 1851	John Harrison	63	Death	Died on the 4th day from strangulated intussusception of the jejunum; lithic acid 1½ ounces.
27	Dec. 18, 1851	Wm. Herring	35	Death	Died on the 17th day from repeated hæmorrhages into the bladder; small phosphatic stone.
28	April 15, 1852	Mr. W. S.	41	Death	He was a constant sufferer from gout; proceeded without a bad symptom until the 12th day, when he was considered convalescent. He was then seized with affection of the brain, and died comatose on the 17th day. After death the wound was found healed, and the pelvic organs free from disease.
29	Oct. 28, 1852	Chas. Eastwood	19	Death	Urine of specific gravity 1005, but not albuminous; death on 3rd day; slight effusion of lymph in peritoneum; mulberry, 1 ounce 5 drms.
30	Feb. 11, 1854	Mr. C.	74	Recovery	Two lithic calculi of moderate size.
31	April 26, 1855	Chas. Shepherd	14	Recovery	Encysted stone; oxalate of lime, with a thick deposit of phosphates on the exposed parts; 9 drachms.
32	April 18, 1856	Mr. D. B.	72	Death	An intemperate, paralytic, and purpuric subject; the operation was undertaken at his urgent request, on account of his extreme suffering; he died exhausted on the 3rd day; two lithic calculi, weighing 2½ and 2¼ ounces.
33	Nov. 4, 1856	Mr. J. B.	70	Recovery	
34	Jan. 15, 1857	Jos. Lockwood	22	Death	Lithic acid 4½ ounces; severe hæmorrhage followed the operation; death on 8th day; diffuse suppuration about the rectum, and slight general peritonitis.
35	May 21, 1857	A. Bosomworth	20	Recovery	Mixed phosphatics; he was cut for stone when 2½ years old.

From these tables it appears that lateral lithotomy was performed eighteen times on subjects under the age of puberty without a single death; and that seven cases of stone in the female were treated without a fatal result. We may, then, conclude, as had already been done on a much larger scale, that lateral lithotomy in children, and the various operations

for the removal of stone from the female bladder, may be performed with a generally favourable result.

It is, however, in considering the treatment of stone in the adult male, that the question of the fatality of the operation demands our serious thought. To this part of the subject, therefore, my observations will be chiefly directed.

Stone in the Adult Male.

On referring to Tables 1, 3, and 4, it will be seen that 57 operations were performed on males of adult age, or who had reached the period of puberty, with the following results :—

Cases.		Recoveries.	Deaths.	Death.	Cases.
35	Lateral Lithotomy .	22	13	or 1 in	$2\frac{2}{3}$
15	Lithotrity . .	14	1	or 1 in	15
7	Median Lithotomy .	6	1	or 1 in	7

Table 2.—LATERAL LITHOTOMY IN CHILDREN.

No.	Date.	Name.	Age.	Result.	Remarks.
1	Nov. 15, 1834	James Young	12	Recovery	Phosphatic stone, 5 drms.
2	Aug. 27, 1835	Robert Fryer	3	Recovery	
3	Dec. 17, 1836	Jno. Clutterbuck	11	Recovery	Lithic acid, 1 ounce.
4	Jan. 28, 1841	Master Y.	4	Recovery	Cystic oxide stone, about the size of a filbert; return of symptoms of stone; lithotomy repeated in the following September, when a stone of crystallised triple phosphate was removed; he died three years afterwards of acute inflammation of pleura and pericardium connected with renal disease.
5	July 15, 1841	George Naylor	4	Recovery	Lithic acid and triple phosphate, 3 drachms.
6	Sept. 10, 1841	Master Y.	5	Recovery	Crystallised triple phosphate, 1 drachm.
7	Aug. 24, 1845	Wm. Garfitt	13	Recovery	Lithic acid, 5 drachms.
8	Aug. 30, 1845	Jesse Fowler	$4\frac{1}{2}$	Recovery	Lithic acid and phosphates, 5 drachms.
9	Oct. 22, 1847	George Lund	7	Recovery	Phosphatic stone, $1\frac{1}{2}$ drachms.
10	Nov. 9, 1850	Wm. Hindle	$3\frac{1}{2}$	Recovery	Phosphates, 2 drachms.
11	Dec. 11, 1852	Geo. Goodyear	8	Recovery	Lithic acid, $5\frac{1}{2}$ drachms.
12	Aug. 2, 1854	John Maclean	3	Recovery	Small oxalate of lime.
13	April 26, 1855	Simon Wilson	7	Recovery	Lithic acid and phosphates, 2 drachms.
14	April 17, 1856	Thomas Fisher	9	Recovery	Two lithic calculi, $\frac{1}{2}$ ounce and 3 drachms.
15	April 17, 1856	Wm. Ford	$2\frac{1}{2}$	Recovery	Lithic acid, 1 drachm.
16	July 12, 1856	Josh. Jepson	7	Recovery	Lithic acid, six drachms.
17	May 7, 1857	John Fagan	4	Recovery	Lithic calculus coated with triple phosphate; $2\frac{1}{2}$ drachms.
18	Dec. 2, 1858	Saml. Gomersal	4	Recovery	Lithic acid, $\frac{1}{2}$ drachm.

Table 3.—LITHOTRITY IN ADULT MALES.

No.	Date.	Name.	Age.	Result.	Remarks.
1	Dec., 1836	John Nuttall	56	Recovery	Five operations.
2	June, 1839	Geo. Rushworth	30	Recovery	Three operations.
3	Oct., 1840	Wm. Harwood	68	Recovery	Six operations.
4	June, 1850	Wm. Smith	24	Recovery	Two operations.
5	Nov., 1850	Mr. H.	30	Recovery	Two operations.
6	Dec., 1851	Wm. Myers	49	Recovery	
7	Aug., 1852	Edmund Brooke	59	Recovery	Large lithic stone, indicating $1\frac{3}{4}$ inch by the grasp of the instrument; six operations.
8	Jan., 1853	George Swaine	24	Death	Phosphatic stone; three operations, from Jan. 6 to Jan. 27; death Feb. 10; cyst in bladder and in prostate; ulceration and hypertrophy of right kidney; pyelitis of left.
9	Jan. 7, 1853	Mr. M. A.	75	Recovery	Several calculi about the size of hazel-nuts; twenty-two operations, without any serious symptoms.
10	Jan., 1853	Mr. Q.	38	Recovery	Five operations.
11	Nov., 1853	Edmund Brooke	60	Recovery	He was relieved by lithotrity in August, 1852; has lately had return of symptoms of stone; five operations; the fragments consisted of triple phosphate, and of lithic acid.
12	Feb., 1854	Mr. H.	45	Recovery	Four operations.
13	Aug., 1854	Mr. H. H.	60	Recovery	Seven operations.
14	Feb., 1857	Mr. F.	55	Recovery	Six operations.
15	Dec., 1858	Mr. J.	55	Recovery	Five operations.

Table 4.—MEDIAN LITHOTOMY.

No.	Date.	Name.	Age.	Result.	Remarks.
1	Sept. 12, 1857	Josh. Wilman	61	Recovery	Small phosphatic stone.
2	Oct. 1, 1857	Wm. Redman	66	Recovery	Two lithic stones adapted to each other by a flat surface on each, and extracted as one stone. These conjointly weighed $1\frac{1}{2}$ ounces, and measured $4\frac{1}{2}$ inches in smallest circumferance.
3	Nov. 9, 1857	Jon. Martin	5	Recovery	Lithic acid, 1 drachm and 24 grains.
4	Nov. 28, 1857	John Ward	8	Recovery	Oxalate of lime, 1 drachm 24 grains.
5	July 29, 1858	Henry Cooke	25	Recovery	Oxalate of lime, 5 drachms.
6	July 29, 1858	Josh. Wilman	62	Recovery	Phosphatic stone, 2 drms.
7	Aug. 31, 1858	Henry Green	12	Recovery	Oxalate of lime, 7 drms.
8	Jan. 13, 1859	Wm. Lawrence	40	Recovery	Lithic acid, $6\frac{1}{2}$ drachms.
9	Jan. 27, 1859	Josh. Wilman	62	Recovery	Small phosphatic stone.
10	March 5, 1859	Thomas Bailey	5	Recovery	Phosphates, 1 drachm 5 grains.
11	Aug., 1859	Wm. Topley	7	Recovery	Small oxalate of lime.
12	Oct. 8, 1859	Wm. Greaves	47	Death	A person of remarkably large size across the hips, and very fat. Lithic acid $6\frac{1}{2}$ drachms. Death on 3rd day from infiltration of urine and consequent inflammation of pelvic and subperitoneal cellular tissues.

Table 5.—STONE IN THE FEMALE.

No.	Date.	Name.	Age.	Result.	Remarks.
1	1840	Hannah Squires	28	Recovery	Lithotrity; three operations; perfect recovery.
2	1846	Mrs. G.	60	Recovery	Superficial incision of urethra, and dilatation by Weiss's dilator. In a week after the operation she could retain the urine, but in subsequent years had occasional incontinence when she was out of health.
3	June, 1846	Mary Crosfield	63	Recovery	Simple dilatation; several small calculi removed by bullet-forceps.
4	June, 1849	Miss M.	28	Recovery	Superficial incision and dilatation; stone about the size of hazel-nut firmly grasped by a thickened bladder; permanent incontinence of urine.
5	Feb. 28, 1850	Eliza Robinson	5	Recovery	Simple dilatation; no incontinence.
6	Oct., 1852	Cath. Dauncey	4	Recovery	Simple dilatation; no incontinence.
7	Feb., 1858	Mary Grogat	48	Recovery	Simple dilatation; stone size of a chesnut; occasional incontinence.

Lateral Lithotomy.—These operations were 35 in number, giving a result of 22 recoveries and 13 deaths, or one death in two and two-thirds of the cases. In all these operations I used the knife and straight staff of my lamented friend and teacher, Mr. Aston Key. In all, a free external incision, and merely a superficial notching of the urethral surface of the prostate were aimed at. The next part of the operation consisted in dilating the prostate with the finger, and subsequently, if necessary, with the blunt gorget and the forceps.

Lithotrity.—The cases treated by lithotrity are fifteen in number, of which fourteen recovered and one died. To these might be added one case treated with apparent success by lithotrity. Symptoms of stone, however, speedily returned, accompanied with great irritability of the bladder rendering

lithotomy necessary. This case is placed in Table 1, which is devoted to Lateral Lithotomy.

Of the fifteen cases noted in Table 3, the number of "sittings" in fourteen is recorded. The smallest number being two, the largest twenty-two, and the average number of sittings in each case about six. In all these operations the utmost gentleness of manipulation was practised, and this was much promoted by using a screw lithotrite as small and light as was consistent with sufficient strength. The patient was generally laid on a couch, the pelvis being raised by pillows. Before the operation, the patient was desired to allow the bladder to become as fully distended with urine as it would easily bear. By observing this precaution I have very rarely had to inject the bladder with water. The irritation which the introduction of a second instrument causes was thus avoided; and I have imagined that the bladder is more tolerant of the presence of urine than of the foreign fluid water. For this practical suggestion I am indebted to the writings of Mr. Syme.

After several of the sittings rigors occurred, which passed off without any unpleasant result. In a few instances, they were followed by fever and considerable irritation of the bladder attended with viscid mucous deposit in the urine; but these symptoms generally subsided under the use of fomentations and opiates. Rigors have been less frequent in the later than in the earlier operations. This has, I believe, been due to the practice of giving the patient a glass of hot brandy and water with thirty drops of laudanum, and putting him into a warm bed immediately after the operation. Patients after the first sitting have been required to remain in bed for a day or two, and then allowed to go about, provided there was no fever, nor tenderness in the region of the bladder. After the subsequent sittings they were generally allowed to leave their bed in a few hours. In a few exceptional instances they were so tolerant of the operation that retirement to bed was dispensed with. In the case which proved fatal (Table 3, No. 8) the patient had three sittings. The first and second were borne remarkably well; the third was followed by fever and severe inflammation of the mucous membrane of the urinary passages. After death a cyst was found in the bladder, there was also hypertrophy and ulceration of the right kidney, and pyelitis of the left.

Median Lithotomy.—On referring to Table 4 it will be seen that this operation has been performed by me twelve times, with the result of eleven recoveries, and one death. Of these operations seven were performed on adults, there being six recoveries, and one death. I have also seen the operation performed by several of my friends in Leeds (a). As median lithotomy is now exciting much interest in the Profession, and is on its trial, I propose to enter more fully upon this part of my subject.

From the acknowledged fatality of lateral lithotomy in adults, it is not to be wondered at that Surgeons should feel a restlessness respecting it, and should cast about for some other proceeding which might be fraught with less danger. Hence the rise of lithotrity, which when judiciously practised will, I believe, present in a majority of cases far more favourable results than lateral lithotomy; but still there remains a formidable minority of cases to which lithotrity is inapplicable. Hence, also, the revival of median lithotomy, which seems not unlikely to supersede both lateral lithotomy and lithotrity.

(a) The following is a statement of the total number of cases in which median lithotomy has been performed in Leeds up to the present date, December 1, 1859:—

Cases		Recoveries	Deaths.
1	By Mr. Smith	1	0
12	By Mr. Thomas P. Teale ..	11	1
4	By Mr. Samuel Hey	3	1
4	By Mr. C. G. Wheelhouse ..	4	0
1	By Mr. T. Pridgin Teale, jun. ..	0	1
1	By Mr. Seaton	1	0
23		20	3

Of these operations fifteen were performed on adults, resulting in thirteen recoveries and two deaths. In Mr. T. Pridgin Teale's case the patient was sixty-eight years of age, and had a very large prostate. The stone weighed three ounces and one drachm, and measured in its smallest circumference five inches and a half. There was about the same degree of resistance, chiefly at the external parts, to the extraction of the stone as is usually met with in removing a stone of this large size by the lateral operation. The patient proceeded remarkably well, and was considered nearly convalescent on the tenth day, after which he was seized with two severe attacks of erysipelas, under which he sunk on the fifteenth day. No examination after death was allowed.

It gives me much pleasure to have this opportunity of expressing my acknowledgments to Mr. Allarton, for the good service he has rendered the Profession by reviving and improving Mariano's median operation; and I strongly recommend any Surgeon, intending to adopt this operation, to study carefully the details of it described in his book.

The peculiar parts of this operation are an incision in the median line of the perinæum involving the whole extent of the membranous part of the urethra, and subsequent dilatation of the prostate.

A curved grooved staff, passed into the bladder, is hooked up against the pubes, and held steadily by an assistant. The operator introduces his left fore-finger into the rectum of the patient, so as to feel the apex of the prostate, and by pressure upwards to steady the staff within it. A strong, narrow-bladed scalpel or bistoury is plunged into the perinæum, about half-an-inch in front of the anus in adults, somewhat nearer the anus in children, and is thrust onwards until it strikes the groove of the staff immediately in front of the prostate. It is then carried forwards, in contact with the groove of the staff, so as to divide in its course the whole membranous part of the urethra, and the parts external to it in the median line, to such an extent as may be deemed sufficient to allow the extraction of the stone. The left fore-finger is now withdrawn from the rectum, and is passed deep into the incision to ascertain whether the membranous portion of the urethra has been completely divided, or any part of it, or the triangular ligament, offers resistance to the passage of the finger to the prostatic urethra. Should these structures not have been fairly divided, the knife is again inserted into the groove of the staff, and carried along it from above downwards.

In my earlier operations I aimed at the completion of the incision by one stroke of the knife, and in several instances accomplished it; but of late I have been less careful on this point, and have even preferred using the knife a second time, in order to secure the perfect division of the membranous part of the urethra. I have adopted this practice on account of the difficulty I encountered in an operation on a child, in passing the finger into the prostate. After the usual incision, considerable resistance to the passage of the finger was felt, and I thought it desirable to pass a beaked knife along the staff, thereby making a lateral incision of the prostate, and converting the operation into the lateral one.

On reflecting upon this case, I feel no doubt that the difficulty arose from the imperfect division of the membranous part of the urethra and the fibrous structure which it traverses, and that it would have been removed by running the knife down the groove of the staff. As the same difficulty has also been felt by others, it is desirable, when operating upon children, that the Surgeon should be provided with a beaked guide for the finger, which would more certainly and more easily secure its entrance into the prostate. An instrument of this description was shown me by Mr. Bowman, which he had requested Messrs. Weiss to prepare for him, and which appeared to me well-calculated to answer the purpose intended. Such an instrument would, in operations on children, be a more certain guide for the finger than the bulbed probe used by Mr. Allarton.

In children, the left forefinger of the operator is the best dilator, and generally the only one necessary. In adults, the question of dilatation demands more serious attention, as the finger alone will rarely be found sufficient, and some further mechanical aid will be required.

The instrument which I have until recently employed has been Weiss's three-branched dilator for the female urethra. The branches of this instrument, which expand by means of a screw, are slender, smooth, tapering somewhat towards their free extremity, at which part they measure, when closed, one-fourth of an inch in diameter, and at their base half an inch. They are four inches in length. With this instrument I have operated six times in adults; and in the majority of these cases found it to answer perfectly, but in some it appeared to be rather too slender and too short, although my object was attained by it. Anticipating the inconvenience that might arise from the use of this instrument in a subject extremely fat, or of large size, or with hypertrophied prostate, I consulted with Messrs. Weiss as to the best mode of remedying its defects. It was thought by us that two instruments, in extreme cases, should be used; one precisely similar to the old one, but with somewhat stronger blades, five inches in

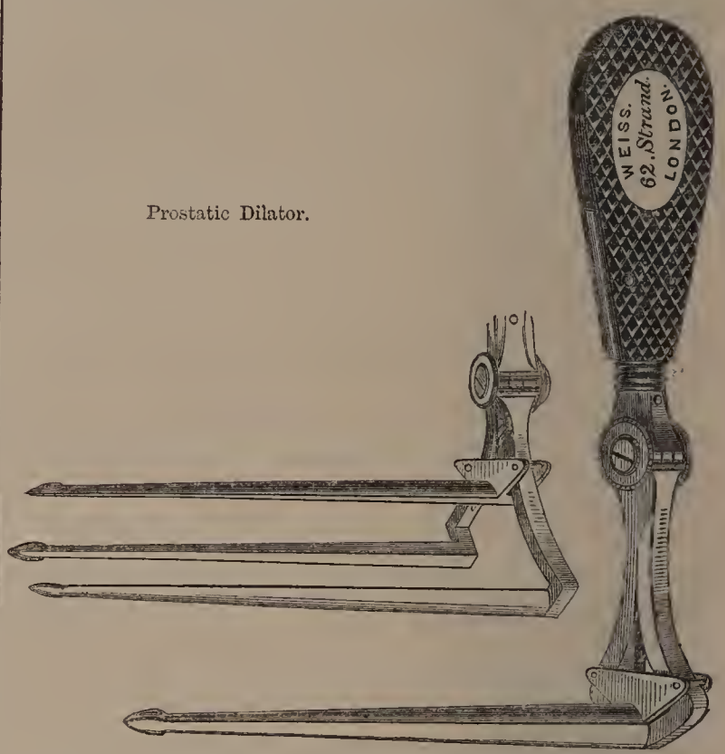
length, and a second instrument with broader blades to carry on the dilatation commenced by the first. These instruments were used, immediately after I received them, by Mr. Seaton, of Leeds, and I had the satisfaction of observing that they performed their duty perfectly. Shortly afterwards I used them at the Leeds Infirmary, in a case of unusual difficulty (No. 12 in Table 4), which I must enter upon at some length.

The patient, aged forty-seven, was of very large size, and enormously loaded with fat. My finger (which, however, is not a very long one) when introduced into the rectum could not reach the apex of the prostate, but could only feel the staff in the urethra anterior to it. Evidently the bladder was very remote from the perineum, but I quite expected that the new instruments would be long enough to reach it easily. The incision was freely made. The long, narrow-bladed dilator was introduced; and, when it was pressed deeply, so that its base was imbedded in the incision, I felt the stone. After dilatation had proceeded sufficiently, the second dilator, with broader but somewhat shorter blades, was introduced within the branches of the former, which was then withdrawn. The blades of the second instrument were gradually expanded, so as to allow of the full-sized lithotomy forceps being passed within them. Contrary to my expectation, I was now unable to pass the forceps onwards into the bladder, on account of an unusual solid resistance to their progress. I imagined this to be owing to the back part of the prostate not having been sufficiently dilated, in consequence of the branches of the second dilator not having reached fairly through the prostate. The staff was again introduced, and the long, narrow-bladed dilator was passed along its groove, and pressed deeply inwards, and expanded. The parts now became sufficiently dilated to allow of the ready passage of the forceps into the bladder, and the stone—not without difficulty, on account of its remoteness from the surface—was seized, and was extracted through the prostate and external parts without any resistance. The stone was of lithic acid, and weighed six drachms. So deeply was it seated, that when it was grasped by the forceps, this instrument, although of the largest size, was buried in the wound to within a finger's breadth of the rings of its handles.

On the third day after the operation the patient died from inflammation of the cellular tissue of the pelvis. The examination after death, conducted by Mr. R. G. Hardwick, House-Surgeon of the Infirmary, affords so instructive a lesson in reference to median lithotomy, that I cannot too strongly invite attention to it. The body of the patient was extremely fat, the abdominal layer of fat being two inches in thickness. The omentum and the sub-peritoneal cellular tissue of the abdomen and pelvis were in like manner extremely loaded with it, and a layer of fat one inch in thickness existed between the prostate and pubes. The bowels were distended with air; their peritoneal surface highly vascular, and there was a very slight quantity of lymph upon it. These appearances were more strongly marked towards the lower part of the abdomen. The cellular tissue of the pelvis, about the prostate and back part of the bladder, was evidently torn open, and was ecchymosed, softened, and much infiltrated with serum. The prostate was of natural size and structure. Its urethral surface exhibited, towards its vesical extremity, three wounds corresponding with the free extremities of the dilator, which, however, had not been long enough to reach fairly beyond the prostate. An instrument passed through the external wound into the bladder, showed that the distance from the perinæum to the cavity of the bladder was five and a-half inches. The facts thus disclosed enable me to give the following explanation of the case. Owing to the extreme distance of the cavity of the bladder from the surface, namely, five inches and a-half, the long, narrow-bladed instrument, five inches in length, could only just reach the bladder when imbedded in the wound. As expansion proceeded, the instrument unavoidably receded to a small extent; the free ends of its blades thus became lodged within the prostate, and bore forcibly upon its mucous membrane. Three wounds were thus produced, which, however, in the aggregate, were not more extensive, and were no deeper than the incision made in lateral lithotomy. It further appears that the second and shorter dilator, introduced into the track of its predecessor, as soon as expansion was commenced, receded from the grasp of the prostate; and in its subsequent expansion, acted upon and tore up the cellular tissue between the prostate and rectum.

On reflecting upon this case, I feel convinced that, if I had been so fortunate as not to be possessed of the second broad-bladed dilator, and had thus been compelled to continue the dilatation to its full extent with the longer narrow-bladed instrument, the operation, even in this unfavourable subject, would have been completed without material difficulty; and that the wounds of the prostate would not have subjected the patient to greater risk than the wound of this part inflicted by lateral lithotomy.

Availing myself of the information thus obtained, I have decided upon using, in future, one dilator only, and for this purpose have had another narrow-bladed instrument constructed by Messrs. Weiss, stronger and longer than the former one. The blades of this instrument are five and a-half inches in length, terminating in a slight bulb, which would check the tendency they might otherwise have to recede from the bladder. The dimensions of the instrument, of which the engraving gives a good representation, are the following: The blades five and a-half inches long, their conjoint diameter when closed, three-quarters of an inch at the base, and half-an-inch at the bulb.



Prostatic Dilator.

The Act of Dilatation next requires careful attention, as upon its efficient performance the safety of the patient mainly depends. The dilator being introduced, the staff withdrawn, and the handle of the dilator turned up towards the abdomen, the Surgeon, or an assistant, slowly, and at short intervals, expands the blades of the instrument. The prostate generally offers only moderate resistance, while the chief obstacle to expansion exists in the parts external to it, namely, the fibrous structures of the perinæum. The chief pain in this part of the operation is caused by the stretching of these fibres. To facilitate, therefore, their yielding, and to diminish the pain, they should be gently touched with the edge of the knife, either inferiorly or laterally. When the dilatation of the parts external to the prostate has been carried far enough, it will be found that the prostate itself has not been dilated quite to the same extent, on account of a slight yielding of the free extremities of the instrument; but it will generally have yielded enough to allow the large lithotomy-forceps to be introduced into the bladder, between the blades of the dilator, which may then be withdrawn. Should the stone be found to be very large, the blades of the forceps may be used for still further dilating the prostate. This is easily effected by withdrawing the forceps a little and then expanding its blades by repeated gentle efforts. The stone being seized, the process of extraction is effected by a moderate rotatory and tractile force, aided, when necessary, by slight touches of the bistoury applied to resisting bands of fibrous structure. It is better thus to overcome the resistance than by violent traction.

In this operation, as in the lateral, it is important to use forceps of rather large size relatively to the subject, as the stone is more easily seized by a large than by a small forceps. The blades, being smooth and broad, greatly protect the parts traversed from the rough surface of the stone.

Concluding Remarks.—It is an interesting question,—By what process the prostate, in median lithotomy, is widened so as to allow of the extraction of a stone through it? Is it by dilatation, or by laceration, or by both? At present, I presume, this question cannot be answered. Extensive observation, after death, of fatal cases can alone solve it. Experiments on the prostate in the dead body would prove little, as there is, I doubt not, a wide difference in the dilatability, and in the proneness to laceration, of the living and of the dead prostate. It is, however, probable that in the living body the process which suffices for the extraction of a stone of moderate size is one of simple dilatation; and that, in the case of a large stone, it is attended with some solution of continuity both of the mucous membrane and of the proper structure of the prostate. But, in this respect, it will only be analogous to that which must take place, from the forcible stretching of these parts, when a large stone is removed by lateral lithotomy; and moreover, it is unattended with the casualties incident to a deep thrust of the knife.

As to the relative fatality of the two operations, which alone can determine their respective merits, it is too early to speak. Prolonged and varied experience of the median is required. But, when the lateral operation in adults is known to be attended with a sad fatality, it is the clear duty of Surgeons to try fairly other methods which afford a reasonable hope of better results. If the median should hereafter prove to be less fatal than the lateral, it must of necessity supersede it. If, on the contrary, the results of the median should be less favourable, it will become our bounden duty to relinquish the median operation.

As far as my own experience goes, the result of six recoveries in seven operations on the adult is favourable to the further testing of its merits. Difficulties may and will arise; but we must ascertain whether such difficulties are or are not insuperable.

It has been supposed that the median operation is applicable only to cases of small stones. My own impression is, that the largest stones, admitting of being extracted through the perinæum, may be removed by the median quite as readily as by the lateral operation, provided that the resistance afforded by tense perineal fibres be relieved by gently touching them with the knife. In Case No. 2 of Table 4 there were two stones, conjointly resembling in form an egg cut in two. These were seized and extracted as one stone, and were removed with perfect ease. They conjointly weighed 1½ ounce, and measured four and a quarter inches in their smallest circumference. The stone which I saw my son extract weighed 3⅛ ounces, and measured five and a-half inches in its smallest circumference. This stone, as I have already stated in a note, was removed with about the same degree of extracting force as is usually required in the lateral mode.

It is stated by some Surgeons that the operation is nearly bloodless. I have seen cases in which scarcely any blood was lost; but in most instances the bleeding at the time of operation was about the same as in lateral lithotomy. The subsequent draining, however, was much less. But, if bleeding of a more formidable character should occur after the median operation, we may feel assured that it does not proceed from large or from deep-seated vessels; and, moreover, the bleeding vessels may be rendered accessible to ligature or compression, by the aid of the three-branched dilator. In some cases I have thought that the stone was not seized so readily in the median as in the lateral operation; but on this point I would reserve an opinion until I have had further experience.

In conclusion, I will take a brief survey of the changes that have occurred in my own views and practice, as to the treatment of stone in adult males, since my first operation in 1826. These successive phases may be thus arranged:—

1. Lateral lithotomy in all cases.
2. Lateral lithotomy the rule, lithotrity the exception.
3. Lithotrity the rule, lateral lithotomy the exception.
4. Median lithotomy the rule, lithotrity the exception.

In the early part of my practice lateral lithotomy was alone thought of. As soon, however, as lithotrity received its last great improvement from the introduction of the screw-lithotrite, I adopted the operation; first in select cases where the stone was small: afterwards it was extended to stones of larger size, until it became, in my estimation, the operation to be generally preferred, leaving, however, a large number of exceptional cases, in which the stone was great, or the prostate much enlarged, or the bladder highly irritable, for lateral lithotomy. The next change was caused by the revival of median lithotomy in an improved form; and from the limited experience I have yet had of this operation, I feel a strong conviction that it will be the one which I shall generally adopt, leaving lithotrity to the few exceptional cases suitable for it, in which the patient has an insuperable objection to the knife.

It may be asked, Why was lateral lithotomy superseded in part by lithotrity? In reply, it may be said that the acknowledged fatality of the former operation induced Surgeons to test the value of any other proposal which held out a better hope of success. In my own practice, thirty-five operations of lateral lithotomy in adults were attended with thirteen deaths, or one death in two and two-thirds of the cases. By the introduction of lithotrity, the result is improved by the addition of fifteen cases, with only one death, giving a result from lateral lithotomy and lithotrity conjointly, of fifty operations in adults, with fourteen deaths, or one death in three and a-half cases.

If the question were now asked, Why I would resort to any other operation when lithotrity has furnished me with a result of fifteen cases with only one death, I would reply, that in each case so treated, the patient has generally had to submit to several operations or "sittings," and that any one of these sittings might have been, as some of them were, followed by symptoms severe enough to cause serious anxiety.

In the hope of diminishing the risks to which, from the plurality of operations, the patients subjected to lithotrity are exposed, and of obtaining better results than lateral lithotomy affords, I have been desirous of giving a fair trial to the median operation.

I have now operated on adults seven times, three of these operations being performed on the same individual. The result of these has been one death in seven operations. If such a proportion of success can be maintained, it would be a great gain, as far as my own experience goes, upon lateral lithotomy, or even upon lateral lithotomy and lithotrity conjoined. I have great expectation that such will be the result; for, if we except the fatal case already described, presenting extraordinary difficulties, which might probably be overcome hereafter, the remaining six recovered so favourably that it was difficult to believe the patients had been subjected to a grave operation. They formed a marked contrast with the adult patients who had undergone lateral lithotomy, and who subsequently recovered.

I have no hesitation in extending the median operation to children, although lateral lithotomy in children has presented me a result of eighteen operations without a single death. Yet a considerable number of these patients were seriously ill, and caused me much greater anxiety than has been felt for the few young subjects whom I have seen under the median operation.

Leeds.

PERSISTENCE OF PREGNANCY DURING AND AFTER UTERINE PHLEBITIS.

By LOUIS R. COOKE, M.R.C.S.E.

Assistant-Surgeon to the Royal Pimlico Dispensary.

The accompanying case illustrates so forcibly the tenacity of life which is sometimes exhibited by the fœtus in utero, under unfavourable circumstances, that I have thought it worthy of publication.

Mrs. A—, a lady, aged 22, has one living child, three years old, since the birth of which she has repeatedly aborted. The abortion, in each case, being attributable to some shock or violence accidentally applied. Her pregnancies have all had this peculiarity,—that she has never been made conscious of them by any symptom, except increase of size, until the period of delivery, although she has twice borne the fœtus up to the time of six-and-a-half months, exclusive of the occasion on which she bore the living child. Her menses have never ceased, nor even been perceptibly affected by pregnancy; nor

does she remember to have experienced any indication of quickening, nor to have felt the subsequent movements of the fœtus. Eleven weeks ago, I was called upon to attend her, she having aborted, in consequence of having been turned over in a carriage. The fœtus, as nearly as I could judge upon a rather cursory examination, was of about two months. Her recovery progressed favourably until the eighth day, when the following symptoms began to appear:—tenderness over the lower part of abdomen, increased greatly by deep pressure, dry skin, loaded tongue, thirst, a painful state of the mammæ, and a hard pulse of 105 in frequency, with great diminution of the lochial discharge, and extreme tenderness of the uterus, as felt per vaginam.

I treated this as a case of impending hysteritis, for a few days, when the next noteworthy set of symptoms made their appearance, consisting (in about their written order) of throbbing pain in the left groin, some fulness and tenderness in the course of the left femoral vein, pains (increased at night) in the joints of the extremities, which she attributed to rheumatism, a sense of putrid smell and taste, which was a source of constant harassment to her, and a discharge of a greenish colour and grumous character, from the vagina, which, she said, partook of the smell which was so constantly present in her nostrils. Coincidently with these, her strength and appetite failed, her tongue became dry and brown, some traces of sordes made their appearance, her pulse reached 115 in frequency, and decreased in volume and force, her skin assumed a cachectic, almost cadaverous appearance, and two small abscesses formed on the fingers of the right hand. Having emptied the bowels by a cautious purge, I began to administer quinine in doses of five grains twice a-day, and allowed her a liberal amount of stimulants in the form of Port-wine, and the egg-mixture of the Pharmacopœia. Under this treatment, she gradually recovered, and went into the country for change of air. Here was, apparently, an end of the case; and I think it must be conceded to have been one presenting unmistakeable signs of hysteritis, and subsequent purulent absorption. On her return from the country, however, about a week ago; she summoned me to give an opinion on the gradually-increasing size of her abdomen, and the occurrence of pains, which, she insisted, were those of incipient labour, and which had commenced during the day. Finding that the bowels were in a constipated state, I directed her to take a tablespoonful of castor-oil, and left her, to be recalled on the next day, when the pains had assumed greater force and frequency. Upon examination I found the os uteri dilated to the size of a crown-piece, and a funis protruding, the abdomen of the fœtus presenting. Gradually dilating the os, I turned and delivered by the feet. It proved to be a fœtus of five months, showing scarcely any signs of decomposition, and unquestionably therefore twin with the one which had been expelled eleven weeks before.

She can give no reason for the last abortion, her health having been good, and she has no recollection of anything which can be construed into an exciting cause. It can readily be understood, however, that a woman having no suspicion of her pregnancy would fail to notice an amount of violence or exertion to which her attention would have been drawn had she known her condition, and been desirous to observe caution in reference to it.

35, Charlwood-street West, Belgrave-road.

CASE OF HYDROCELE TREATED BY THE IRON-WIRE SETON.

By J. B. THOMSON, L.R.C.S. Edin.

Resident-Surgeon of the General Prison of Scotland, Perth.

History.—F. H., aged 20, a labourer, has a hydrocele about the size of a small cocoa-nut, otherways he is in the possession of good general health and a sound constitution. Although a prisoner, he does not belong to a class whose system may have been depraved and deteriorated by excesses of any kind; his offence being that of taking part in a riot.

The cause he assigns for the hydrocele is a blow received in a scuffle nine months ago; the swelling gradually increased in that time, but more rapidly of late.

September 17, 1858.—In consultation with Dr. Malcom it was agreed to try the operation of simple acupuncture, and I pushed into the hydrocele, at different parts a middle-sized needle, which was followed by a drop or two of serum.

18th.—The swelling disappeared in less than thirty-six hours. The testicles were examined, and ascertained to be sound.

December 4, 1858.—The hydrocele had again accumulated to its former size, and it was resolved to try the method recommended by Professor Simpson, who kindly sent iron-wire for the purpose. A hæmorrhoidal needle was pushed from below upwards through the swelling, and the eye when emerged was armed with a double wire, and drawn backwards along the sac. The two wires were then clipped, and the upper and lower ends intertwined, avoiding any stricture or strangulation of the parts. The wires were withdrawn on the fourth day, when the swelling had gone, and it was hoped a radical cure was effected.

12th.—Symptoms of violent inflammation have supervened. This went on to suppuration of a severe and troublesome character, and lasted for four weeks. After the parts healed it appeared that there was thickening of the scrotum and obliteration of the sac below the points from which the wires had passed, but no complete cure. The hydrocele again formed, and filled at the upper part of sac, which never had been obliterated.

February 19.—Fluid accumulating.

March 26.—The sac again enlarged to the size of a small cocoa-nut; a second time the operation by the iron-wires was tried; the needle, at this time being armed with four threads of wire, being withdrawn on the third day. In two hours after the operation the fluid was all off. Inflammatory action followed in a few days after the withdrawal of the wires, more violent than at the former operation. For a month the patient was unable to leave his bed, and twice I had to give exit to matter in the scrotum by free incisions. Several abscesses took place, and at the upper opening, through which the wires were passed, the most troublesome of the abscesses took place, and was laid open April 26, 1859.

May 10.—This patient is pronounced well and cured.

June 25.—The cure seems radical, no threatening of a return.

Remarks.—The painful history of this case (after having heard much favourable testimony as to the iron-wire treatment) led me to suspect that the hydrocele was complicated with some other disease. But the most careful examination of the parts by Dr. Malcom and myself could not disclose any proof that this was other than a common case of hydrocele. It now appears that other Surgeons have met with similar cases adverse to this mode of operating.

What was the cause of failure in the foregoing case? Was the hydrocele bilocular and complex in character? Were the wires kept in too long? Was there a fault in the number of wires employed? Wherever the *origo mali* was, I know not, being content to state the facts and the results. One or two conclusions are unavoidable, viz. That violent inflammation may and does follow the use of iron-wire setons; and that even this violent inflammation may fail altogether to obliterate the cavity of the tunica vaginalis.

As to the controversy betwixt Drs. Gillespie and Young, are we to condemn altogether this operation without further experience or induction? Although our experience leads us not to commend, yet it is not fair altogether, to condemn the iron-wire setons. This is a matter of opinion. We are all too ready to jump at conclusions instead of merely stating facts. To such questions as those before us, one of our greatest English logicians, Bishop Butler, would say, "I have often wished that it had been the custom to lay before people, in matters of argument, nothing but premises."

Perth.

SALE OF VACCINE VIRUS BY A PHYSICIAN IN THE UNITED STATES.—A very common advertisement in the *Boston Medical Journal* is that of a Dr. Henry Martin Roxburg, Mass., who announces his readiness to forward vaccine virus of guaranteed freshness, purity, and efficiency, to any part of the United States, at the following rates:—Ten quills, prepared in such a manner that the lymph cannot chip off, for one dollar; and recent crusts, resulting from the drying of perfect, unruptured, and uncomplicated vesicles, securely mounted in gutta-percha, so that they can be used with great facility, without breaking or waste, one dollar each.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

CLINICAL REPORT ON FAVUS.

(Continued from page 557.)

Nomenclature.

The disease under consideration in the present Report has been described under a great variety of names. Porrigo favosa, Porrigo lupinosa, True Porrigo, Tinea favosa, Favus, Tinea Maligna, Tinea lupinosa, Porrigophyta, Crusted or Honeycomb Ringworm, and *Teigne Faveuse*, are a few of them. To make the confusion still greater, most authors have unnecessarily divided the disease into several varieties; thus, one of the most recent (Bazin) has a *Teigne faveuse urceolaire*, a *Teigne faveuse scutiforme*, and a *Teigne faveuse squarreuse*. As these qualifying adjectives refer, not to any real difference in the nature of the disease, but simply to accidental conditions of the crust in individual cases, there is not the least real use in admitting them. The term Favus is short, easy of remembrance, has never been applied (excepting by mistake) to any other disease, and describes one of the most prominent features of the eruption (the yellow colour of its crust). It has, moreover, more of authority in its support than any one of the others; and as it is not, like them, at all open to the risk of being misunderstood, it is by far the best that can be applied to this disease. If it is wished to describe the eruption in any particular case as being in large confluent patches, or in small scattered ones, it will be easy to say so in Saxon English, without loading the subject with the learned but confusing appellatives mentioned above.

The Pathology of Favus.

In 1841 Gruby discovered that the crusts of favus consist of the sporules and thalli of a fungus to which he gave the name of Achorion Schönleinii. His observation has been confirmed by the unanimous testimony of all who have since examined the disease. The writer has examined microscopically favus-crusts from at least thirty patients, and has invariably found them to consist almost wholly of the fungus in question. It has been figured by Dr. Corrigan, Mr. Wilson, M. Bazin, Wedl, Kuchenmeister, Dr. Beale, and Dr. Bennett, besides probably some others; and the illustrations given by all these, though exhibiting different degrees of artistic skill, coincide most closely. The woodcut here introduced is from a sketch made by Mr. Tuffen West, and shows very correctly the appearances commonly met with when a small fragment of the crust is mixed up with water, and examined with a quarter-inch power. Two elements are seen—sporules and thalli, the first consisting of oval highly-refractive cellules, either single or coherent; the second of prolonged and branching threads. If a small favus-crust be carefully removed entire from its bed, it is seen to be evenly-rounded in its deep surface, and slightly moist, as if it had been moulded in a little shallow cup. If the deeper and moist layers be selected for microscopic examination, the thalli will be found very abundant indeed, but nearer the upper dry surface, which has been exposed to the air, the sporules abound, and the thalli are very sparingly met with. In a vast majority of cases no suppuration, either in or beneath the favus-crust, can be detected, nor does the microscope discover any pus cells. It is a singular and important fact that the crust is made up of fungoid growth and granular matter, containing, as a rule, neither pus nor epidermal elements. The surface from which a crust has been removed does not bleed, nor is it abraded; on the contrary, it looks smooth, florid, and glossy, as if covered by a very delicate epithelial layer, which, no doubt, is the case. When the favus scabs are small and single, they are round and about a quarter of an inch across, while in the centre of each is seen a single hair. When, as is most often the case, the crusts are confluent and constitute a large irregular patch, hairs are still seen coming through them at parts and the arrangement of the single original spots, each with its central hair, may still be made out. There can be little doubt but that the opinion held by some authorities that the fungus developes itself *within the hair-follicles*, is correct. It would appear to grow from the epithelial lining of these cavities, which it fills and distends, opening their orifices and so expanding them, that instead of presenting the tubular form, they come to form shallow, round basins, each with a hair passing down its centre. The accompanying drawing, copied from Mr. Erasmus Wilson's work, will elucidate these statements.

The Results of Favus.

If favus exist, as it usually does, for a long time, it effectually destroys the bulbs of the hairs whose follicles it infests. The result is, that the hairs are not reproduced, and that the patches remain bald, and the scalp thinned, glabrous, and in a semi-cicatricial condition. Very usually the scalps of adults who have suffered from the disease throughout their early life are almost wholly bald, or with only a few tufts of thin, dry hair, or, what is often seen, merely a fringe of hair surrounding the borders. This state of things is easily recognisable to one familiar with it, and even although no crust be present, may be very confidently identified. The cicatricial appearance is not caused by any actual scar, but is due to the thinning of the scalp tissues, consequent on the absorption of the hair bulbs and follicles, and the fat in which they are embedded. When favus attacks other parts of the body, it still developes itself in the hair-follicles, and from their shortness it is in such case a much more superficial disease, and far easier of eradication, than when it affects the scalp.

The Inveteracy of Favus.

Many and very various have been the remedies vaunted for the cure of favus. Most of them have, however, acquired their repute from errors in diagnosis, and from having been tried in diseases of a very different nature. In the descriptions which writers have given of the effects of "successful remedies for favus," there is in nine cases out of ten internal evidence that they did not refer to the affection to which alone that name ought to be applied. Of those authors who have made exact diagnosis, almost all admit that it is a most inveterate disease, often baffling every remedy. If the patient be seen whilst the disease is but just commencing and is limited to a single spot, more especially if that spot be on some part other than the scalp, a cure by prompt resort to cauterisation is easy. If, however, the scalp be extensively affected, such treatment is out of the question; although by the use of parasiticides in their various forms the affected parts may easily be cleaned and kept free from crust, yet a cure can scarcely be hoped. Over and over again have we met patients who had been discharged a few months before from one Hospital, as well, under treatment at another. The first case which the writer ever saw was that of a man, an out-patient at the York County

Hospital, fifteen years ago. This same man he met several years subsequently at St. Bartholomew's Hospital; again, a year or two later, at the Hospital for Diseases of the Skin; and for a fourth time at the Hull Infirmary; and there is reason to believe that he is still uncured.

Of the cases in our list, five (Nos. 12, 19, 21, 23, and 30) come in the category to which we have just alluded, of those easily curable, the disease not having in any of them lasted more than a week or two, and in none having attacked the scalp. In four others (Cases 3, 9, 26, and 34) no note has been preserved as to the duration of the affection. Placing these, then, aside, we have 35 cases, and of these the average period of duration, at the time they came under observation, had been *nearly seven years*. In this statement we have a fair measure of the inveteracy of the affection in question, since, from its loathsome character, it is one which almost always causes attentive and persevering attempts at cure. In one of the cases it had existed eighteen years, in spite of all treatment; in two others, sixteen years; in two, fifteen; and in four, twelve.

The explanation of the inveteracy of favus is to be found in the fact that it infests the hair follicles, and is, therefore, with difficulty accessible to parasiticides. It is easy enough to kill the fungus wherever it shows itself superficially, but to destroy completely its concealed spores, after it has once obtained fair possession of the scalp, seems, from experience, almost impossible.

Age, Sex, and Social Condition in respect to Comparative Liability to Favus.

The writer has never yet witnessed favus in any one above the poorer class. The subject of Case 33 was a respectable farm labourer's wife, and the highest in the social scale in whom he has as yet seen it. Mr. Startin has informed him that he has but once seen it in private practice. Dr. Corrigan, Mr. Erichsen, and Mr. Erasmus Wilson all agree in the statement that it is only seen among the poor.

Our list of cases comprises eight in which the patients were Jews. Excluding three reported by Dr. Corrigan in Dublin, we have, of the thirty-five observed in England, five in which the patients are expressly stated to have been Irish. One of those recorded by Dr. Bennett, as having come under his observation in the Edinburgh Infirmary, was a Hindoo. It seems not improbable that individuals of Saxon parentage are somewhat less liable to favus than are either the Jews or Irish. The Jews appear to be especially prone to suffer from it. Dr. Corrigan writes that the disease is very rare in Ireland, and that, with unusually large opportunities for observation, he had not in the course of his life seen more than 30 cases. It would, however, require a very prolonged period indeed at any of our London Institutions, excepting, perhaps, that for Disease of the Skin, to collect as many as 30 examples of it. During five years' practice at the Metropolitan Free Hospital, the writer has seen but 10 cases, and of these, in 5 instances, the patients were Jews. It must be explained that at this Hospital, from its position, an unusually large proportion of Jew patients attend.

With regard to sex, we find that in 19 of our cases the patients were males, and 25 females. If we make allowance for the circumstance that girls are more likely to be persevering in seeking the cure of their malady, it would seem a legitimate conclusion, from these proportions, that sex exercises no influence in predisposing to it.

The ages of the patients in our series varied from 7 months to 17 years. We refer, of course, to the age at which the disease was reported to have begun, not to that of the sufferers at the time they came under notice. The average age at the date of attack was seven years. In several in which the age was stated to be unusually high, it may be suspected that the accounts given were not very precise. It is quite clear from the whole that favus is a disease which, although occasionally protracted into adult life, almost invariably begins before puberty, and usually in childhood. The entire series does not contain a single instance in which it began in an adult. That it may, however, be communicated to adults by artificial inoculation has been proved by several experimenters.

Does Favus usually occur in connexion with Debility, or with any Marked Form of General Cachexia?

This question has been rather hastily, and, for the most part, on conjectural and *à priori* reasoning, answered in the affirmative by most writers. Thus Dr. Corrigan states, "To favour its propagation, poverty and sickliness must first have reduced the body to a fit state to constitute the nidus of a parasitic plant." We admit that it occurs chiefly among the poor, but cannot grant that it does so because they are especially sickly. Surely, if sickliness and enfeebled vital power were sufficient, we ought now and then to see it among the middle and upper classes. Mr. Wilson considers "defective nutrition" to be the "real cause of the disease." Dr. Jenner, on the other hand, states that the patient on whose case his clinical lecture was based was "in excellent health," and M. Bazin boldly calls the current doctrine in question, and avers that most of his patients were "of a robust constitution."

We will arrange the cases given in our table into four groups, with regard to their general health:—

1st. Those in robust health, the number of which is 25—Cases 2, 3, 6, 8, 9, 10, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 28, 30, 31, 32, 33, 41, 43, and 44.

2nd. Those in moderately good health (4 cases) — Cases 4, 5, 12, 15.

3rd. Those in delicate health, but having no special disease (7 cases)—Cases 1, 7, 11, 34, 35, 36, and 38;

And 4th. Those exhibiting signs of scrofula (comprising only a single instance)—Case 29.

We cannot but think that these facts furnish a tolerably conclusive answer to the question we have proposed. If an equal group of young persons were taken hap-hazard from the London population, we doubt much whether it would present a better average of health. While it is thus shown for certain that a large majority of those who suffer from the disease enjoy excellent general health, there is the converse fact, that multitudes in every walk of life exist whose vital stamina have been reduced very low indeed either by disease, diet, or starvation, but who yet do not show favus. A third class of facts must also be cited which tends in the same direction, namely—that it is not possible to modify the course of favus, much less to cure it, by attention to the general health. Among the cases which we have reported is one at the Hospital for Diseases of the Skin, the subject of which was a girl, under Mr. Startin's care, whom the Committee, from charitable motives, engaged as under-servant in the establishment. She was, of course, well fed and cared for, and the rapid improvement in her health bore ample testimony to the effects of the change of home. She remained, however, for two or three years in the Hospital without any advantage to her favus excepting what was temporarily obtained by the use of the sulphur ointment. It was quite clear that her improved nutrition exercised no influence whatever on her local affection. Many of the patients whose cases are recorded in our table, although in the poorer rank of life, had been in every respect well and sufficiently fed.

Has Favus any Connexion with Scrofula?

The answer to this question may perhaps be considered to have been given above; we wish to consider it, however, rather as having reference to tuberculous affections than to mere debility and depraved nutrition. Chronic swellings of the glands of the neck, not caused by distal sources of irritation, are probably regarded as, *par excellence*, the characteristics of scrofula. Now in favus of the scalp there always exists a distal source of irritation to the lymphatics, from which we should expect that now and then enlarged glands would result. We readily admit, however, that this eruption, unlike the common form of porrigo, does not generally cause engorgement of the lymphatics. If chronic suppuration in these glands should occur in the course of favus, we should be quite willing to admit that it was probably due to what is known as scrofulous taint of the constitution, and not to the eruption. Let us see how often, as a matter of clinical experience, this does occur. Of the whole forty-four cases, it is noted to have done so in but one instance (Case 29). In a second (Case 26), it is stated that the glands in the neck were slightly enlarged, but with the express qualification that the patient's aspect was "not strumous." It is true that in only about half the cases have we positive statement that the patient was not strumous; but, as we have included none the notes of which were not in some detail, it is fair to suppose that, had such a condition as suppurated glands existed in any of the others, it would have been adverted to. On the contrary, in most of these cases there is a conclusive statement that the patient was in good health. In

four cases the following expressions are respectively employed:—Case 24, "Thick-lipped, pallid, and rather strumous in aspect." Case 34, "Decided strumous diathesis; no active struma." Case 35, "Scrofulous aspect." Case 36, "Scrofulous and cachectic appearance." Now, we would venture to submit, that these expressions are not stronger than might be expected to apply to at least an equal proportion of any similar group of young persons brought together by accident; and their paucity in number, as well as deficiency in strength, is fatal to the notion that favus occurs by preference in those of tuberculous diathesis. We have not a single instance of phthisis in a favus patient, nor do we know of one on record. Conversely, we all know how common are the subjects both of phthisis and of advanced scrofula among our Hospital out-patients, and that they none of them become in consequence the subjects of favus also.

If favus were a disease induced by constitutional causes, whether by mere debility or by that diathesis known as struma, then it ought to be a not infrequent affection, and ought also to be met with in the most marked examples of those conditions; whereas the reverse of both these inferences is true. It is very rare, and it occurs for the most part in persons of good health.

Is Favus ever transmitted Hereditarily?

From the line of argument which we have held throughout this Report, our readers will be quite prepared for a denial of the probability of the hereditary transmission of favus. We should, indeed, not allude to such an hypothesis, were it not that it has been mentioned by several authorities. The following is the only case which we possess bearing upon the question:—

E. and H. H., two sisters, aged respectively 12 and 7, came under our observation at the Hospital for Diseases of the Skin, on March 24, 1853. Favus existed in a most characteristic condition on the scalp of each. In the elder child it had been present for seven years, and in the younger one for only three months. Their mother, who came with them, stated that she had suffered from the same disease from early childhood up to her twenty-second year. Her statement was confirmed by the existing condition of her scalp. Her head was quite bald, with the exception of a fringe of very thin hair on the forehead; the integument being thinned, bright and glossy, in that semi-cicatricial condition usually left by cured favus. She stated that her father had suffered from the same disease in his whiskers and moustaches, and that it had lasted until his sixtieth year. Her grandmother had also had it on her scalp. One of her sisters also had it up to the present time, and two of this sister's children had been affected by it and got well. In Mrs. H.'s own family there were five children, besides the two suffering from the disease, and none of the others had ever had any form of cutaneous complaint, although their intercourse had been unrestricted. It is, of course, very doubtful whether the disease in all these instances was true favus or not. In the grandfather's case, in all probability, it had been sycosis only; but, even admitting the correctness of the woman's opinion, there is no reason for resorting to the theory of hereditary transmission, since it is manifest that opportunities for direct contagion must have occurred.

JONATHAN HUTCHINSON.

(To be continued.)

CASES OF PHANTOM TUMOURS.

METROPOLITAN FREE HOSPITAL.

HYSTERIC TYMPANITIS, OR PHANTOM TUMOUR OF VERY LARGE SIZE.

(Under the care of Dr. RAMSKILL and Dr. JONES.)

A very interesting example of hysteric tympanitis developed to a most unusual degree, has been for several years occasionally under notice at the Metropolitan Free Hospital. The subject of it is a girl, aged 19, unmarried, of peculiar physiognomy. Her countenance is expressive of intense morbid self-concernedness, the eyes downcast, and her aspect indicative of moral duplicity. She was originally under the care of Dr. Ramskill, and for some months was an in-patient, in order that her case might be thoroughly observed.

The following notes of her case as to her state were made on Sept. 19, 1857.

"Her abdomen presents pretty exactly the appearance of a seven months' pregnancy, and her father even went to the length of turning her out of his house on the supposition that such was her condition. She applied to several Medical men, and very different opinions were expressed. On admission, it was found that the abdomen, although round and full, was of clear percussion note in every part, that the umbilicus was depressed instead of protruding, and that no tumour whatever could be felt. On vaginal examination the uterus was found small, and its cervix of due length. Respecting the absence of any tumour in the abdomen, some caution must be exercised in giving an opinion as she invariably holds the muscle so tense and board-like, that pressure cannot be made with any satisfactory results. At times the abdomen will appear to be larger on one side than on the other, and the external contour as a very large ovarian cyst is very exactly simulated, but then there always remans the clear percussion note, which is inconsistent with such a supposition."

The girl has since been in several other Hospitals; and she states that at one she was strongly urged to submit to the operation of paracentesis. Latterly she has again been attending at the Metropolitan Free, under the care of Dr. Jones. The prominence of her abdomen is now such that anyone not having witnessed the trial of chloroform, might well be excused for entertaining the utmost scepticism as to the possibility of its disappearance. It exactly resembles that of a patient at the full period of pregnancy. The eye of a careful observer may, however, detect some differences between the girl's bearing, and that of a pregnant or dropsical person. Her back is more arched, and her gait has less of the swinging motion from side to side—"waddling"— a difference no doubt due to the fact that she has no real weight to carry. About two weeks ago, in order again to make a thorough and satisfactory examination of the state of things, she was put under the full influence of chloroform.

"The abdomen rises evenly in all directions, and is most prominent about two inches below the level of the umbilicus. A brown streak extends from the umbilicus to the pubes. The area of clear tympanitic resonance extends over the whole front of the abdomen. The measurement over the most prominent part is thirty-three inches and one-third. Posteriorly both loins are dull on superficial percussion, the left side being entirely dull, even on the deepest percussion, while on the right a forcible stroke elicits a decided degree of resonance. As unconsciousness was supervening, under the influence of chloroform, the abdomen at once flattened, until not the slightest appearance of tumour existed. It was soft in all parts, and the promontory of the sacrum could very easily be felt. No escape of flatus was noticed.

"The abdomen now measures only thirty-one and a-half inches. Examined per vaginam the cervix uteri was found to be long, and in every way healthy; the uterus was freely moveable. Fæces are felt in the rectum, and a mass the size of a small egg, to the left side, about which some difference of opinion existed as to whether it was fæcal or otherwise. As the influence of chloroform was passing off, the abdomen quickly resumed its original state, and in a few minutes, after, when she had regained consciousness, it was nearly as prominent as ever. She took the chloroform remarkably kindly, and recovered from its effect very quickly."

One of the interesting features in this case is its long continuance. All forms of anti-hysteric remedies have been exhausted upon it without the slightest result. Marriage is, indeed, in all probability, the only remedy which can be expected to influence a condition which partakes more of moral than of physical derangement. Several similar cases have recently been under our notice, in one of which the patient has been told by several Surgeons that she is the subject of ovarian dropsy. In this instance, also, as in the above, the patient is unmarried, and the same peculiarities of aspect are exhibited as have been just described. The value of the exhibition of chloroform as a means of diagnosis can be scarcely overrated. The cases are those to which mistakes in diagnosis are of the utmost importance, since they would inevitably lead either to unfounded imputation on the patient's chastity, or to the belief in the existence of incurable disease,

or to the attempted performance of most dangerous operations. The records of Surgery contain the narratives of not a few of such, in which either paracentesis has been performed, or the still more fatal mistake committed of laying open the abdomen, in order to extirpate an ovarian cyst. Against such errors the exhibition of chloroform affords entire security, and when any doubt offers about a case, it ought never to be omitted. As insensibility is induced, the board-like condition of the abdominal parietes, which had previously baffled all attempts to ascertain the exact state of the viscera, disappears, the diaphragm rises, the belly flattens out laterally, the anterior prominence disappears, and the hand can be passed back till it touches the sacral promontory.

Those desirous of further information on this subject, may refer to Dr. O'Ferrall's paper; to a series of cases published in this Journal some years ago; and to a note by Dr. Priestley on Hysteric Tympanitis, in our first volume for 1858.

SAMARITAN HOSPITAL.

CASE OF PHANTOM TUMOUR.

(Under the care of Mr. SPENCER WELLS.)

[From notes by Mr. PHILLIPS, House-Surgeon.]

F. M., aged 22, a well-made, fresh coloured, rather fat, unmarried woman was sent from the country to Mr. Spencer Wells as suffering under ovarian tumour, and as a fit subject for ovariotomy. She was admitted, June 7, 1859.

She stated that she had been in good health until two years ago; that since that time she had been obliged to give up all work, and that lately she had become thinner. She attributed the commencement of her illness to having received several severe kicks about the vulva and inner part of the thighs about a year before she had to give up work. She said that the kicks were followed by great swelling and pain, and afterwards by escape of blood, both fluid and in clots, by rectum and vagina; that there was a recurrence of this hæmorrhage several times during the year, and that the abdomen began to enlarge, and had continued to increase gradually up to the present time. She had undergone a great variety of treatment. She says the catamenia recur with only nine days' interval between the cessation of one and the commencement of the next period; that many clots come away; and that she suffers great pain in the back and loins for three days at least before the period, and for three days after it.

Present State.—Before examining the abdomen of this patient, and judging merely from her good colour, plumpness, and rather hysterical excitable manner, Mr. Wells at once expressed his belief that a very evident enlargement, visible through the dress, and giving her the appearance of a woman at the end of pregnancy, was not owing to ovarian disease. On uncovering the abdomen the nature of the case was instantly apparent. There was precisely that contraction of the false ribs, and the bow-like bulging or arching forwards of the recti from some four inches above the umbilicus down to the symphysis pubis, so well described by Dr. O'Ferrall, which is so very characteristic of these cases. She complained of great pain on pressure (even very slight pressure) on any part of the abdomen. The parietes were furnished with a thick layer of fat, so that the resonance on percussion was not tympanitic anywhere. The uterus was found to be in the normal state, but she complained that the examination was very painful, owing to tenderness of the vagina.

June 9.—Some Medical visitors in the Wards to-day being doubtful as to the nature of the tumour, and the accuracy of the diagnosis, Mr. Wells showed that as she was gradually brought under the influence of chloroform the abdominal tumour slowly but completely disappeared, the arched recti falling backwards, the diaphragm rising upwards, until, when she was completely narcotised, there was not the slightest appearance of any tumour, and the abdomen was perfectly soft and flaccid. It was curious, also, to observe, that as she recovered from the effects of the chloroform the recti recovered their tension, the diaphragm descended, and the tumour reappeared before she was completely awake. This was observed on more than one occasion when chloroform was used as a clinical demonstration of the case. It had been noticed that when she was asleep she lay flat down in bed, though when she was awake she wanted to be propped up to relieve dyspnœa.

The Medical treatment consisted of assafœtida and valerian. Under this, and some good-humoured ridicule, she rapidly improved, and left the Hospital on the 25th, going to the very brother she *said* had kicked her so brutally.

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Medical Times and Gazette.

SATURDAY, DECEMBER 10.

DR. SIMPSON'S LECTURES.

We announce to our readers, with no common satisfaction, the gratifying fact that the invaluable Course of Lectures by Dr. Simpson, on the Diseases of Women, commenced in our last, and continued through the present volume, will be carried on through our volumes for next year.

The following is a mere sketch of the subjects to be treated in the forthcoming Lectures. No very definite order will be preserved, and there will probably be lectures on other subjects, but the value of the course to practical men may be estimated in some degree by a glance at the subjoined list; and a review of the Lectures which have already appeared, will be the best anticipatory test of the worth of those which are to follow. The Lectures recently published have been described by Dr. Adams, the learned translator of "Paulus Ægineta," as "more replete with the Medical learning of all ages, and the extensive results of original observation, than have appeared in this country for many years past."

OCCASIONAL CLINICAL LECTURES ON CASES IN OBSTETRIC SURGERY.

CRANIOCLASM—A NEW FORM OF CRANIOTOMY.

FIBROID TUMOURS AND POLYPI OF THE UTERUS.

INFLAMMATORY AFFECTIONS OF THE UTERUS AND VAGINA.

DISPLACEMENTS OF THE UTERUS.

DISEASES OF MENSTRUATION.

PHYSICAL DIAGNOSIS OF DISEASES OF THE UTERUS, OVARIES, ETC.

SURGICAL OPERATIONS ON THE VAGINA AND PERINEUM.

We leave this programme to speak for itself. Other arrangements are in progress, of which due notice will be given, calculated to make our forthcoming volumes more useful and popular than any of their predecessors.

RIFLE CORPS AND THE MEDICAL PROFESSION.

SOBERLY, steadily, and surely the very pith of the nation is arming. Twelve months more and our young men will be as familiar with the rifle and bayonet as—we had almost said with the cricket-bat, the oar, or the fowling-piece; but the comparison would not be just, neither would it convey a notion of the stern, quiet earnestness of the Volunteer movement—let us rather say, as familiar with the deadly weapons they are being trained to, as with their daily avocations. For the volunteer well knows that it is no trifling event which has

called him into existence, but a harsh necessity, which will be best met by a constant readiness that can only be obtained by dealing with his duties as a matter of necessary but ordinary every-day business—a thing to be done in the most effective manner, at the least cost, and with the least disturbance of domestic comfort, so that if the tug should come, it may be met with as much steadiness and precision as any incident of every-day life.

Well, the gentleman and commercial-man have already shouldered the rifle; the lawyer is following in the good course; the incipient divine is also entering the ranks; and the representatives of Physic are not lagging in the rear. But the position of Physic to the Volunteer movement is not that of other Professions, and a little careful consideration should be conceded to that position before the Doctor (nascent or mature) gives himself up unreservedly to the rifle and bayonet.

Thus far the Volunteer movement has been essentially what it ought to be—a matter of severe, unmistakeable business. Let it be so to the end. Suppose, for a moment, that it should unhappily chance (which Heaven forfend!) that the Volunteers should be called into the field, how would they be circumstanced in regard to Medical and Surgical care? This question immediately concerns the Medical Profession, and we should be prepared to answer it.

Now it is tolerably certain that if the Volunteers should be called out, whether in the event of invasion or of incoherent attacks upon different parts of the coast, the call will be sudden, and the possibility or fact of engagement sudden. And if the latter should happen, and no preparations have been made for the Surgical charge of the men engaged, but these requisites have been left to chance, it is hardly to be doubted that we should have re-enacted upon our own shores some of the harrowing scenes (of which we had sufficient examples during the Crimean war) that arise from want of foresight in preparing beforehand for the care and treatment of the wounded.

This may be regarded as looking too far a-head, and scarcely to be thought of in a thickly-populated and highly-civilised country. But we know not when and where the bolt will fall when it does fall; and if it be requisite to prepare for the bolt, it is equally necessary to prepare for the results of its fall. Moreover, we may rest assured that our assailants will give us little or no warning when they intend to strike; neither will they, as a matter of course, select those places for assault where we could most readily obviate the consequences of any neglect of which we had been guilty.

Again (and this brings us to the core of our subject), if, in the meantime, our junior Medical men and the cream of our schools of Medicine have, giving way to a righteous ardour, enrolled themselves and become part of the effective *fighting*-strength of Rifle Corps, whence would come the surgical aid which would be required under the contingencies contemplated?

We believe that, if a little forethought be exercised now, any evils which might arise from the lack of such aid in the time of action may be in a great measure prevented.

Let each Volunteer Corps appoint a proper staff of *registered* Medical men, with whom it might be optional whether they were drilled regularly with the corps or not, but who should be required to become sufficiently well acquainted with the drill and duties of the corps as to co-operate well with it in the field.

Above all, let the Medical students in the different Schools in the kingdom form themselves into special corps, or into special companies along with other corps. Let the students, in fact, keep themselves apart, so that in time of need they could be at once moulded into a *Medical Reserve*, available for service at any moment in any part of the kingdom. Let them be trained thoroughly as riflemen if they wish it (as they ought to do), but let them not forget that they are doctors.

To make this scheme thoroughly effective, however, something more than drill, and a separate enrolment, would be necessary, to wit, the immediate introduction into all our Schools and Hospitals of such special tuition as would fit the student best to take upon himself at once and under all circumstances Surgical and Medical duties in the hospital or the field. This tuition could be readily carried out by a slight modification of the ordinary lectures on Medicine and Surgery, whether given *ex cathedrâ* or at the bed-side. The addition to the teachings of our Medical and Surgical Lecturers and Hospital Physicians and Surgeons of such rules of action and treatment as would most aid the student if he were attached to a corps of volunteers in the field, and would enable him to *do the most with the least means at command*, would be little irksome to the teachers and of considerable use to the student whether a volunteer or not, and might prove of vital importance to him if he were a volunteer.

Let every man in the Profession volunteer who is able to do so; but let not the Medical Volunteer forget that the country will look for the Doctor's duties from him, rather than the rifleman's, if war should ever infest our coasts.

THE WEEK.

We have frequently drawn attention to the indiscriminate manner in which Gratuitous Medical Relief is distributed to the general public, to the great injury of the Medical Profession, and without any corresponding benefit to the recipients of the proffered bounty. The gratuitous advice so offered is too often worthless, and the public are induced to undervalue the services of conscientious practitioners when they find that advice and medicines are lavished upon all comers without any inquiry as to their claims for Medical attendance. A correspondent has brought under our notice a case in point, which shows very clearly how grossly the poor are deceived and the Profession injured by the wholesale system of gratuitous attendance practised in some localities. In a certain dispensary, situated not a hundred miles from the north-western part of the Metropolis, and supported by the contributions of the surrounding clergy and gentry, it appears that medicines and attendance are supplied to about 1200 poor persons annually, and in cases that require it the patients are visited at their own homes. But the person who visits these poor people, is, as we are informed, an unqualified assistant, who dispenses physic and gives advice, and actually signs certificates of death in fatal cases. Our correspondent assures us that more than fifty deaths occur annually among these unfortunate patients, and that not ten out of that number have been attended by the Surgeon to the Dispensary, who has a large private practice to attend, and who leaves to the assistant alluded to the care of the Dispensary patients. Now the patients of such an establishment must belong to one of two classes; either they are quite unable to pay for Medical attendance, or they are able to pay, although perhaps a little. The former class are the proper objects for the attention of the parochial Surgeon, who, in the instance to which we refer, is, we understand, a thoroughly well-educated and enlightened Practitioner; and if they belong to the latter class, their reception of gratuitous Medical advice inflicts a positive injury upon the Practitioners in the district, and especially upon those who are just entering into practice, and who naturally expect that the better kind of the lower classes will become their first patients. But by the system we are now denouncing, both these classes receive, under the specious name of Gratuitous Medical Attendance, a cheap and a bad article, one which is useless, if not injurious, to themselves, and which reflects discredit upon the Medical Profession. No real

charity is therefore afforded to the poor of this Dispensary, as they are committed to the charge of an unqualified pretender; and the benevolent persons who subscribe their annual guinea for the twenty recommendations which their subscription procures, are practising a delusion upon themselves and are merely deceiving the sick poor.

Another horrible murder has been committed by a husband on the person of his wife. The man is manifestly a lunatic, and has only lately been discharged from an Asylum. This and other like instances of murders by lunatics which have occurred during the past year, will, we trust, tend to open the eyes of those who bear so heavily on what they call the Mad Doctors. We hope that these frightful occurrences will lead people to reflect that the welfare of the public is not to be forgotten when the interests of lunatics are called into question.

It will be recollected that the prosecution and conviction of the notorious quack impostors, Watters, Edwards, and Allen, were mainly owing to the exertions of a poor man, named Jones, who had been made the victim of the machinations of that confederacy. The whole of the prisoners have been punished by the laws of the country, and justice is therefore satisfied; but the prosecutor, Jones, has been put to an expense of upwards of £60 in his praiseworthy efforts to expose the imposture, and save the public from further depredations. In order to reimburse Mr. Jones for the expenses to which he has incurred, a subscription has been opened, but we are sorry to learn that the amount hitherto subscribed amounts only to about £22, of which £5 5s. has been contributed by the London Medical Registration Association. An application was made to Mr. Norton last week, at the Lambeth Police-court, to bring the case of the prosecutor, Mr. Jones, before the public, and to interest the general sympathy in his behalf. The Magistrate, to whom many thanks are due for his exertions in the whole transaction, made some remarks on the apparent indifference of the Profession in filling the subscription list; but in these remarks we cannot altogether concur. Mr. Norton said that he regretted the want of liberality on the part of the Medical Profession, whose interests had been so much promoted by the exertions of Mr. Jones. Now, the prosecution of quacks, such as those composing the Bennett Gang, is a boon to the public much more than to the Profession, and it is to the public that the prosecutors should look for gratitude and compensation. The Medical Profession does not profess, and never did profess, to cure persons who are incurably deaf. If the public are cheated of their money by impostors, they have only themselves to blame; and they cannot, with justice or reason, appeal to the Medical Profession to shield them from the consequences of their own folly and credulity. Nevertheless, we are heartily sorry that the laws of this country do not provide a public prosecutor for such cases as those to which we now allude; for it is undoubtedly a very great hardship that a man should be exposed to trouble and great expense in exposing a gang of swindlers, who ought to be proceeded against at the national cost. Mr. Norton, in the course of his observations, stated that the Medical Registration Association had at its disposal the sum of £50,000,—clearly confounding the *Council* with the *Association* The British Legislature, in its wisdom, does not take any steps to prevent or discourage quackery, but leaves John Bull free to employ quacks, if he thinks proper to do so; but it has done one beneficial service, by giving to the public a list of legally-qualified Practitioners, from whom any one may pick and choose for himself. If any person thinks proper to seek Medical aid beyond the pale of legitimacy, and is afterwards deceived and cheated, he may become the object of commiseration to the general public, but he certainly has no right to look for any peculiar sympathy at the hands of the Medical Profession.

The following letter from the Director-General of the Army Medical Department, has been received in reply to the question whether attendance on a course of lectures on Operative Surgery is required, in addition to one of having personally operated on the dead body. It should be made known at once to all Medical students who wish to obtain the appointment of Assistant-Surgeon in the Army:—

"The candidate must produce a certificate of attendance upon a course of Operative Surgery, given separate and distinct from that of General Surgery, in addition to a certificate of having himself performed all the great operations on the dead body.—J. Alexander.—Nov. 29, 1859."

For the last eighteen months we have been endeavouring to impress upon the College of Physicians that upon them devolves the duty of licensing the General Practitioners of England to practise Medicine. The Edinburgh College made a premature move down a wrong path but in the right direction; and latterly the two Edinburgh Colleges have joined to give a double qualification after a combined examination. We are now happy to find that deputations have been appointed by the two London Colleges to confer together with a similar object. We can only repeat the hope we have again and again expressed, that no petty feelings of jealousy or self-interest may interfere with the completion of a project fraught with important public advantages.

The College of Physicians of London has, by its new bye-laws, changed the title of its Licentiates. Those who have been hitherto called Licentiates are in future to be designated Members of the College of Physicians. This change of title will necessarily require an alteration in the regulations of our Hospitals and Dispensaries, which provide for the appointment of Physicians. By these regulations it is at present provided that all applicants for the office of Physician shall be Fellows or *Licentiates* of the College. It will therefore be the duty of all Hospital Physicians and Surgeons to see that the alteration of the term Licentiate into Member is made by the Governors of their respective institutions. We understand that an official notification of the change of term will be made by the College itself to the different public Medical Institutions of the country.

A copy of the new Vaccination Rules issued by the Privy Council on Tuesday will be found in other columns. They are very important, and good as far as they go; but they are deficient, as they say nothing to encourage any hope of better pay for services which, if efficiently performed, ought to be adequately remunerated in some proportion to their national importance. An excellent leader in the *Morning Post* concludes as follows:—

"A more equitable rate of remuneration must be granted to public vaccinators. This may be accomplished in several ways, separately or combined; such as by augmenting the fee per case above its present miserable level of 1s. 6d., by dividing the work among fewer persons in populous places, and by granting small stipends in supplement of fees to those employed in thinly-peopled districts. In conclusion, let us refer to a topic which requires immediate attention. The want of an efficient system of vaccination in the colonies is a source of anxiety to all who have intelligently considered the

subject. There is at present a very large unvaccinated population growing up in our Australian and other colonies. The Legislature ought to see to this in time; otherwise, sooner or later, the small-pox, assisted by an epidemic influence, will burst out with fatal fury in many of our foreign possessions, and devastate them, as it has lately devastated unvaccinated Jamaica."

The papers of this week have recorded a double suicide of the most revolting character. A young man, aged 24, watchmaker and photographic artist, had lived a highly immoral life. His latest feat had been the seduction of a young girl of 18 years of age. So far as can be gathered from the evidence adduced at the inquest, it would seem that the young man had beeen for some little time in a very unsettled and unhappy state, and had occasionally said that he would commit suicide,—in short, that he would do anything except amend his ways. The idea of suicide would appear, indeed, to have been familiar with him, and after he had seduced the unfortunate young girl, he seems to have successfully inoculated her also with the idea of suicide. Prussic acid was obtained, and on the 6th inst. both the young man and girl were found dead in bed in a lodging-house, evidently from the effects of the poison. The following documents were discovered by the bedside :—

"Dear Father,—I must now say farewell to this world. Your dutiful wife has driven me mad, and as to live to be so unhappy, I cannot. If I had not made up my mind to destroy myself, I should have shot Sarah out of revenge of my sister's death, which she was the cause of; and now she has been the cause of another deed too frightful to mention. You may think that I have lost all my senses,—but I can tell you that I am as sensible as you are at the present moment. I do not die alone, but the one I love dies with me. My last wish is that we may be buried together. If you wish to find us, it will be at ——. I remain, your disobedient Son,

"Edward Shirley."

A second letter ran thus :—

"Dear Aunt,—By the time you receive this, I shall be no more for this world. Yours, most affectionately,

"Rosetta Greenwood."

Now there was not one jot of evidence to show the existence of any mental aberration prior to the deed in the female; there was not a particle of evidence that would have had weight with a jury on a criminal charge, had the young man been arraigned at the bar; and yet, with hardly a moment's hesitation, the jury returned a verdict of "temporary insanity!" Truly this verdict in the hands of our coroners and their juries is becoming a mere form of expression. But let us reflect for a moment upon the certain effect of this verdict in the present case. The culminating criminal acts of two immoral individuals, one of whom has led an abominable life, are made by the verdict of a coroner's jury, a legitimate peg upon which to attach any amount of sympathy and pity for persons whose lives and ends are condemned by every law of sound morality. The morality is sunk in the feeling, our youth may look forward to suicide as a happy way of making a brilliant exit from troubles of their own creation. We remark, also, that the poisonous agent was prussic acid. Thirty per cent. of the suicides in England during the five years 1852-56, were occasioned by this deadly drug, in some form or other. It is an undoubted fact that the character of the deadly agent has an influence upon the number of suicides. In England it is but too evident that the law interposes no obstacle either to the perpetration or the method of perpetration of self-murder.

Professor Lovati has been reinstated in the Chair of Obstetrics at the University of Pavia, of which he had been deprived by the Austrian Government for political reasons.

PUBLIC VACCINATION.

AT THE COUNCIL CHAMBER, WHITEHALL,

THE 1ST DAY OF DECEMBER, 1859.

BY THE LORDS OF HER MAJESTY'S MOST HONOURABLE PRIVY COUNCIL.

To the Guardians of the Poor of all Unions and Parishes, to the Churchwardens and Overseers of all Parishes, Townships, and Places in which the Relief to the Poor is not administered by Guardians, in England and Wales, and to all Medical Practitioners.

Whereas by the Public Health Act, 1858, and by an Act since passed to perpetuate the same, it is enacted that the Privy Council may from time to time issue such regulations as they think fit, for securing the due qualification of persons to be thereafter contracted with by guardians and overseers of unions and parishes in England for the vaccination of persons resident in such unions and parishes, and for securing the efficient performance of vaccination by the persons already or thereafter to be contracted with as aforesaid;—

Now, therefore, it is hereby ordered, by the Lords and others of her Majesty's Most Honourable Privy Council (of whom the Vice-President of the Committee of the said Privy Council on Education is one), that on and after the first day of January, 1860, the following Regulations shall be in force; viz. :—

Qualification of Contractors.

1. Except where the Privy Council, for reasons brought to their notice, see fit in particular cases otherwise to allow, no person shall in future be admitted as a contractor for vaccination, unless he possess the same qualifications as are required by the orders of the Poor Law Commissioners as qualifications for a District Medical Officer, and produce a special certificate, given, under such conditions as the Privy Council from time to time fix, by some public vaccinator whom the Privy Council authorise to act for the purpose, and by whom he has been duly instructed or examined in the practice of vaccination, and all that relates thereto :—

But the production of this special certificate on occasion of the contract being made may be dispensed with, if the certificate, or some other which the Privy Council judge to be of like effect, have been among the certificates or testimonials necessary for obtaining any diploma, licence or degree, which the candidate possesses;—

And also, in respect of persons legally admitted to practise before this regulation comes into effect, the special certificate may be dispensed with, on condition that the contract, during one year from its making, continue subject to the approval of the Poor Law Board;—

And all persons now contracted with shall be deemed to be qualified to be again contracted with.

Qualification of Deputies of Contractors.

2. Under the same conditions as are appointed for the admission of a contractor, any person qualified to be a contractor may, on the contractor's application, be admitted by the guardians or overseers to act as his occasional deputy;—

But, if this admission be not part of the original contract, it must be notified by indorsement upon the contract; and at least 15 days before it is intended to take effect, a copy of the proposed indorsement, together with all requisite evidence of the qualification of the person whom it is proposed to admit, must be transmitted to the Poor Law Board.

Vaccination and Inspection.

3. All vaccinations and inspections under contract shall be performed by the contractor in person, or by some other contractor of the same union or parish acting for him, or by a deputy, duly admitted as above;—

But at any station where the contractor is authorised (as above) to grant certificates, pupils and other candidates, aged not less than eighteen years, may, in his presence and under his direction, take part in vaccinating.

All vaccinations and inspections under contract shall be performed in accordance with the annexed "Instructions for Vaccinators under Contract."

Register of Cases.

4. Until some new form of vaccination-register be duly prescribed, the person who performs any vaccination under

contract shall, on the day when he performs it, legibly write in his register (as now provided) the letter R (for re-vaccination) against the name of every person, adult or adolescent, who, having in early life been successfully vaccinated, is re-vaccinated; and shall also enter in some column, or in the margin of the register, the source whence the lymph used in the vaccination was obtained:—

Thus: the name, or number (if any) in the register, of the subject from whom the lymph was taken; or "N.V.E.," if the lymph was sent by the National Vaccine Establishment; or the name or description of any other source;—

And where the vaccination or the inspection is done by a person acting as deputy for the contractor, the deputy shall write the initials of his name in the register side by side with the entry of the case; viz., in the left margin of the page, if it be a vaccination which he performs, or in the right margin of the page, if it be an inspection which he performs.

Contracts.

5. Guardians and overseers, in their respective unions and parishes, shall forthwith take measures to bring the performance of public vaccination into conformity with these regulations.

WM. L. BATHURST.

[A copy of the Instructions for Vaccinators shall appear next week.]

NOTIFICATION.

QUALIFICATION OF PUBLIC VACCINATORS.

Whereas under the provisions of the Public Health Act, 1858, and of an Act since passed to perpetuate the same, the Privy Council have this day issued regulations "for securing the due qualification of persons to be hereafter contracted with by guardians and overseers of unions and parishes in England for the vaccination of persons resident in such unions and parishes, and for securing the efficient performance of vaccination by the persons already or hereafter to be contracted with as aforesaid;" and whereas in these regulations it is, among other things, required, that, on and after the first day of January, 1860, persons to be contracted with for vaccination, and persons to be allowed to act in their stead, shall, except in certain cases, produce evidence of being duly qualified in all that relates to the practice of vaccination; which evidence must consist in a certificate given, after due instruction or examination, by some public vaccinator whom the Privy Council authorise to act for the purpose:—

NOTICE IS HEREBY GIVEN,—

1. That, subject to orders of the Privy Council, the public vaccinators named in the following list are authorised by the Privy Council to give the required certificates of proficiency in vaccination to persons whom they have instructed therein, and those whose names in the following list are printed in italic letters are also authorised to give such certificates after examination to persons whom they have not themselves instructed.

Cities and Towns having Educational Vaccinating Stations.	Public Vaccinators authorised to give Certificates of Proficiency in Vaccination.	Places used as Educational Vaccinating Stations.
London	*Mr. James Furness Marson*	(*Principal Station*) Surrey Chapel, Blackfriars-road.
	Mr. William Prue Jorden	(*West Station*) 14, Lower Belgrave-street.
	Mr. William Jones Lewis	(*East Station*) 1, Well-street, Wellclose-square.
	Mr. George Simpson	(*North Station*) Tottenham-court Chapel, Tottenham-court-road.
Birmingham.	*Mr. Samuel Spratley*	The General Dispensary.
Bristol	*Mr. William Yeoman Sheppard*	7, St. Augustine's-place.
Hull	*Mr. John Hare Gibson*	29, Nile-street.
Liverpool	*Mr. Arthur Browne Steele, Mr. John Henry Wilson, Mr. John Fenton,* and *Mr. James Gilmour*; acting conjointly, or at least two of them together.	The Ladies' Charity, Parr-street.
Manchester.	*Mr. Evan Thomas*	159, Rochdale-road.
Newcastle.	*Dr. Thomas Fothergill McNay*	Bricklayers' Hall, Castlegarth
Oxford	*Mr. Edward Law Hussey*	104, St. Aldate's.
Sheffield	*Mr. George Atkin*	Park Chapel, South-street.

2. That on and after the first day of January, 1860, the vaccinating-stations, at which these vaccinators officiate, will be open, under conditions set forth in the annexed memorandum, for the purposes of teaching and examination; and,

3. That from time to time, as additions are made by the Privy Council to the list of persons whom they now authorise to give certificates of proficiency in vaccination, the names of the other persons thus authorised will be published in the *London Gazette*.

WM. L. BATHURST.

Council Office, 1st December, 1859.

Memorandum of Arrangements made in England for the Public Teaching of Vaccination, and for the granting of such Certificates of Proficiency in Vaccination as will qualify the bearers (if otherwise eligible) to be contracted with by Guardians and Overseers for the performance of Public Vaccination.

The stations at present established for educational purposes are all in places where there are recognised Medical schools. They are stations where the appointed public vaccinator uniformly attends in person, and where the annual number of vaccinations, as compared with the number of vaccinating days, is sufficiently large to promise that the student, during his period of attendance, will, as a rule, always find many cases together for observation. They are stations from which vaccine lymph is furnished for the public service; the vaccinators in charge of them having, for this purpose, been selected by the National Vaccine Board to be members of the National Vaccine Establishment.

The vaccinator of an educational vaccinating-station, during his attendance thereat, will exhibit and explain the course and characters of the vaccine vessicle, will practically teach the best method or methods of performing vaccination, and of taking lymph for present or future use, will inculcate all precautions which are necessary with regard to the health of subjects proposed for vaccination, and with regard to the selection and preservation of lymph, and will give all such other instruction as is requisite for the scientific and successful performance of vaccination and re-vaccination. During his course of instruction, he will make provision to ensure that always some cases come for inspection on the tenth, as well as on the eighth day; and, for the purpose of showing these cases to his pupils he will give, on the day appointed for their coming, a second weekly attendance at his station. He will further enable and direct each pupil to see at least six cases of vaccination on at least two other days of their progress, viz. both before the eighth and after the tenth day. In the teacher's presence, and under his direction, any pupil, aged not less than 18 years, may take part in vaccinating; but not till he have attended the station on at least two vaccinating days.

Any person, desirous of being admitted as pupil at an educational vaccinating-station, shall pay a fee not exceeding one guinea, and thereupon receive a ticket entitling him to attend the public vaccinations of the teacher. When the pupil has attended at the station during the times of vaccinating and teaching, for at least six weeks, the teacher, if satisfied of his proficiency, shall, on receiving back his ticket, but without further payment, give him a Certificate in the appointed form.

At stations where the teacher is also authorised to give certificates of proficiency in vaccination to persons whom he has not himself instructed therein, such persons, will, on appointed occasions, be examined by the teacher, on payment of a fee not exceeding one guinea, and if he find them competent, receive certificates accordingly, in case of failure to pass this examination, the candidate may be admitted to a second examination on payment of a fee not exceeding half a guinea.

The Certificate of Proficiency will be understood to imply—and therefore the teacher who signs it will have taken care to ascertain, that the person to whom it is given can skilfully vaccinate, both with liquid lymph (including such as is preserved in capillary tubes) and also from ivory points;—that he can properly charge ivory points or capillary tubes with lymph;—that he is aware of the relative advantages of recent and preserved lymph, and of all precautions which are requisite in using the latter;—that, from among vaccinated subjects presented for eighth-day inspection, he can select and give

reasons for preferring, those who are fittest to furnish lymph;—that, besides being thoroughly familiar with all local changes which, from first to last, normally ensue on vaccination, he has learnt what causes may accelerate or retard the local changes, or give them undue severity, or otherwise render them irregular;—that he is well informed as to the constitutional effects of vaccination (including the eruptions which sometimes follow it) and as to the treatment which cases of vaccination, under various circumstances, may require;—that he knows how far the protective influence of vaccination is affected by lapse of time, and how far by the mode in which vaccination is performed—especially by the number or size of vesicles, and knows generally under what circumstances re-vaccination is to be recommended;—finally, that he is acquainted with the laws and regulations relative to public vaccination, and understands the local arrangements which are necessary for maintaining a constant supply of lymph.

REVIEWS.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D. Fourth Edition. London: 1859. 8vo. Pp. 755.

If there had been one of our readers at all doubtful as to the ability of Dr. West to afford valuable and reliable information upon the Diseases of Children, any doubts would have been dispelled by a perusal of the excellent lecture we published November 26th, "On Sudden Death in Infancy and Childhood." Doubters, however, must be few and far between; for the three former editions of the work now before us have placed the author in the foremost rank of those Physicians who have devoted special attention to the diseases of early life. Dr. West has enjoyed unusual opportunities for observation; for, as he says, these Lectures "embody the results of 900 observations and 288 post-mortem examinations made among nearly 30,000 children, who, during the past twenty years, have come under my care." The results of all this experience are placed before the reader in an attractive form, securing for the author the palm already awarded to him as one of the most careful and elegant of British Medical authors.

We attempt no analysis of this edition, but may refer the reader to some of the chapters to which the largest additions have been made,—those on Diphtheria, Disorders of the Mind, and Idiocy, for instance—as a proof that the work is really a new edition; not a mere reprint. In its present shape it will be found of the greatest possible service in the every-day practice of nine-tenths of the Profession.

What is Psychology? By J. Stevenson Bushnan, M.D. Exeter: 1859.

This is a reprint from the October number of the *Journal of Mental Science;* and we are glad to offer a kindly welcome to Dr. Bushnan, on finding him again in the field of Medical literature—the *hunting* field, we might say,—for to run down quackery and "omne quod exit in *bum*" seems to be his mission. Miss Martineau and her Master, Homœopathy and the Homœopaths, Mesmerism and Clairvoyance, all have quailed before him. Nor, while attacking monster impostures has he lost sight of smaller professional peccadilloes, as is well testified in his papers "Look at Home" in this Journal. Now, Dr. Bushnan cavils at the abuse of words; and argues that the term "Psychology" and "Psychologists" do not mean what modern philology (?) would make them mean—Madness and Mad Doctors. To talk of "Psychological Medicine" is, he thinks, simply an absurdity.

"Their use of the word," says Dr. Bushnan, "is psychology run mad. We cannot always discover whether it be the doctor or his patients who are the objects of psychology; whether psychology be madness or mad medicine; whether it be like that 'metaphysical aid' by which Lady Macbeth expected her husband to obtain a crown; or, like the character of the lady of whom the poet speaks:

> "'Call her the metaphysics of her sex,
> And say she tortures wits as quartans vex Physicians.'"

But for Dr. Bushnan's views of what "Psychology" really is, we must refer the reader to the paper before us. Perhaps the Author will some day tell us what he thinks of the modern use of the words "Pathology" and "Pathologist;" terms much more commonly abused than those he attacks in a style so vigorous and amusing.

A System of Instruction in Qualitative Chemical Analysis. By C. R. Fresenius. Fifth Edition. Edited by J. Lloyd Bullock, F.C.S. London: 1859. 8vo. Pp. 310.

A *fifth* English after a *ninth* German edition is enough to stamp any book with the mark of popular utility. No recent work on Chemical Analysis has shaken the confidence of European chemists in this work of Fresenius; and the edition before us affords full proof that author and translator have worked cordially together to bring up every section to the most recent advances made in analytical chemistry.

Ure's Dictionary of Arts, Manufactures, and Mines. New Edition, Parts 1 and 2. London: 1859.

The preparation of a new edition of the very popular and useful Dictionary of Dr. Ure has been very wisely intrusted to Mr. Robert Hunt, who has obtained the services of a staff of contributors whose names are a full guarantee that the articles they furnish upon their own special subjects will be thoroughly "up to the mark." The first and second parts, from A to BOR, are now before us, and give fair augury of a very complete work, profusely illustrated by excellent woodcuts.

Mayne's Expository Lexicon. Part IX. London: 1859.

As this work will very soon be completed, and we shall then have to notice it at some length, we shall now simply state that it is really completed in the present part; but that some addenda have been found necessary, and about a dozen pages are devoted to terms from A to ALT.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON GANGRENOUS PHLEGMON, AND DIFFUSED SUPPURATING PHLEGMON.

By Professor THIRY.

In a recent lecture, delivered by M. Thiry at the Brussels University, he referred to the confounding by authors of different pathological conditions under the terms erysipelatous phlegmon, gangrenous phlegmon, phlegmonous erysipelas, and diffused phlegmon, treating of these as if they were one and the same affection. In his view of the case, *erysipelatous phlegmon* is an inflammation of the cellular tissue, followed by erysipelas or inflammation of the suprajacent skin—the inflammation spreading from within outwards. It is just the contrary in *phlegmonous erysipelas*, in which inflammation commencing in the skin extends to the subjacent cellular tissue. The two conditions differ only in their primary seat and mode of appearance; and while erysipelatous phlegmon exists as a local manifestation prior to the appearance of febrile symptoms, these precede, or at all events, accompany the establishment of phlegmonous erysipelas. After some days the two affections lead to the same pathological consequence, and from that period their progress, duration, and treatment, are identical.

The general principles for the treatment of inflammation and erysipelas being here applicable, M. Thiry dwells no longer upon this part of the subject but next calls attention to the differences recognisable between *gangrenous phlegmon* and *diffuse suppurating phlegmon*. Gangrenous phlegmon is inflammation of the cellular tissue terminating in gangrene; while diffused suppurating phlegmon is inflammation terminating in suppuration, and becoming propagated from point to point to a distance from its origin, by virtue of special anatomical dispositions. The pathognomic character of the former is immediate gangrene, and that of the latter suppuration—gangrene, when it does appear, being a complication. Gangrenous phlegmon almost always arises from a general cause, and diffused phlegmon from a local one. The latter is

only met with when resisting aponeuroses present obstacles to the easy flow of pus, while gangrenous phlegmon may be domiciled anywhere. The symptoms of the two affections have little resemblance; their course is entirely different, and the treatment they require, at all events at first, is of an opposite character.

Anatomical Characters.—When an incision is made into a *gangrenous phlegmon* at an early period, an abundant serosity is found infiltrated into the cellular tissue, giving this, from the distension produced, an appearance of considerable thickening. The cellular tissue presents a characteristic reddish appearance. At certain points it becomes torn and detached in the form of small elongated masses, which may be drawn out in shreds of varying length, exhaling a fetid, gangrenous odour. At a more advanced stage pus is produced, this being the signal of the elimination of the eschars. The skin covering the phlegmon, becomes in its turn gangrened in more or less extent, owing to the destruction of the nutrient vessels emerging from the cellular tissue. Finally, there remains, after the expulsion of the mortified tissue, an ulcerated surface, with detached edges—the skin continuing attached to the subjacent parts only by organised bridles, which must be carefully preserved, or the integuments will be entirely deprived of nutrition. When we pass the bistoury into a commencing *diffused phlegmon* we find the cellular tissue tumified and infiltrated, and vessels containing a reddish fluid traverse it in all directions. The sanguinolent serosity soon gives place to pus in a state of infiltration, which at a later period, the meshes of the cellular tissue becoming torn, becomes collected in several little centres. The destructive action going on, these at last become confounded together, and constitute a large irregular cavity, traversed here and there by some cellular partitions. Gangrenous phlegmon may arise wherever there is cellular tissue, but is more commonly met with at the extremities than on the trunk. Diffuse phlegmon is essentially subaponeurotic, and is very often met with in the hand and forearm. It is usually developed along the vessels or nerves or muscular and tendinous sheaths; and sometimes suddenly arises close to a comminutive fracture, or a wound of a joint, especially the knee-joint.

Etiology.—In general *gangrenous phlegmon* is observed only under the influence of causes affecting the entire economy, as, for example, the slow poisoning following a dissection-wound. Progressive debility, moral affections gradually undermining the system, or a considerable anasarca may give rise to it, as also may urinary fistula or fistula in ano, when inducing a general "toxicohæmia." When it follows external violence, a careful examination will almost always show that this has only served to localise an affection, which otherwise would have manifested itself in some other region. *Diffused phlegmon* is a consequence of an external irritant, wounds, contusions, injuries to bones, sprains, or the presence of foreign bodies. When it arises spontaneously, without apparent cause, it seems still to precede rather than to follow the general morbid conditions observed.

Symptoms.—In *gangrenous phlegmon* general symptoms of a very alarming character precede the local manifestations. These latter present three distinct periods. In the first there is pain of a severe, tense, pungent character; the redness soon assumes a deep brown shade, the swelling is considerable, and the skin, easily depressed by the finger, becomes covered with sanguinolent phlyctenæ. Next, black, gangrenous spots appear here and there, and there is a false sensation of fluctuation over a great extent, frequently accompanied by crepitation. The second stage is one of bursting and elimination, and the the third is one of reparation, always a tedious process. In *diffused phlegmon* the local symptoms first appear. The finger, exploring the seat of pain, meets with a doughy resistance, and the skin assumes a rose tint. After these signs have manifested themselves, shivering ushers in general symptoms; and the pain, at first localised, irradiates along the limb, and becomes pulsatile. The swelling assumes larger and larger proportions, until it may involve the whole limb, and it is characterised by excessive tension. The tendinous sheaths and vessels have acted as conductors to the diseased process, and are now all dissected out by the destruction of the subaponeurotic cellular tissue; and after the ulceration of the surface a vast, irregular cavity is exposed. After the evacuation of the pus, naturally or artificially, the general symptoms, which had acquired a frightful intensity, subside. Both affections are acute, and of prolonged duration; but, setting aside all complications, gangrenous phlegmon occupies most time. Its devastations are greater, and the general condition is more difficult to combat. Taken altogether, it is a much more serious affection than diffuse phlegmon.

Treatment.—The formation of *gangrenous phlegmon*, when announced by general symptoms, cannot be prevented, do what the Surgeon will, he having only the power of limiting it, and favouring its termination. *Diffuse phlegmon* may be attacked with advantage from the very commencement, and its establishment may be prevented. Rarely, if ever, can antiphlogistics, whether general or local, be employed in gangrenous phlegmon, adding as they usually would, to the already too great debility of the patient. As soon as the disease or traumatic lesion upon which the *gangrenous phlegmon* depends has been treated, quinine should be at once resorted to. After a few days, when any saburral condition of the alimentary canal is present, a grain or two of tartar emetic, divided into two or three doses, and given in the form of lavement, is of great advantage. Dupuytren practised numerous and large incisions at an early stage, but the practice is not of use except when strangulation prevails; and even then the incisions, though extensive, should not be multiplied, or the intervening flaps of skin will themselves become gangrened, owing to the circulation and nutrition proving insufficient. They are usually only required when suppuration is appreciable. After their employment, cataplasms, tepid, aromatised baths, or aromatic injections (as tinctures of iodine, myrrh, or benzoin, spirit of camphor, and Labarraque's solution), are to be continued until complete elimination has taken place. Tonics and a good diet are also required.

In the case of *diffuse phlegmon* we should at once, without hesitation, make a large and deep incision, comprising even a portion of healthy tissue. The incision is to be followed by a tepid, emollient bath; and the part having been covered with mercurial ointment, an emollient cataplasm is to be applied, resorting also to compression of the limb from its extremity upwards to the level of the incision. If the timidity of the patient opposes early incision, a large number of leeches should be applied, and mercurial frictions, followed by a cataplasm, may follow. In the robust, bleeding may be performed, although usually a few grains of tartar emetic will prove of more eventual benefit, and it may be employed in larger and longer-continued doses than in the case of gangrenous phlegmon. If the Surgeon has not anticipated the formation of pus, he must, as soon as this is recognised, evacuate it by a deep and large incision, so as to prevent its destructive burrowing. After the evacuation the part is placed in a tepid bath. Two or three times a-day mercurial frictions are applied, the part then being covered by a poultice, or enveloped in a bandage.—*Presse Médicale Belge*, No. 12.

EXCERPTA MINORA.

Castration in Erotomania.—Dr. Bell, in a letter to Dr. Bigelow upon this subject, says:—"I have often been consulted as to tying the spermatic arteries, the vasa deferentia, and removal of the testes in the forms of insanity connected with spermatorrhœa. I have known it done repeatedly. In one case, Dr. —— castrated a clean-gone onanist, who subsequently rallied, became an active man, and the Doctor told me that he never met him that he did not receive his blessing for the great favour he had conferred on him. In another case of self-perpetrated castration, under a similar state of mind, entire restoration to peace of mind and energy was produced. On the other hand, in all the Lunatic Hospital cases where I have known it done, no valuable results have followed. At the Ohio Hospital, some years ago, it was tried on quite an extensive scale. No case of improvement followed; indeed, Dr. Awl told me that in one patient who previously was quiet and contented, a permanent and dangerous condition of irritability followed. In the case of the young woman alluded to (a desperate case of nymphomania, terminating eventually in suicide, in which removal of the ovaria had been suggested) I confess I should recoil from such a remedy. I have found that heavy doses of opium, long continued, do control the nymphomaniacal disposition dependent on no local irritation."—*Boston Medical Journal*, vol. lxi., p. 166.

Iodine Injections in Spina Bifida.—Drs. Brainard and Crawford have now treated seven cases in this way, and of these

five were cured of the disease, one dying seven months after of chronic hydrocephalus. The fluid injected consists of a solution of iodine and iodide of potassium, in water, the amount varying from a quarter of a grain to four grains of iodine and three times that quantity of iodide, dissolved in from one drachm to several ounces of water. The immediate effect of the operation is pain and some febrile reaction, and, if the quantity injected be large, some symptoms of cerebral compression are apt to occur. The injections are to be repeated as often as necessary, their strength being increased. The puncture should be made in the sound skin, at the side of the tumour, and no more of the fluid of the tumour should be evacuated than the quantity of the injection about to be thrown in. After the operation, collodion should be applied, in order to contract the skin, and this should be continued for some months after the swelling has disappeared.—*Ibid.*, p. 246.

Discharge of the Appendix Vermiformis from the Bowels.—Dr. Jackson related this unique case to the Boston Medical Society. A robust farmer, aged 24, after suffering several days from vomiting, and constipation, and symptoms much resembling those of peritonitis, became convaleseent and passed a substance which proved, on examination, to be without doubt the appendix vermiformis, measuring 3½ inches in length. It was in a fetid, gangrenous condition, and presented several openings. He has continued perfectly well since, a period now of three years. The line of separation is not transverse to the length of the appendix, but quite oblique, and the edges have not the same sloughy appearance which is seen at about an inch from the free extremity.—*Ibid.*, p. 145.

Arrest of Excessive Epistaxis.—Dr. D'Arey relates a case of profuse bleeding from the nose, which, after trying all the ordinary modes, was arrested as follows:—A sheep having been killed, its œsophagus was ligated at one end, and introduced through the whole extent of the nostril. Water was then poured into it, the front end was also ligated, and compression made upon it with the hands until the pressure produced severe pain in the nares. It may be well to state that the common intestine used in sausage-making was tried previous to the œsophagus, but burst in the nostril.—*Ibid.*, p. 268.

Reduction of Inverted Uterus on the Sixteenth Day.—The inversion took place after the second labour of a healthy woman, 24 years old. Dr. Meldenhall saw her only the sixteenth day after, when he found her without pain. He placed her, lying on her back, under the influence of a mixture of chloroform and ether, and, while he carried the uterus upwards with the right hand, so as to put the organ and its connections on the stretch, he made counter-pressure against the outer edge of the organ by means of the left hand placed on the abdomen. "I am quite certain that this manipulation facilitated the reduction and added to the safety of the structures involved. The cramped position of the hand was relieved occasionally by passing a large rectum bougie, which was retained against the fundus by the hand in the vagina, so as to keep up pressure constantly. The turn of the uterus commenced at the neck, and was continued along the body until it involved the fundus. While this turning was in progress, the os could be felt enveloping successive portions of the body, until the fundus was also embraced by it. As soon as this portion was well above the os, the bougie was relied upon entirely to complete the reduction." The bougie was left in the uterus.—*American Journal of Med. Science*, October, p. 576.

Arsenic in Menorrhagia, Leucorrhœa, etc.—Dr. A. Burns is desirous of impressing his conviction upon the Profession of the great utility of arsenic in menorrhagia, leucorrhœa, hæmorrhage in threatened abortion and after delivery, and excessive lochial discharge. If called in during the hæmorrhage in menorrhagia, he gives from ten to twenty drops of Fowler's solution, according to the severity of the case, repeating it every twenty minutes. He has always arrested the hæmorrhage before the medicine has been pushed to a dangerous amount; and, indeed, care must be taken or it will entirely suspend the menstrual secretion. During the rest of the menstrual period, from five to ten drops are given three times a-day, and in the interval from three to five drops. In leucorrhœa he gives from three to five drops, until the cure is effected. Dr. Burns knows of no remedy so prompt in arresting hæmorrhage in threatened abortion, twenty drops usually being given at first, and then ten every twenty minutes. It seems to suspend at once the contractions as well as the hæmorrhage. Given in the same way, it is as efficacious in *post-partum* hæmorrhage; and in cases of prolonged or excessive lochial discharge, given in doses of five to ten drops, in conjunction with tonics, it is very prompt in its effect. —*Ibid.*, p. 394.

Alcoholic Fluids in Tubercular Disease.—This formed the subject for the Fiske Prize Essay for 1859, adjudged by the Rhode Island Medical Society; and Dr. Bell, of New York, the successful essayist, sums up his memoir with these conclusions:—"1. The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz., that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation. 2. On the contrary, their use appears rather to predispose to tubercular deposition. 3. When tubercle already exists, alcohol has no obvious effect in modifying the usual course it takes. 4. Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system in any stage of the disease."—*Ibid.*, p. 436.

PROVINCIAL CORRESPONDENCE.

IRELAND.

Dublin, November 28, 1859.

The first evening meeting of the 130th Annual Session of the Royal Dublin Society was held at the Society's House, Kildare-street, on Friday, November 25, the President of the College of Surgeons in the chair.

Dr. Robert McDonnell made a communication "On the Habits and Anatomy of the Lepidosiren Anneetens." Dr. McDonnell, having commenced by stating that Dr. Carte, to whom he was indebted for the opportunity of anatomising a fine specimen of this animal which had lately died in the Zoological Gardens, had been associated with him in this investigation, entered upon a very detailed account of the habits of the Lepidosiren Annectens as observed in a specimen sent to him from Gambia by Francis Davis, Esq., R.N. This animal had arrived in the case of mud in which it had been taken up on the bank of its native river, and in which it had lived for some months. Dr. McDonnell directed attention to the habits of the animal with reference to its respiration, its mode of expiration, and its power of producing vocal sounds; also to its external rudimentary branchiæ, which, he ventured to say, would yet be found in the early state of development of the lepidosiren as naked gills. The presence of a pancreas was demonstrated as a glandular mass adherent to the posterior wall of the stomach and having ducts leading, with the liver duct, into the intestine immediately below the stomach.

Dr. McDonnell exhibited to the meeting the living Lepidosiren Anneetens, its mud-case, and the slough-like covering which, in this case, had immediately enveloped the animal's body. Drawings also, as well as the preparations, were brought forward to show the existence of a panereas and the condition of the external branchial filaments. The blood and scales of the animal were placed under mieroscopes for examination.

Mr. David Walker, late Surgeon on board the yacht *Fox*, in the Arctic Expedition, was introduced to the meeting, and read a paper entitled "Ice Observations." He said that the contradictory statements of Dr. Sutherland and Dr. Kane, with regard to the saltness of the ice formed from sea-water—the former maintaining that sea-water iee contains about one-fourth of the salt of the original water; the latter, that if the cold be sufficiently intense, there will be formed from sea-water a fresh and purer element fit for domestic use—induced him to take advantage of his position, as naturalist to the expedition in the Northern seas, to re-investigate the subject. The changes which he observed sea-water to undergo in freezing are the following:—When the temperature falls below ⋈ 28.5 deg. it beeomes covered with a thin pelliele of ice; after some time this pellicle becomes thicker and presents a vertically striated structure, similar to that of the ordinary eakes of sal-ammoniac. As the ice further increases in thickness, it beeomes more eompact, but the lowest portion still

retains the striated structure. On the surface of the ice saline crystals, designated by the author "efflorescence," soon begin to form, at first few in number and widely separated, but gradually forming into tufts and ultimately covering the whole surface. At first the increase in thickness of the ice is rapid, but afterwards the rate of growth is much slower and more uniform. The ice formed yields, on being melted, a solution differing in specific gravity according to the temperature at the time of congelation, its density being less the lower the temperature at which the process of congelation took place. Although the author's observations extended from ⋈ 28.5 deg. to — 42 deg. he was never able to obtain fresh water from sea-ice, the purest specimen being of specific gravity 1·005, and affording abundant evidence of the presence of salts, especially of chloride of sodium, in such quantity as to render it unfit for domestic purposes. The efflorescence already referred to, appeared sooner or later, according to the temperature of the air, but generally commenced when the ice was $\frac{3}{8}$ of an inch thick, and continued to form till the ice attained a thickness of about nine inches, when, in consequence of the compactness of the frozen mass, it ceased to appear at the surface. The lower the temperature at which the ice was formed, the more abundant was the efflorescence. Direct experiments made by freezing sea-water in a large tub, showed that the unfrozen residuum contained a considerable portion of salts expressed from the ice. The author, therefore, infers that after the efflorescence had ceased to form on the surface, the saline particles were precipitated into the unfrozen liquid below.

The first meeting of the Pathological Society of Dublin for the Session of 1859-60, was held in the Anatomical Theatre of Trinity College, on Saturday, November 26, Dr. Law, President, in the Chair. Communications having been made by Drs. Hudson and M'Clintock, the President announced the subject selected for the Society's gold medal to be adjudicated at the termination of the Session—viz. "The Diagnosis and Pathology of Diseases of the Brain and its Membranes." The Society next proceeded to the election of Officers and Council for the year ending November, 1860, when the following were chosen:—*President:* Thomas Beatty. *Vice-Presidents:* Cathcart Lees, Robert Mayne, Joseph O'Ferrall, Benjamin G. M'Dowel, Fleetwood Churchill, and Samuel Gordon. *Council:* Robert Adams, John Banks, Dominick J. Corrigan, Christopher Fleming, John Hamilton, James S. Hughes, Edward Hutton, Robert Law, Sir Henry Marsh, Bart., Alfred H. M'Clintock, Josias Smyly, and Jolliffe Tufnell. *Honorary Secretary:* William Stokes. *Secretary and Treasurer:* Robert W. Smith. *Secretary for Foreign Correspondence:* Robert D. Lyons.

At a large meeting of the Medical Profession of Portsmouth and its neighbourhood, held on November 17, it was determined to form a Society called "The Portsmouth, Portsea, and Gosport Medical Registration Association," and the following officers were elected for the ensuing year:—The Mayor of Portsmouth, W. H. Garrington, Esq., President; Richard White, Esq., and Samuel Irvine, M.D., Vice-Presidents; George J. Scale, Esq., Hon. Treasurer; and James Greetham, Esq., Hon. Secretary. The meeting then adjourned until December 1, when rules and bye-laws were adopted similar to those of the London Association, with which this Society intends affiliating itself. More than fifty members have already joined the Society.

Professor A. von Graefe's Ophthalmological Clinik at Berlin.—This is by far the largest Ophthalmological establishment in existence, as besides several thousand out-door patients, above 100 beds are made up. Certainly, if diseases of the eye are not well taught there, it will not be from want of lecturing upon them, as may be seen from the following programme for the Session 1859-60:—1. Optics, Dr. Liebereich; 2. Introduction to the Microscopical Examination of the Eye, Dr. Schweiger. 3. On the Diseases of the Eye, Professor A. von Graefe. 4. "Propädeutische" Clinic of Diseases of the Eye, Dr. Michaelis. 5. Private Clinic of Diseases of the Eye, Professor A. von Graefe. 6. Private Ophthalmoscopic Practice, Dr. Liebereich. 7. Private Exercises on the Functions of the Eye, Dr. Liebereich. 8. Recapitulations of the entire subject of Eye Diseases, Dr. Michaelis. 9. Private Lectures on Operations, with practice on the Phantom and Dead Body, by Professor A. von Graefe. 10. Private Course of Operations on the Eye, Dr. Schuft.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, December 6.

Mr. Fergusson, President, in the Chair.

Mr. Harvey exhibited specimens of

GOUTY DEPOSIT IN THE OSSICLES OF THE EAR.

This patient had had attacks of gout in the extremities, and also distinct gouty affection of the ear, with deafness. There were also deposits in the helix on both sides.

Mr. Henry Thompson exhibited for Dr. Davis a case of

SUPPOSED EPITHELIOMA OF THE TONGUE.

It was taken from a patient, aged 79. It was said to have existed for sixteen years, and had been six years under observation. It involved the tip and right half of the tongue. The left side of the tongue, the pharynx and larynx were atrophied. There had been great pain and difficulty in swallowing. No narcotic seemed to relieve the pain, and he would not submit to an operation. He died; and at the autopsy no malignant disease was found elsewhere. The glands were not affected.

Mr. Fergusson said that in cases of cancer of the tongue the pain in swallowing was usually entirely relieved by the removal of the disease, and thus, though it might return, great relief was afforded.

Doubts having been expressed as to the malignant nature of the growth in this instance, Dr. Bristowe and Mr. Hutchinson were appointed to examine it.

Dr. Budd then brought forward a large

CANCEROUS TUMOUR.

It was taken from the anterior mediastinum. It filled the whole of this space, and extended into the neck. Through its substance passed all the large blood-vessels and also the great nervous trunks, the phrenic, recurrent, and the vagi. The patient from whom it was taken, was admitted into King's College Hospital with urgent dyspnœa, swelling of the face, and enlargement of the veins over the chest. There was also hoarseness, the voice not being above a whisper. She coughed up much puriform mucous. It was remarkable that in this case the nutrition of the lung was not much interfered with by the pressure of the tumour.

Mr. Christopher Heath showed

A CYST SIMULATING A FEMORAL HERNIA,

removed from a woman aged 70, who suffered for some days from constipation, vomiting, and pain in the abdomen, complicated by the presence of an apparantly strangulated hernia of small size in the left groin. An operation being considered necessary, the sac was exposed, and the stricture divided without opening the sac, but the symptoms continued, and the patient died. On examination evidences of enteritis were found, but no hernia, the tumour having consisted of a cyst, shut off from the peritoneum, and containing appendices epiploicæ derived from the large intestine, which passed into the pelvis in close proximity to the femoral ring, instead of in its usual position at the side of the sacrum.

Dr. Johnson exhibited a

TUMOUR FROM THE ANTERIOR MEDIASTINUM.

It weighed about a pound and a-half, and it was doubtful whether it was cancer or not. The subject was a patient, aged 84, in King's College Hospital. On admission, on November 5th, she was at first supposed to be labouring under typhoid fever. He had pain in the abdomen, with vomiting. On the 29th of November his urine was found to contain blood. It had been examined the day before, and was found to be then free from albumen. The kidneys were very much enlarged, and in each were about twenty circumscribed deposits, and in the centre of these was a hæmorrhagic patch. Under the microscope the deposit was found to consist of small cells, rather less than pus-cells, and not showing the same reaction on the use of acetic acid. Nowhere in the

tumour could cells be found at all resembling those usually considered cancerous. Dr. Johnson referred to a specimen on which Dr. Evans and Dr. Bristowe had formerly reported. The other parts of the kidney were apparently healthy. The tissues in the chest presented the same microscopical appearances as the deposit in the kidneys. Dr. Johnson requested that Dr. Bristowe might be appointed to examine and report upon the specimen.

Dr. Bristowe, in reply, stated that he should be very happy to make a further examination, if Dr. Johnson wished it. He had, however, since his report on the subject to which Dr. Johnson had alluded, made many examinations of similar specimens, and had found them to coincide with the character then given. He believed that in a large majority of specimens of medullary cancer, the microscopic characters resembled those described by Dr. Johnson, and that these tumours generally consisted almost wholly of nuclei.

Mr. Toynbee exhibited a specimen relating to a case of

ABSCESS IN THE BRAIN FROM DISEASED EAR.

The patient, an old man, had for long been the subject of a molluscous tumour in one ear. The tumour had induced ulceration of the petrous portion of the temporal bone, and destroyed the tympanic cavity. Secondary abscess in the brain had resulted. The abscess, the size of a pigeon's egg, was situated in the middle lobe of the cerebral hemisphere. Mr. Toynbee remarked that the case supported the opinion that disease of the brain might be induced by any source of irritation propagated from the ear.

Mr. Toynbee also showed a specimen of

OSSEOUS STRICTURE OF THE EUSTACHIAN TUBE.

It was the second specimen only of this affection which had fallen under his observation. The patient died from serous apoplexy. The stricture was one-third of an inch in length, and involved the middle part of the tube, the part near the tympanum and the part at the commencement being free, and of the natural size.

Mr. Toynbee then showed other specimens of

DISEASE OF THE EAR,

among which was one of accumulation of cholesterine in the mastoid cells.

And exhibited a specimen of

EXOSTOSIS OF THE INCUS AND MALLEUS.

This was the only case of true exostosis in the ossicles of the ear that he had met with. The bones were welded together by the bony growth.

Dr. Bristowe then exhibited

A SUPRA-RENAL CAPSULE.

It was completely disorganised from tubercuioid deposit. The patient was 18 years of age, and had been ill four months. The symptoms had been vomiting and emaciation. There were no other marked symptoms: there was no bronzing of the skin. A careful examination was made of the other side, and no disease whatever was found. Dr. Bristowe remarked that the case was important and interesting, as confirmatory of Dr. Addison's views as to the importance of the supra-renal capsules. It also bore out the correctness of his description of the constitutional symptoms resulting from their disorganisation. Bronzing of the skin was the only symptom deficient.

Dr. Bristowe then brought forward a specimen of

FIBROUS DEPOSIT IN THE MUSCLES OF THE LARYNX.

Dr. Bristowe considered that this specimen was analogous to that of syphilitic tumours of the muscles of the scapula, which was exhibited some years ago. There had been in the present case slowly-increased difficulty of breathing, apparently from narrowing of the larynx.

Dr. Bristowe also showed a specimen of

VILLOUS CANCER OF THE STOMACH.

In reply to Mr. Henry Thompson, Dr. Bristowe stated that there was encephaloid cancer in the liver, and that he considered the specimen exhibited to be of the same nature, only assuming the villous character where it affected the mucous membrane.

Mr. Sidney Jones now brought forward specimens of

SYPHILITIC TUMOURS IN MUSCLES.

He considered that these tumours were deposits depending on syphilitic inflammation of the muscle. He alluded to a specimen of tumour of the muscle on the dorsum of the scapula which he had exhibited three years ago. In this case also there were isolated deposits in the latissimus dorsi and teres muscles, and those on the venter of the scapula. He had also seen such tumours in the sterno-mastoid and latissimus dorsi, and found that they yielded to the influence of the iodide of potassium. The specimens he showed were from a woman, aged 30, who had severe and well-marked symptoms of syphilis, caries and necrosis of the bones of the skull, periosteal nodes, etc. There was a tumour two or three inches in length in the triceps, and there was also necrosed bone in the neighbourhood; but this Mr. Sidney Jones did not think to be connected with the deposit. Tumours taken from other parts had no such apparent connexion.

Mr. Spencer Wells presented the pelvis of a woman who had died of

TETANUS AFTER PERINEAL SUTURE,

performed for the relief of Prolapsus Uteri with Cystocele and Rectocele. The symptoms in this case had pointed to injury of the perineal nerves, and increased reflex excitability of the spinal cord, as the cause of the tetanus; and Mr. Wells had been anxious, therefore, to have a minute examination made of the nerves implicated in the operation. Mr. Couper, Demonstrator of Anatomy at the London Hospital, had made the post mortem, had removed the whole of the pelvis, and had afterwards made a careful dissection. He stated, and the preparation exhibited showed, that neither the hypogastric plexus, nor any of the nerves given by it to the lower part of the bladder and rectum, afford any signs of inflammation. The sacral canal was laid open from behind, and the *cauda equina* and sacral nerves appeared healthy. Except in the vicinity of the united wound, and in the mucous coat of the bladder, there was no trace of inflammatory change in the pelvis. The mucous surface of the bladder was speckled with small blood-stains, grouped in patches, and apparently seated in the substance of the mucous membrane. The gastric mucous membrane was found in a similar state; owing probably to the fact that the woman had been for forty-eight hours before death almost constantly under chloroform.

This preparation also showed very distinctly

ROUGET'S UTERO-OVARIAN MUSCLE,

Mr. Couper having the credit of being the first to demonstrate it in this country. It was plainly seen to consist of bundles of muscular fibres, forming a fan-shaped muscle between the folds of the broad ligament, and showing that the uterus, the ovary, and the Fallopian tube, are enveloped in a common muscular membrane, and that the contraction of the bundles of muscular fibres would draw the ovary and the fimbriated extremity of the Fallopian tube together; and, by inclosing the venous plexuses near the ovary, would complete the erectile system of the female organs of generation so beautifully delineated by Dr. Savage, and explain very simply the mechanism of ovulation.

Mr. Spencer Wells then exhibited,

SIX OVARIAN CYSTS AND TUMOURS REMOVED BY OVARIOTOMY.

I. *A Fibrous and Cystic Tumour* removed from a married woman, 29 years of age. It weighed seven pounds and a-half, and consisted of a lower solid portion, simply fibrous in structure, and of a large cyst at the upper part, which had contained several pints of fluid. Portions of fibrine were adherent to its inner coat. The patient died forty hours after operation, and about six pints of clear serum were found in the right pleural cavity. A portion of the abdominal wall, including the incision, was also shown to illustrate the accuracy of union of the divided peritoneal edges of the wound, when these edges are folded together by passing metallic sutures through them.

II. *A multilocular Ovarian Cyst*, with masses of psuedo-colloid substance in its walls, successfully removed from a married woman, 47 years of age. In this case the pedicle was

on the right side, but the left Fallopian tube, having been found diseased and adherent to the cyst, was also removed. The patient is now in robust health.

III. *A multilocular Ovarian Cyst*, successfully removed from a married woman 41 years of age. The chief point of interest in this case was the fact that tetanus had appeared a fortnight after the operation, and the patient had recovered during the use of woorara. The case had been brought before the Medico-Chirurgical Society.

IV. *A multilocular Ovarian Cyst*, also successfully removed by ovariotomy from a single woman, 29 years of age. The cyst and contents had weighed fifty-four pounds. Most of the cysts were very small, but they had been broken down one after the other, and the whole removed through a four-inch incision. The convalescence of the patient had been delayed by a bed-sore, but she was now quite well.

V. *The Fallopian Tube* and remains of the *Peduncle of a multilocular Ovarian Cyst*, successfully removed from a young lady only seventeen years and three months old. The cyst and contents weighed thirty-eight pounds; but the whole had not been preserved on account of the difficulty of showing the numerous aggregations of small cysts of which it was composed. One point of interest in the case was, that the pedicle had been completely twisted round during the growth of the tumour. Mr. Wells alluded to a case in New York where such a twisting of the pedicle had led to strangulation, obstruction of the veins, and gangrene of the cyst, followed, of course, by the death of the patient.

VI. *A semi-solid Ovarian Tumour*, weighing eleven pounds and a-half, and two large cysts attached to it which had contained forty-one pounds of fluid, forming together a very large tumour of the right ovary, which Mr. Wells had removed from a single woman in the Samaritan Hospital, on the day of meeting. It was an unfavourable case, but one in which it was decided to give the patient the chance of a cure, as it was clear that life could not be prolonged very much, and it was not thought right to leave the woman to an inevitable and painful death, when there was even a moderate hope of recovery after operation. Mr. Wells had seen her just before the meeting, and she was then going on remarkably well.

Mr. Wells added that he had now brought before the Society *all* the ovarian cysts and tumours of the cases in which he had performed ovariotomy. At the meeting of the Society of the 1st of November, he had shown a cyst removed four days before the meeting, and stated that the lady had gone on well since the operation. He had now to add that she continued to do well until the eighth day, when tetanus came on and she died two days afterwards. This case had been treated by woorara, and had also been brought before the Medico-Chirurgical Society. The general result of Mr. Wells's personal experience of ovariotomy in Hospital and private practice, had been nine recoveries and four deaths out of thirteen cases. The case last alluded to was the fourteenth.

WESTERN MEDICAL AND SURGICAL SOCIETY.

November 4, 1859.

A. B. Barnes, Esq., President, in the Chair.

A Paper by Dr. Fuller was read,

ON CERTAIN POINTS CONNECTED WITH THE TREATMENT OF RENAL ANASARCA.

The points Dr. Fuller selected as the subject of his paper were: 1st. The cause of the epileptiform seizures and other head symptoms which arise during the progress of renal disease, together with the best mode of obviating them; 2nd, The propriety of employing ferruginous preparations and renal stimulants in certain forms and at certain stages of renal disorder. Dr. Fuller observed, in regard to the first point, that although the head symptoms are commonly supposed to be referable to the non-excretion of urea by the kidneys, and to its consequent accumulation in the blood, many facts conduce to the belief that the mere existence of urea in the blood is quite inadequate to their production. Amongst the facts cited in proof of this position may be mentioned the frequency of head symptoms in cases of acute renal mischief, marked during life by extremely albuminous or even bloody urine, and characterised after death by the large smooth mottled kidney; cases in which the urine is seldom of very low specific gravity, and in which a considerable amount of urea is excreted; and on the other hand the great length of time, the long series of years, during which patients suffering from the small, dwindled granular kidney, whose urine ranges from 1002 to 1008, will go on with their intellects unimpaired and their nervous system undisturbed, in spite of the extreme scantiness of the excretion of urea. Dr. Fuller mentioned the case of one such patient whom he had had under observation at intervals during the last fourteen years, the specific gravity of whose urine throughout that period had never exceeded 1007, and usually averaged 1004. The urine was not particularly abundant, and the quantity of urea excreted was very small, yet the man, though languid and unequal to long-continued bodily exertion, had never suffered in the slightest degree from disturbance of his sensorial functions. Another fact which seems to point to some sudden and temporary alteration in the condition of the blood—some decomposition of the urea long existing in the blood, or some other unusual chemical change—as the cause of the convulsions and insensibility, is the suddenness with which these symptoms arise, and the speed with which they pass off; until a few hours before the attack there is usually nothing in the general appearance of the patient or in the condition of his urine to indicate a change for the worse; and when the symptoms pass off, which they usually do in a short space of time, there is no observable improvement in the general symptoms; no appreciable alteration in the condition of the urine. Nevertheless, Dr. Fuller drew attention to the fact that head symptoms are especially prone to arise when the patient is unduly lowered or depressed, and he urged the necessity for extreme jealousy in maintaining as healthy a condition of blood as possible, by regulating the supply of food, by enforcing exercise, encouraging the action of the skin, and in every way providing for the elimination of the effete materials of the body by a more than ordinary demand on the activity of the excretory organs; and further in avoiding all measures, whether dietetic, medicinal, or otherwise, calculated to exhaust or unduly depress the nervous centres. With a view to guard against this condition, Dr. Fuller urged the expediency of maintaining a proper tone of the system by the cautious exhibition of diffusible stimulants, and by the occasional administration, for a lengthened period, of small doses of iron in a light bitter infusion. In respect to the administration of direct renal stimulants, Dr. Fuller combatted the opinion so often propounded, that when the kidneys are diseased our aim should be to avoid stimulating them, and to prescribe such remedies only as will increase the action of the other excretory organs. Observation, he said, had long since convinced him that the practice founded on this opinion is extremely inefficacious; and he maintained that the use of vapour-paths, diaphoretics, and purgatives, to the exclusion of diuretics and direct renal stimulants, is as false in theory as it is unsatisfactory in its practical results. He drew attention to the fact that Bright's disease is confined to persons in weakened health, and is essentially a disease of malnutrition, characterised by general anæmia, and by low congestion of the kidneys, rather than by active inflammation. Therefore, on the same principle as that on which stimulating applications are employed to relieve congested conditions of the throat, languid ulcers, scrofulous eyelids, and other seats of diseased action characterised by low congestion and malnutrition, he insisted that in these cases of renal malnutrition and passive congestion renal stimulants, such as cantharides and turpentine, should be employed, in conjunction with saline purgatives, vegetable bitters, iron, and whatever may be necessary to improve the general health. He acknowledged that, in cases of renal mischief, marked by acute desquamation of the uriniferous tubes, the propriety of such treatment admitted of doubt, and that the warm bath, dry cupping to the loins, and the exhibition of digitalis and brisk purgatives, generally prove more serviceable; but he cited cases to prove that even when desquamation is proceeding actively, as it does in most instances of scarlatinal dropsy, long after the feverish symptoms have subsided, the exhibition of iron and the tincture of cantharides is often followed by the happiest results.

FRIDAY, NOVEMBER 18.

Dr. FINCHAM, Vice-President, in the Chair.

ON A CASE OF ANGINA PECTORIS, WITH OSSIFICATION OF THE ANTERIOR CORONARY ARTERY.

The history, treatment, and fatal termination of this interesting case were first detailed at length, and the post-mortem appearances then given in full, accompanied with remarks upon their import. The principal points were:—A gentleman, aged 57, of a robust form and apparently in good health, had suffered for some time from difficulty of breathing on walking quick. In January last, he was suddenly attacked with pain beneath the left clavicle; dyspnœa; great anxiety; a disposition to faint, with paleness of countenance. He recovered after stimulants had been administered, and mustard poultices applied to his chest. A succeeding paroxysm of greater severity followed in two or three hours, which was again successfully treated. The author was called to his patient again in September, when the same and other remedies were ineffectual. A post-mortem examination revealed an ossified condition of the anterior coronary artery, obstructing it almost two-thirds down. The cavities of the heart were greatly dilated, and the walls much enlarged. The muscular portion of its valves was thickened. There was stertomatous and bony deposit under the lining membrane of the aorta.

Dr. ANSTIE exhibited a specimen of

TUBERCULOUS ULCERATION OF THE LARYNX AND TRACHEA.

It was taken from a patient who entered the Westminster Hospital with symptoms of phthisis, accompanied with loss of voice, difficulty of deglutition, and other symptoms of ulceration of the larynx. She died about seven weeks after admission. The history of the case was remarkable from her having been attacked only eight months previously with the throat symptoms, no suspicion of chest disease being then entertained. The post-mortem examination discovered extensive deposit of miliary tubercles in the lungs, and ulceration of the larynx and trachea. The vocal cord of the left side was found completely destroyed, and the thyroid and arytenoid cartilages laid bare. The trachea, for two and a-half inches below the larynx, had patches of ulceration, exposing the tracheal cartilage. The epiglottis was unaffected.

Mr. T. DICKINSON exhibited a specimen of

PERFORATING ULCER OF THE STOMACH.

It occupied the anterior surface, near the lesser curvature. The man had been ill twenty-four hours, but was not seen until after death. There had been no vomiting, and comparatively little pain.

Mr. PRESCOTT HEWITT then related three cases which had come under his notice within a fortnight—of children who, presenting themselves with a discharge from the nostrils, foreign bodies were discovered impacted in them. In one a long screw, in another a button, and in the third some wood shavings were extracted. The symptoms in one case had existed three years, and in all they had been treated for ozena.

THE HARVEIAN SOCIETY.

THURSDAY, DECEMBER 1.

Dr. HART VINEN, President, in the Chair.

A Paper by Mr. HARRY LOBB was read upon

THE PATHOLOGY AND TREATMENT OF IDIOPATHIC PERIPHERAL NEURALGIA.

He commenced by dividing neuralgia into:—1. Central; 2. Peripheral; and 3. Reflected. Of the Central, arising from disease of the brain or spinal cord, he did not speak. The second he divided into idiopathic, traumatic, and neuromatous. The third—Reflected—he proposed considering in a future paper. Idiopathic peripheral neuralgia was described as a stabbing, darting pain, referred to the course of a nerve, shooting down the nerve like lightning, coming on suddenly, lasting but a moment, and repeated at intervals; the pain is so acute as to be unendurable if continuous. The part or limb affected by this form of neuralgia is colder, and the skin supplied by the neuralgic nerve is numb more or less; not tender to the touch, the patient liking to be rubbed—frequently grasping the part with the hands and pressing it; if the neuralgia has lasted any time, there is more or less paralysis in the muscles supplied by the accompanying motor nerve. The author then gave his views at some length upon the generation and distribution of nerve force from the capillary circulation, in order to make his description of the pathology of this form of neuralgia intelligible. He described a sentient nerve as a conductor to the brain of sensation taking place at the periphery. Neuralgia is not, therefore, hyperæsthesia of healthy function. During health a nerve has no sensation proper in itself; if you strike it, or cut or tear it, the sensation is referred to the parts to which it is distributed, but in this form of neuralgia it is the nerve itself to which the pain is referred as darting up and down its course. Mr. Lobb then likened a sentient nerve to an iron conducting-wire of a galvanic battery, which of a certain uniform diameter conducts a given quantity of galvanism without being perceptibly affected by its passage; but if a portion of the wire be much finer than the rest it becomes red hot, being unable to conduct the whole of the galvanism, the remainder correlating into heat. So in a nerve, if by malnutrition it is unable to conduct normal sensations to the brain, the nerve current, by affecting the polarity of the nerve itself, gives the idea of pain in that portion of the trunk of the nerve, its peripheric terminations at the same time being numbed. The author considered the indications for treatment, therefore, to be increased and healthy circulation, arterial and nervous. After enumerating the usual methods of treatment, he considered the only agent capable of carrying out these indications to be the continuous galvanic current; and he recommended, as the only apparatus that can be worn upon the surface and capable of generating a sustained current, the Pulvermacher chain, producing a continuous current of galvanic electricity in one uniform direction, mild, yet sufficiently energetic for Medical purposes. Mr. Lobb then described the method of applying the chain, and exhibited some experiments with its aid,—as the decomposition of water, contractions of muscles, etc. In the treatment of idiopathic peripheral neuralgia he looked upon the Pulvermacher chain as a specific. Immediately upon adapting the excited chain to the part, a genial and peculiar glow is felt, not mere warmth, but a sense of vitality in the part; the patient is aware of a life-giving agent, and immediately says that he is relieved; the neuralgia disappears, and sensitiveness of the surface returns. The paper concluded with several interesting cases in which the continuous galvanic current afforded rapid and permanent relief.

OBITUARY.

DR. WILLIAM ROOTS, OF KINGSTON.

IT is our painful duty to record the death of the above respected gentleman, which took place at Kingston on the 2nd inst., in the eighty-fourth year of his age. The regret which will be deeply, and we may add, universally felt at his loss, will be long remembered by those who were the witnesses of his public usefulness and his private worth. During the active pursuit of his Profession for upwards of half-a-century, during his connexion with the Corporation of this Borough, and during the comparative retirement of his later years, his character and his acts, alike useful and honourable, have secured for his memory the gratitude of many, the esteem and respect of all. This noble legacy of a good man and a good citizen will, we are assured, be not lightly valued, but affectionately preserved by his friends and Professional brethren.

Dr. Roots was one of the oldest and most respected members of our Profession. His college diploma dated 1801. He was held in deserved regard for the high tone of his Professional conduct. He was gifted with varied conversational powers, and his reminiscences of the "great ones of the past"—as he had been a pupil of John Hunter—always rendered his company both attractive and instructive.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 2nd inst. :—

Anderson, Alfrod, Manchester
Blackburn, John, Barnsley, Yorkshire
Drury, John Thomas Cockin, Doncaster
Edye, Stonard, Exeter
Fox, Allan Nesbitt, Dublin
Godwin, Charles Henry Young, Bishopstoke, Hants
Heslop, Arthur, Kirkby-Stephen, Westmoreland
Knight, Thomas, Brill, Bucks
Lane, William Beamish, Arlaustown, Kinsale, Cork
Mitchell, Thomas Carter, Bedford
Morgan, Cosby William, Brisbane, Australia
Smyth, Brice, Dublin
Thompson, Herbert, Westerham, Kent
Winkfield, Alfred, Bedford

The following gentlemen, having undergone the necessary Examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 5th inst. :—

Addison, William John, Wigton, Cumberland
Atwell, George Haines, Campden-hill-villas, Kensington
Bennett, George John, Gateshead
Bernard, John Celestin, Trinidad, West Indies
Bowen, David, Haverfordwest
Cook, John, Kentish-town
Copp, Henry Burton Peard, Kimbolton-road, Bedford
Dawson, George, Bishop Auckland
Dickins, Frederick Victor, Manchester
Franks, John, Sevenoaks, Kent
Freeman, William, Maldon, Essex
Greenwood, Newton, Truro, Cornwall
Horniblow, William Robert, Shipston-on-Stour, Worcestershire
Horton, Henry James, Fulham
Hunt, Thomas, Alfred-place, Bedford-square
Kitchener, Thomas, Trinity-square, Borough
Mayan, George, Monmouth
Mawley, Augustus, Gower-street, Bedford-square
Sheldon, Thomas, Stratford-on-Avon
Simmons, Benjamin, Hatfield, near Doncaster
Smith, William, Aberdeen
Terry, Joseph Garside, Westerham, Kent
Williams, Robert, Liverpool
Wilson, Jacob Affriatt, Sydney, Australia
Woodhead, William Copley, York

At the same meeting of the Court, the following gentlemen also passed their Examinations for Naval Surgeons; they had previously been admitted Members of the College, their diplomas bearing dates respectively the 9th of August, 1852, and the 28th of October, 1853 :—

Eustace, Richard, Haslar Hospital
Ryan, Edward Tenison, Her Majesty's ship "Pembroke"

APOTHECARIES' HALL. — Names of gentlemen who passed their First Examination, on Thursday, the 1st December :—

Bowstead, Rowland Mounsey, Caistor, Lincolnshire
Orton, Theodore, Littlebourn, Kent

UNIVERSITY OF LONDON.—Bachelor of Medicine, 1859.—The following gentlemen have passed their Examination for Honours :—

PHYSIOLOGY AND COMPARATIVE ANATOMY.

Crowfoot, W. M. (University Medical Scholarship and Gold Medal), St. Bartholomew's Hospital
Gasquet, Joseph Raymond (Gold Medal), University College
Thompson, Edmund Symes, King's College
Moxon, Walter, Guy's Hospital
Robbs, William Edward, King's College

SURGERY.

Crowfoot, W. M. (University Medical Scholarship and Gold Medal), St. Bartholomew's Hospital
Hill, Matthew Berkeley (Gold Medal), University College
Thompson, Edmund Symes, King's College
Moxon, Walter, Guy's Hospital
Marriott, Charles Hayes, University College
Jones, Philip Sydney, University College } Equal.
Liddon, William, King's College }

MEDICINE.

Thompson, E. S. (University Medical Scholarship and Gold Medal), King's College
Robbs, William Edward (Gold Medal), King's College
Gasquet, Joseph Raymond, University College } Equal.
Marriott, Charles Hayes, University College }
Moxon, Walter, Guy's Hospital
Jones, Philip Sydney, University College
Hill, Matthew Berkeley, University College
Crowfoot, William Miller, St. Bartholomew's Hospital

MIDWIFERY.

Crowfoot, William Miller (Gold Medal), St. Bartholomew's Hospital
Jones, Philip Sydney, University College
Thompson, Edmund Symes, King's College
Moxon, Walter, Guy's Hospital
Robbs, William Edward, King's College

The following gentlemen also passed the M.D. Examination :—

FIRST DIVISION.

Carpenter, Alfred, St. Thomas's Hospital
Cousins, John Ward, St. Thomas's Hospital
Down, John Langdon Haydon, London Hospital
Foster, Michael, B.A., University College
Giles, Samuel, B.A., Guy's Hospital
Hardwick, Robert George, Leeds School of Medicine
Lawrence, George William, King's College
Lewis, Thomas, University College
Meeres, Edward Evan, King's College
Newman, William, St. Bartholomew's Hospital
Wilkinson, Richard, King's College.

APPOINTMENTS.

BENNETT—PAGE.—On December 7, Dr. R. Bennett and Dr. Page were elected Consiliarii of the College of Physicians of London, in the place of Sir J. Forbes and Dr. Sutherland, resigned.

BRIGHT.—On December 1, Mr. John Meaburn Bright was elected Resident Medical Officer of the Guildford Dispensary.

POWER.—On December 1, Henry Power, F.R.C.S., M.B. Lond., as Surgeon to the Royal Westminster Ophthalmic Hospital.

ROUSE.—On December 1, Mr. James Rouse as Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

DEATHS.

ANDREW.—December 1, at 15, Queen-street, Edinburgh, Dr. James Andrew, Cantab., F.R.C.P., F.R.S.E.

DOUGHTY.—November 25, at Greenheys, Manchester, William Doughty, formerly of Kidderminster, Surgeon, aged 78.

FLETCHER.—December 2, at 39, Upper Gower-street, Bedford-square, John William Fletcher, late of the Bengal Medical Service, aged 41.

MACFIE.—November 29, at Albany-place, Dumfries, William Henry Macfie, M.D., formerly Surgeon to the 9th Regiment Turkish Contingent, late of Great Brunswick-street, Dublin.

MINER.—November 16, at New York, William Miner, M.D., aged 44.

PESKETT.—December 2, at Yarmouth, Isle of Wight, after only a few days' illness, Henry Peskett, M.D., late of Petersfield, Hants.

SALMON.—Recently, Surgeon-Major E. Salmon, late of the Scots Fusileer Guards.

SUCH.—November 29, at 19, Euston-road, Edwin John Such, late of Islington, Surgeon, aged 43.

TRENCH.—December 1, at 16, St. James's-square, Notting-hill, John P. Trench, Staff-Surgeon to the Forces, aged 40.

TURNER.—Recently, in Scotland, William Turner, Surgeon, R.N. (1807.)

THE cholera having disappeared at Algesiras, clean bills of health are now issued there.

DR. BACHHOFFNER states that the number of illegitimate children born in Marylebone, in and out of the workhouse, during the past five years, was 1937; and that of these 843 were born in the workhouse.

THE EMPEROR OF RUSSIA has ordered that in the Military Hospital at Moseow one hundred beds shall be placed at the disposal of Dr. Kreyser, for the treatment of patients exclusively on hydropathie principles.

THE NEW ARMY MEDICAL SCHOOL.—Mr. Tufnell, Professor of Military Surgery in Dublin, objects to the proposed Central School, and recommends the appointment of local Professors at each of the principal Medical Schools.

THE PURITY OF GLYCERINE may be tested by dropping into a glass of it a few drops of nitrate of silver. If, as is often the case, the glycerine contains any chlorides, there will immediately take place a cheesy precipitate.—*Bull. Thér.*

DR. GILLETTE, Physician of the Hôpital des Enfants, died lately from diphtheritie angina, contracted in the practiee of his art. He is, we believe, the fourth victim of the Medical Body sacrificed, in a short period, through the contagion of this dreadful disease.

BRUTE INSTINCT AND HUMAN WIT.—Dr. Hooker, in describing the ascent of the Himalayas, says, that the natives, in making their paths, despise all zig-zags (like the ancient Romans by the way), and run in straight lines up the steepest hill faces; while "the elephant's path is an exeellent specimen of engineering—the opposite of the native track—for it winds judieiously."

THE French have their failures in ornamental art as well as ourselves. They speak now of "that frightful bronze

caricature which, as a work of art, so cruelly dishonours the Court of the Faculty of Medicine of Paris, and which has the ill-founded pretention of representing the illustrious author of 'Researches on Life and Death.'"

"In the returns of 108 Coroners' Inquests, held in Ceylon during five years, from 1849 to 1855, in cases of deaths occasioned by wild animals, 16 are recorded as having been caused by elephants, 15 by buffaloes, 6 by crocodiles, 2 by boars, 1 by a bear, and 68 by serpents—the great majority of the last class of sufferers being women and children who had been bitten during the night."

Oxford Examination for Honours. — Chemistry: Henry Charlton Bastian (prize of books), University College; William Crosby Barlow, Hackney Theological Seminary; Matthew Henry Starling, King's College. Animal Physiology: Henry Charlton Bastian (prize of books), University College; Julian Goldsmid, University College; Robert Henry Roberts, Baptist College, Bristol. Vegetable Physiology and Structural Botany: Henry Charlton Bastian (prize of books), University College.

A New Idea.—Dr. Foussagrives, amongst other conclusions concerning tartar emetic, has arrived at this one:—That in large doses it generally arrests the acute accidents of tuberculous softening in the lungs, and maintains or brings back the consumption to that condition in which mineral waters and fish oils are so successfully used. The existence of signs of softening of the stomach (what is this disease, and what are its signs?) constitutes the only contra-indication to the use of the tartar emetic.—*Bull. Thér.*

"Such is Homœopathy. It is not a system, and hardly can it be called a method. It is really nothing but a combination of hypotheses borrowed from different systems, an attempted innovation, in which the influence of metaphysics and mystic spiritualism is mingled; the marvellous plays a part in it, and a large part also belongs to the supernatural, to the invisible, to the mysterious—to all those things which can seduce feeble or ill-enlightened minds."—*Revue des deux Mondes.*

Water Cures.—In Argentine America the people still believe in the conservative powers of sarsaparilla, and in consequence a crowd of patients journey to the Rio Negro for the sole purpose of taking baths in the stream and drinking its waters which have bathed the roots of the sarsaparilla plant. On the other hand very different properties are attributed to a fountain of Cavacurta, in Lombardy, by the inhabitants. The young people around are accustomed to drink its waters about the period of the conscriptions, fifteen days before the day of drawing lots, and thereby catch a goître to exempt them from military service.

Sir E. Tennent, speaking of the practice of a native doctor of Ceylon, says that when his house was searched, in consequence of the Report that a number of dead children were secreted there, "there was a volume of receipts for compounding nefarious preparations and poisons, and along with these a manuscript book, containing the necessary diagrams and forms of invocation to 'Siva the Destroyer' for every imaginary purpose,—to seduce the affections of a female, to effect a separation between a husband and wife, to procure abortion, to possess with a devil, to afflict with sickness, and innumerable directions for procuring the death of an enemy." In this remarkable Treatise on Domestic Medicine there was not a single receipt for the cure of disease.

Winter Lecturers at the Paris Faculty of Medicine.—The following are the names of the various Professors at the Faculty for the Session commencing Nov. 15:—Medical Physics, Gavarret; Medical Pathology, Guillot; Operations and Apparatus, Malgaigne; Medical Chemistry, Wurtz; General Pathology and Therapeutics, Lasègue, in place of Andral; Surgical Pathology, Denonvilliers; Clinical Medicine, Bouilland, Piorry, Rostan, and Trousseau; Clinical Surgery, Laugier, Jobert, Velpeau, and Nélaton; Clinical Midwifery, Paul Dubois.

The alleged Sale of Medical Diplomas.—In reference to the statement which appeared in this journal, October 8th, the editor of the *Boston Medical and Surgical Journal* says:—"We can assure the *Times and Gazette*, that there is not the least danger that any University or Medical School in America would sanction such transactions. Either the letter is a most absurd hoax, or, what is more likely, is the production of an insane man. There is no 'Latin Secretary' in any University or College in America to our knowledge; and there is no such place as Clarksville, in Cayuga County, N. Y. We do not believe it possible for a diploma (other than an honorary one) to be given by any American College to a person who has not attended the lectures, and submitted to the examinations of all the Professors who sign it."

Under the head of Experimental Pathology, Beckmann has published the following details. As regards albumen in the urine as a consequence of increased pressure in the arterial system, he tied the abdominal aorta of a dog an inch below the renal arteries, but never could find albumen in the urine for a month, during which time the animal was under observation. In another experiment he tied both crural arteries, and still found no trace of albumen in the urine. In a further series of experiments, Beckmann observed hypertrophy of the heart as a consequence of ligature of one ureter, and after ligature of the aorta. The kidney whose ureter was tied was found atrophied at the end of four months, the urine never having presented the slightest change in constitution.—*Gaz. Méd.*

In Scotland, during the last (Registrar-General's) quarter, we find that of the 26,003 births 2,304 were illegitimate, or about 8·8 per cent., the smallest per-centage 2·2, being in Sutherlandshire, and the largest, 19·2, in Kinrosshire. The proportion of illegitimate births in the town districts is 8·6, and in the country 9·1 per cent. Of the births registered 13,306 were males and 12,697 females, and of the deaths, 6785 were males and 6565 were females. The estimated increase of the population during the quarter is 8407 persons. The health of the population during the quarter has been on the whole very satisfactory; but scarlatina, sometimes accompanied by diphtheria, seems to have been alarmingly fatal in various parts of the country, and some cases of cholera were reported, chiefly in Caithnessshire. The weather report is chiefly remarkable as showing a great deficiency in the fall of rain.

Death during Inhalation of Sulphuric Ether.—A woman, aged 27, came under the care of Dr. Alonzo Clark, at the Bellevue Hospital, suffering from intense and frequently-recurring headache, the pain being sometimes so intense as to cause her to scream and throw herself about. For the last four or five weeks there had been great unsteadiness of gait, and a disposition to roll out of bed, invariably towards the left side. Sulphuric ether was the only means which relieved her headache. This it did effectually; and it had been employed three times, two or three ounces being used each time, without ill effect. After having thus been three months in the Hospital, the ether was administered as before; and in a few minutes voluntary respiration ceased, and the countenance became somewhat livid, the pulse being rapid but tolerably strong. She was carried to the window, and artificial respiration was kept up during seven hours, various other means being also resorted to. The pulse remained perceptible for twenty minutes, and the countenance alternated between a livid and a brighter hue for several hours. At the autopsy, a tumour was found occupying the right lobe of the cerebellum. The blood was everywhere fluid and dark-coloured, and the veins of the head contained a notable quantity of air.—*Boston Medical Journal*, vol. lxi., p. 245.

Ceylon Metals.—In 1847, tin was ascertained to exist in the alluvium along the base of the mountains to the eastward, but so circumstanced that it cannot be extracted with advantage. Nickel and cobalt appear in small quantities in Saffragam, together with rutile and wolfram, which might find a market in China for the colouring of porcelain. Tellurium, another rare and valuable metal, hitherto only found in Transylvania and the Ural, has likewise been discovered on these mountains. Manganese is abundant, and there is a description of iron ore which is singularly fine; it is easily smelted, and so pure when reduced as to resemble silver. The rough ore produces on an average fifty per cent., and requires no puddling; when converted into steel it cuts like a diamond. "The metal," says Dr. Gygax, in his report to the Ceylon Government, "could be laid down in Colombo for £6 per ton, even supposing the ore to be brought thither for melting, and prepared with English coal; but anthracite

being found upon the spot, it could be used in the proportion of three to one of the British coal, and the cost correspondingly reduced." Rich veins of plumbago, molybdena, kaolin, adapted for the manufacture of porcelain, and nitre, are also known to exist in the island.

ROYAL INSTITUTION OF GREAT BRITAIN.— General Monthly Meeting, Monday, December 5, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the Chair. Thomas Richard S. Andrews, Esq., George March Harrison, Esq., Andrew Halley Knight, Esq., Hon. Augustus Henry Vernon, Lachlan Mackintosh Rate, Esq., M.A., Alfred Smee, Esq., F.R.S., and William Swann, Esq., were duly elected members of the Royal Institution. The Secretary announced that the following arrangements had been made for the Lectures before Easter, 1860 :—Six Lectures on the "Various Forces of Matter" (adapted to a juvenile auditory), by Professor Faraday, D.C.L., F.R.S., &c., Fullerian Professor of Chemistry, R.I. To be delivered in the Christmas Vacation, 1859-60. Twelve Lectures on "Fossil Birds and Reptiles," by Professor Owen. Twelve Lectures on "Light, Including its Higher Phenomena," by Professor Tyndall. Ten Lectures on the "Relations of the Animal Kingdom to the Industry of Man," by Dr. Edwin Lankester, M.D., F.R.S.

"SUGAR IN THE URINE," writes M. Henry Musset, "does not necessarily imply the existence of diabetes. One may pass sugar with the urine, and yet enjoy perfect health. Dr. Blot has shown that sugar exists normally in the urine of all women during parturition, of nurses, and of a certain number of women during pregnancy. Dr. Leudet has shown in paraplegic patients that there is a constant relation between the appearance of the nervous cerebral accidents and the glycosuria. Dr. Itzigsohn relates a remarkable case of traumatic diabetes, occurring in a blacksmith who had received a blow on the top of the head. Dr. Todd has also given a case of diabetes which was observed in a woman after she had received a blow on the head. Prout observed sugar in the urine of dyspeptics and aged persons, and Dr. Goolden in children during dentition. Thus, then, there are numerous circumstances, physiological and pathological, which, directly or indirectly, concur in the formation of sugar in the economy. Can we now, with M. Mialhe, explain the presence of the sugar in the urine, by the greater or less alcalinity of the blood, which in the latter case cannot transform the glucose —the glucose then becoming a foreign matter in the body, and so discharged by the kidneys? Or, with M. Bouchardat, shall we explain the glycosuria by supposing the presence of some peculiar principle, which has an action on starch like that of diastasis? Then, again, we have the explanation, resulting from discovery of the glycogenic function of the liver by M. Bernard, viz., that the function of this organ is impeded, and the sugar thrown into the general circulation. When, however, we consider, that in every body there are products which are returned by the lymphatics into the general circulation; that the transformation of starch goes on normally in the intestines; and that it is accomplished even in the mouth under the influence of the salivary diastasis; and if, moreover, we recollect—that glycosuria accompanies dentition, dyspepsia, certain cerebral disturbances, that it may be caused by irritation of the brain at the origin of the eighth pair of nerves; that it exists in pregnant and parturient women and nurses—are we not naturally brought to the conclusion, that diabetes is a neurosis troubling the harmony of the assimilating functions?"—*L'Union Méd.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 3, 1859.

BIRTHS.

Births of Boys, 915; Girls, 912; Total, 1827.
Average of 10 corresponding weeks, 1849-58, 1608·7

DEATHS.

	Males.	Females.	Total.
Deaths during the week	642	662	1304
Average of the ten years 1849-58	616·6	615·9	1232·5
Average corrected to increased population..	..	..	1356
Deaths of people above 90	..	..	6
Deaths in 15 General Hospitals	46	27	73

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	9	4	1	4	3	5
North ..	490,396	11	6	20	4	8	5	9
Central ..	393,256	9	6	13	1	2	3	6
East	485,522	8	10	28	5	6	2	10
South ..	616,635	8	2	22	2	4	3	11
Total . ..	2,362,236	39	33	87	13	24	16	41

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·741 in.
Mean temperature	37·3
Highest point of thermometer	48·0
Lowest point of thermometer	29·0
Mean dew-point temperature	34·1
General direction of wind	Variable
Whole amount of rain in the week	1·18
Amount of horizontal movement of air in the week.. ..	1463 miles.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

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It is quite unnecessary to make a single remark upon the great interest of such a Series of Papers from so eminent a Physician, and so able a writer as Dr. CONOLLY.

Dr. SIMPSON's Twenty-fifth Lecture is in type, but the proof arrived too late for correction and insertion this week.

A Lecture by Dr. West on "Cerebral Symptoms independent of Cerebral Disease," will appear in an early number.

Dr. Adams's Letter on Fœtal Auscultation is unavoidably delayed until next week.

Fair Play's letter on the Indian Medical Service shall appear next week.

Delta.—A translation by Dr Squire, of Boudault's pamphlet on Pepsine, is sold for sixpence.

A Correspondent wishes to know where the Latin proverb, *Poeta nascitur non fit* is to be found.

No Sham.—No one who has not a degree of Doctor of Medicine can legally or honestly append the initials "M.D." to his name.

A. A. A.—"*Purus Medicus, Purus Asinus,*" wrote a Physician of the last century, who considered that a man might be a good cobbler without sitting for ever on his stool.

J. D.—The letter of Mr. Laurence appears to be a *private* one. If so, it would not be right to publish it; but we should be glad to know if it be official or not, before returning to the subject next week.

A Constant Reader.—The right of Licentiates of the Royal College of Surgeons of Edinburgh to practise *Medicine* appears to have been yielded since the passing of the Medical Act, and the two Edinburgh Colleges now unite in giving the double qualification by a joint diploma

S. R. T.—The payment for a practice varies very much according to its value, the period of introduction, and the class of patients. One years' purchase for a short introduction, or two years' purchase for a long introduction, with a certain share of profits during the period of introduction, is a common and fair arrangement.

E. B.—The publication of the letter respecting the Reverend Cancer-Curer and Mesmerist would expose both us and our Correspondent to an action for libel; but we think the case should be stated openly before a Magistrate at a Police Court. The Medical bearing of the case is so indirect that we should not be justified in taking it up.

W. C.—We are not aware whether or no "Dr. William Batchelour, Member of the Royal College of Surgeons of England, 1835, and Member and Licentiate of the Apothecaries' Company, 1834, Doctor of Medicine of Erlangen," really holds these diplomas. If so, he has violated his College oath not to deal in secret remedies, and the College have the remedy in their own hands.

English Spelling of French Names.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You three weeks ago gave an amusing account of the way in which a learned French author treats English names. A well known English Medical Journal lies before me, and I just dot down a couple of like frequent errors which met my eye in running through its pages,—Borden, Souberain. I am, &c.

Croydon, December 3, 1859. T. M.

Dr. Rooke.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you allow me to state for the information of my friends, who may feel surprised at my aspiring to municipal honours, that I am not the "Dr. Rooke" who, according to your last number, "has been elected an Alderman" (or rather Town Councillor), "of Scarborough after a severe contest." I am, &c.

Scarborough, December 3, 1859. T. Morley Rooke.

Action of Woorara.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Your Paris correspondent tells us M. Bernard declares that "the action of Woorara is infinitely less marked when administered to the mutilated and suffering animal, than when given to the healthy and strong." I beg to subjoin the following, as proof of the comparatively inert action of poisons on animals severely mutilated. I some years ago administered about half-an-ounce of Scheele's hydrocyanic acid to a favourite setter, who had been run over by a Great-Western Railway train. The animal was brought home with the hinder part of its body completely smashed into a jelly-like mass; but it lay sensible and as alive in its intelligence as ever. On this animal the hydrocyanic acid had no apparent effect, and it was ultimately destroyed by strangulation.

I am, &c. Sic.

Irish Poor-Law Commissioners—The Medical Registration Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A vacancy having occurred for Medical Officers to a Dispensary two candidates offered themselves, the one registered the other not. The election took place and the votes were equal, which saved a "triumph to either party." The "registered" candidate naturally considered that his opponent was disqualified, and accordingly addressed the Poor-Law Commissioners on the subject, asking the question. The Commissioners in reply say "that there is nothing in the 'Medical Charities Act' to prevent an unregistered practitioner from being put in nomination for the office of Medical Officer of a Dispensary district; but the 36th section of the Medical Registration Act disqualifies unregistered persons for the office in question" (!!) If the commissioners, therefore, have a pet unqualified person elected, they will simply withhold their sanction to his election until they ascertain that he has registered, and thus oust a qualified man from an office by their dictum on the law. This is a question which should be at once settled by the Medical Council, or some competent authority. I am, &c.

November 30, 1859. M.D.

The Dudley Surgeons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your leading article of December 3, you say that "the College of Surgeons not long ago admitted to a modified examination, and granted Diplomas of Surgery to, two applicants who had in no way complied with established regulations,—the one a Druggist, and the other a Surgeon's Assistant."

Up to the present time the Assistant only has been fortunate enough to obtain the Diploma, for since the protestation the Druggist has not been up for his examination, and I am informed that it was in consequence of a promise previously given to the Assistant's master, that he only has been the favoured one.

You will, perhaps, excuse me for setting you right upon the facts, though they so little affect the question at issue. If Medical Registration Associations are formed for the protection of their Members under the Medical Act, is it not a little curious that the prime movers in this untoward step of the College should be gentlemen most intimately connected with the management of the Association in Birmingham?

Dec. 6, 1859. I am, &c. M.R.C.S.E.

Poor-Law Medical Reform Association.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Mr. Richard Griffin seems to have forgotten that my inquiries concerning the so-called "Poor-Law Medical Reform Association" were addressed to you, and not to him; and as you are in possession of my real name, there is no reason why "Mr. Paul Jones must be classified under the head of anonymous communications," as Mr. Griffin so queerly expresses it.

In his reply to you he states that he is Chairman, Treasurer, and conducts the correspondence;" (*i.e.* Secretary) that there is a committee of thirty-four, who can seldom meet, but with whom he has "had frequent communication." He does not tell us what constitutes membership, nor how this committee was appointed.

However, I will not assume entire ignorance on these points, for I believe that Mr. Griffin claims as members all who in years gone by have sent him a Post-office order or a few postage stamps—many of whom, as he well knows, do not now take part in his proceedings, or approve of his method of agitation.

Thus, on the occasion of a deputation to Mr. Sotherou Estcourt, when Mr. Griffin was spokesman for the Association, although he talked of 1648 members, he mustered but seventy-five compauions, and held 468 proxies, which last were distributed between three different schemes.

Sir, who ever heard of such an Association as this? Well may Mr. Griffin complain that the funds are very low, and well may he find that even his determination and perseverance—for which we all give him credit,—have not brought forth any striking results.

Many Poor-Law Medical Officers desire to see this imaginary Society replaced by a genuine Poor-Law Medical Reform Association; a "real and simple organisation," which I am certain might be speedily and without difficulty formed.

When the late President issued his scheme for our consideration, the Poor-Law Medical Officers in many districts met in sections to discuss and consider it. How easy would it then have been to have banded these units together into a substantial and veritable Association. We could then by branch meetings and correspondence with a central head, deliberate upon, discuss, and agree among ourselves, as to our "grievances," and their remedy. We might at least decide what we ourselves really want; what we have a chance of obtaining; and the best mode of effecting our objects. So we might go to Parliament with a well-considered and matured plan—acceptable to ourselves, and "reasonable and feasible too," in the eyes of Guardians and Poor-Law Boards. We might then avoid the somewhat ludicrous position occupied by the deputation before-mentioned, which put before Mr. Sotheron Estcourt three schemes of payments, differing by something like £100,000 in the amount it was estimated they would raise. Well might the President observe, "I do not think it right to lay any Bill on the table of the House until we can get a far greater amount of unanimity of opinion on the part of those concerned than up to this moment has been obtained."

I believe, sir, that "a real and simple organisation" would soon settle all the questions in dispute, so far as we ourselves are concerned, and am certain that such a combination might be readily effected; and Mr. Griffin is just the man to do it, if he will but set about it. And so he will have a much better chance of effecting his objects than by aspiring to "the office of a legislator," and issuing every few months a fresh "Draft Act of Parliament." I am, &c. Paul Jones.

COMMUNICATIONS have been received from:—

Professor Simpson; Mr. Teale, Leeds; Dr. Conolly; Dr. West; Dr. Sieveking; Dr. Doig, Leith; Dr. Granville; Dr. Smyth; Mr. Roberts; Mr. Johnson; Mr. Kealy; Mr. Cooke; Mr. Michell Clark; Dr. Johnson; Mr. Burness; Dr. Devenish; Mr. Wheatley; Mr. Hughes; Mr. Farrant; Mr. Gill; Mr. Jones; Mr. Brent.

APPOINTMENTS FOR THE WEEK.

December 10. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

12. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Clinical Discussion.

13. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. (Ballot 7½.) Dr. Habershon "On the Etiology and Treatment of Peritonitis." Dr. Tilt "On the Influence of Tropical Climates on Inflammatory Diseases of the Womb."

14. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m. Dr. Peacock "On the French Millstone Makers' Phthisis."

North London Medical Society, 8 p.m.

15. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

16. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Phymosis; Removal of Growth from Eyelid.
By Mr. Bowman—Formation of New Eyelid.

Those who cannot swallow Cod-Liver

OIL in its crude state should try NEWBERY'S COD-LIVER OIL CAKES.—"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—Medical Times, Feb. 12th, 1859. Packets, 1s. 9d. and 3s. F. NEWBERY and SONS (Proprietors of the "PULVIS JACOBI VER., NEWBERY'S,") 45, St. Paul's-Churchyard, London. ESTABLISHED A. D. 1746.

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well to inspect the NEW STOCK of Messrs. MILLIKIN and LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances, made to order with precision and despatch.

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that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

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6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.	
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I am, dear Sir, yours very truly,

J. W.

To Mr. J. Pratt,

Surgical Instrument Maker,

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXV.

ON OVARIAN DROPSY.— THE DIFFERENTIAL DIAGNOSIS—*continued.*— THE MEDICAL TREATMENT.

Gentlemen,—I have hitherto omitted to point out to you—though, perhaps, it is a matter of no great practical moment—how you can generally discover whether an ovarian tumour of such large size as to fill up and distend the abdominal cavity took its origin from the right or from the left ovary. The history given by the patient, as to the side in which the swelling first appeared, is sometimes fallacious; but you can almost always satisfy yourselves on this point by attending, in the first place, to the relative situation of the intestines at the two sides of the abdomen, as ascertained by percussion. I have already stated that the tumour usually lies immediately in contact

Fig. 1.

Fig. 1.—Drawing of a large ovarian tumour showing the position of such tumours immediately behind the abdominal wall, and in contact with the omentum.—(*Bright.*)

with the anterior abdominal wall, and in front of the small intestines, and that in the progress of its development it pushes aside the intestinal canal laterally and upwards, as the pregnant uterus does. But this statement expresses but imperfectly the relation of the tumour to the intestines; for you will find that while that mass of bowel which lies on the side opposite to that from which the tumour springs is thus, more or less, pushed aside, the mass of bowel which lies on the same side is displaced laterally to a still greater degree, and, indeed, is often overlapped, as it were, by the ovarian swelling [see Fig. 2 in last Lecture]. Hence, when the tumour grows from the right ovary, for example, it hides the caput cæcum coli, and only pushes aside the descending colon, so that in such a case you obtain the resonant percussion-sound at a higher level, and nearer the anterior surface on the left side of the abdomen, than you do on the right side. But sometimes, as you can see from the accompanying sketches of a case copied from a drawing of Dr. Bright's, in "Guy's Hospital Reports," when the tumour is of unusually large dimensions, the whole of the intestines, large and small, may come at last to lie behind the tumour at both sides, so that percussion has to be exercised very low downwards on either flank before the position of the bowels can be discovered. Even in such a case, however, you will usually be able to arrive at a knowledge of the ovary from

Fig. 2.

Fig. 2 shows the compression and displacement of the abdominal and thoracic viscera produced by the tumour.—(*Bright.*)

which the tumour springs by ascertaining, in the second place, the position of the uterus and the direction in which it is displaced. For when an ovary becomes morbidly enlarged, it almost always pushes the uterus in the progress of its growth to the opposite side; so that when the tumour arises in the right side, the uterus is found to be pushed or dragged upwards towards the left side; and when a sound is introduced into the internal cavity, instead of passing up directly behind the pubes, it is felt to pass obliquely upwards towards the brim of the pelvis of the left side. Conversely when you find that in introducing a sound into the uterus in a case of ovarian dropsy, the instrument passes obliquely upwards to the right side, you may be pretty certain that the tumour has originated in the left ovary. But, passing from this matter, let me remind you that at our last meeting we were occupied with the consideration of some of the diseases with which cystic ovarian tumours had been, or were liable to be, confounded, and the manner in which a differential diagnosis was to be established between them. I believe I have already touched upon the special tumours and forms of disease that are most frequently mistaken for ovarian growths, and in regard to which practical errors have been most frequently committed. There still, however, remain one or two others I should like briefly to turn your attention to. One of these I neglected to advert to, when previously discussing the differential diagnosis of pregnancy and morbid tumours, and states of the uterus from ovarian dropsy. I allude to

8. *Dropsy of the Cavity of the Uterus, and of the Amnion.*—Sometimes, though rarely, an accumulation of fluid takes place within the cavity of the unimpregnated uterus; the canal of the os or cervix uteri being of necessity for the time occluded. I attended an unmarried lady, with the late Dr. Taylor, in whom I repeatedly drew off, with a small catheter—passed with some force and difficulty—large accumulations of serous fluid from the cavity of the uterus. The fluid was secreted by a cauliflower or cancroid tumour seated at the fundus uteri, and occasionally the uterus was distended by its accumulation to the size of a uterus in the fifth or sixth month of pregnancy. The womb sometimes becomes enlarged and distended by fluid derived from another source. Some of you had an opportunity of seeing, during last winter session, a case where the vagina had become occluded so that the catamenial fluid was prevented from escaping, and as it lodged and accumulated within the cavity of the uterus, that organ became at last of large size, and had a fluctuating feeling which made it very closely to resemble a cystic ovarian tumour. These two cases afford you examples of fluid accumulating in the unimpregnated uterus producing such a change in its form, size, and consistence as is extremely apt to lead to error in diagnosis. But morbid accumulation of fluid within the pregnant uterus in the form of dropsy of the

amnion, or hydramnios, is more frequent. The shape, feeling of fluctuation, etc., of the distended uterus is sometimes very similar to that of an ovarian dropsy. I saw lately, with Dr. Dunsmure, a lady who had been delivered of a full-sized, living child, eight months previously, and who considered herself to be again about four months pregnant. The tumour in the abdomen was very fluctuating, and as large as the uterus at the ninth month. For a moment I thought that it was probably a case of ovarian dropsy, but a vaginal examination at once dispelled that idea, for I found the os uteri open, and the cervix bulging out above it like a uterus at the full term of gestation. The patient had been suffering severely and alarmingly from constant vomiting, neuralgia, etc. I passed a stylet into the cavity of the uterus. Above four hundred ounces of fluid ran off, and two small twins were found in utero. The vaginal examination of the uterus, and, if necessary, the introduction of the uterine sound, will always, in this way, enable you to distinguish dropsy of the uterus from dropsy of the ovary. But enlargements of more distant abdominal organs are sometimes confounded with ovarian tumours and dropsies. Thus, occasionally, we find, for example, an

9. *Enlarged and dependent Liver mistaken for Ovarian Dropsy.*—This error is certainly not a frequent one in diagnosis. But I have seen more than one instance of it, where the hypertrophied liver stretched downwards, as it sometimes does, into nearly the right iliac region. Such hepatic enlargement may be produced, as you know, by various morbid states of that organ,—as by simple hypertrophy, by some forms of chronic inflammation, by collections of hydatids, and by deposits of carcinoma, etc., among the hepatic structures. This year I saw in consultation in England, a patient, whom two excellent Medical Practitioners believed to be the subject of ovarian disease, with one cyst projecting forwards, and very fluctuating under the thin and attenuated abdominal parietes. But a new and careful examination satisfied us all that the great mass of the tumour was formed by an enormously enlarged liver, and that the projecting fluctuating part was only a greatly distended gall-bladder. In this, as in other similar cases, when the patient is laid supine, you can move upwards the hepatic mass, without producing in any degree any corresponding movement upon, or dragging upwards of the uterine organs. There is a line of resonance from the presence of the intestinal canal, between the tumour and the brim of the pelvis, while the range of dulness on percussion extends upwards from this line to the sixth or seventh rib on the right side. If the patient has been seen by the Practitioner from the first, he will have traced also the tumour extending from the edges of the ribs downwards, instead of, as in ovarian disease, from the ilia region upwards.

10. *Hypertrophied Spleen.*—You sometimes meet with another variety of tumour, lying in the left side of the abdominal cavity, which has also, in some rare instances, been confounded with ovarian growths. I refer to extreme enlargements or hypertrophies of the spleen. Such a splenic hypertrophy appears as a tumour somewhat elongated in form from above downwards, smooth, resistent, and inelastic to the touch, on the whole with a regular and unbroken surface, but usually with one or more indentations on the anterior margin. It passes upwards beneath the ribs, and by percussion can be ascertained to reach to the very summit of the abdominal cavity, and even to push the diaphragm unusually high up. It reaches sometimes considerably beyond the middle line of the abdomen in front, and its inferior margin can in most cases be distinctly traced by palpation above the level of the crest of the ilium. But sometimes a splenic tumour extends further downwards into the iliac fossa and the pelvic cavity, so that its lower border cannot be easily defined, and these are the cases where a splenic enlargement becomes liable to be mistaken for ovarian dropsy. Cases are on record where such a mistake has been made; but if you will only bear in mind the physical characters which I have spoken of as distinctive of this form of tumour, I think you may save yourselves from such an error. If you are still in doubt, the history of the case will probably solve it. For you will find on inquiry that, as in excessive hypertrophies of the liver, the tumour, if it be a splenic one, grew from above, and is chiefly moveable in an upward direction; whilst, on the contrary, an ovarian tumour is noticed first in the lower part of the abdominal cavity, and is incapable of being moved upwards to any considerable extent. On examining the blood, moreover, in a case where the spleen is thus enlarged, the number of the white or colourless corpuscles, as you are all well aware, is sure to be found greatly multiplied; and such an increase in the number of these globules is not likely ever to be met with in any case of ovarian dropsy, except as an accidental and temporary phenomenon. Again, I have known an ovarian tumour to be mistaken for a morbid condition of the kidney, and the reverse; and more particularly has this error been committed with regard to the

11. *Loose or Mobile Kidney.*—This condition is by no means unfrequent, and is often mistaken for more alarming diseased states, and particularly for various organic affections of the abdomen. I have known it confounded with tumour of the ovary; but I have known it far more often mistaken for hepatic disease, and the unfortunate patients, in consequence, leeched, blistered, mercurialised, etc., and all most unnecessarily. The kidney is normally bound down in its site by the peritoneum covering it on its anterior surface. But when it enlarges from any cause—and the kidney is liable to various types of transitory hypertrophy and increase of size—it stretches and pushes its peritoneal coat before it, till at last the peritoneum envelopes it, first laterally, and then it may be even posteriorly, until at last the organ becomes pedieulated, as it were, like a polypus,—or, more truly speaking, until the kidney makes for itself a more or less perfect mesonephron formed of a double reflection of peritoneum, on the same principle as the mesentery or mesocolon. I have seen this condition of parts on dissection. When the kidney becomes in this way loosened from its normal site, it sometimes falls so low down as to be mistaken for an enlarged ovary. This loose or mobile kidney is very often detected accidentally, having produced no special symptoms whatever. Occasionally, it seems to cause disturbances from time to time in the functions of the liver, stomach, and neighbouring viscera; and sometimes the floating kidney itself becomes swollen and painful from time to time. The loose and dislocated organ generally gives a sensation of sickness and pain, when compressed between the two hands of the examining Physician. You can usually readily feel it like a floating, or mobile tumour, if you lay the patient supine, and place her half-way between the positions on the side and back, with one hand placed on the renal region behind and the other in front. You feel a mass of the size of the normal kidney, which you can sometimes displace, to a limited degree, in various directions. Usually, however, it most readily pushes upwards under the false ribs, and sometimes it will slip up in this direction from your two hands—like an orange eluding your attempt to seize it. This form of loose kidney is much more frequent on the right than on the left side, though I have seen it in some patients simultaneously on both sides. It is a condition of matters which time and improved health, and especially the improved stoutness and fatness of the patient, certainly sometimes rectifies—as I have repeatedly witnessed. But here I have only to speak of it as liable to be confounded with ovarian disease. The size and form of the mobile kidney will enable you to draw the distinction between them; and if you have still doubts, the tracing the supposed tumour to its normal attachment and site in the renal region, and the freedom of all organic attachments between it and the ovarian region will dispel any difficulties.

12. *Distended Bladder.*—Finally, gentlemen, let me mention one other form of swelling which has been in a few instances, and usually only for a brief time, mistaken for ovarian dropsy. I allude to the kind which is formed by the urinary bladder when it becomes greatly over-distended. Called to such a case, and finding what you may at first suppose to be a cystic tumour, reaching as high as the umbilicus, and passing down to the pelvis, you might, for a moment, be led to imagine that it was of ovarian origin. And you will be all the more likely to be led into error if the retention has gone to such an extent as to have led at last to a form of incontinence, for the constant dribbling away of the urine may make you overlook the antecedent accumulation. In fact, you will find occasionally that patients pass urine from time to time without ever fully emptying the bladder, which thus continues to resemble a dropsical abdominal swelling. In a case of this kind, in which Berger was consulted as to the proper mineral waters which the patient should use, he introduced a catheter, and instantaneously cured the patient. But should you ever commit such a mistake in diagnosis as to confound a distended

bladder for an ovarian dropsy, and follow it up by the misdeed in practice of acceding to the patient's urgent demand for relief by tapping such a cyst, you can easily understand how fatal the double error might prove to be. But I do not anticipate that such an unfortunate error will ever be made by any of you; and certainly you can always avoid the danger of it, by carefully inquiring into the patient's history; and, where any doubt remains, or even any shade or suspicion of a doubt, by introducing a catheter into the bladder and finding if fluid may be there accumulated. In such a case the employment of the catheter is at once a means of diagnosis and a means of cure. Besides, in the differential examination of any doubtful and difficult examples of pelvic and abdominal tumours, it is a measure of physical diagnosis that we should never omit. The bladder is often displaced laterally by such tumours; it is often so displaced by large ovarian tumours; and you can only ascertain the degree and extent of its displacement by the use of the catheter or sound.

But I must bring these remarks on the Differential Diagnosis of Ovarian Dropsies to a conclusion, as I fear that I have already dwelt on this part of the subject too long; without, however, having exhausted it. There are other forms and varieties of abdominal and pelvic disease, which are sometimes, though more rarely, mistaken for cystic ovarian tumours, and the reverse; such as malignant and cystic tumours originating in the omentum, in the walls of the intestine, in the walls even of the stomach, in the pancreas and in the mesentery, in the subperitoneal cellular tissue, etc. But it would unreasonably exhaust your time and mine, if I were to dwell longer on these topics. In every doubtful case, before finally deciding that it is an ovarian cystic tumour, strive to make out that you have positively present the essential signs of that disease, and that negatively the signs are absent which belong to any analogous kind of abdominal or pelvic tumour. If you have still doubts on the subject,—and there are puzzling and perplexing cases which will leave you in doubt, despite the most careful and repeated examinations,—then, at all events, do not have recourse to anything active or dangerous in the way of treatment, as long as such doubt remains, lest you damage instead of benefiting your patient.

In describing to you, in my preceding lecture, the individual symptoms of ovarian dropsy, I made, I fear, various omissions, some of which I may take an opportunity of supplying when subsequently discussing various points in the Surgical treatment of the disease. In the meantime, let me pass on to the most important matter of all connected with our subject namely—

The Treatment of Ovarian Dropsy.

The treatment of this disease may be divided into the Medical or Surgical. Under these two divisions, therefore, I should wish to speak at present of the means which may be employed for the alleviation or the cure of Ovarian Dropsy, and first of all as to the

A.—Medical Treatment.

If you will take the trouble to look into the records of this disease you will find that observations have been published from time to time, by different authorities, as to the supposed good effects of various remedies in ovarian dropsies, and that cases are duly related in which it is averred that such remedies had been successful in causing a cure, or, at least, an alleviation of the malady. For my own part, let me state at once, I have no belief that any drugs or medicines ever removed a cystic multilocular growth or dropsy of the ovary. I would almost as soon expect to remove by them a foot, or a hand, or any integral part of the normal body. In any exceptional cases, where internal medicines have appeared to diminish ovarian tumours, you may rest assured that a primary error in diagnosis has been committed, and that the supposed ovarian growth was a meteorismic tumour of the abdomen, or ascites, or a specimen of some of those other maladies of a curable type that are often enough mistaken for ovarian disease. But in Medical works you may read, and read profusely too, of medicines—now of one kind, and anon of another—which have been much bepraised because of their imagined action in causing the absorption sometimes of the solid walls, sometimes of the fluid contents of ovarian cysts, thus bringing about, in one or in both of these ways, a reduction in the size of the tumour. The principal remedies which have been supposed to be invested with this power, belong to the class of alteratives or deobstruents. Among those most frequently used with the object of reducing the size of ovarian tumours, preparations of mercury, of iodine, of bromine, of potass, and of lime, may, perhaps, be regarded as the chief. You will, however, find other classes of remedies also spoken of as possessed of power over ovarian growths. In works published before the beginning of this century it is not unfrequently argued and averred that the medicines which are found effectual in dispelling other forms of dropsy, are also capable of curing dropsy of the ovary. The word "dropsy" misled them; and the fluid formed in the sac of a new and morbid growth having received the same designation as an effusion in an ordinary serous cavity, it was imagined that the remedies that were curative in the latter should also be of service in the former. Hence arose the occasional use of diuretics, diaphoretics, and hydragogue cathartics in ovarian cystic disease. But I believe all trustworthy observers have now come to the conclusion that these classes of remedies, which are often so useful in the removal of the ordinary forms of dropsical effusion are of no use in the removal of the so-called dropsy of the ovary; though they may diminish the ascitic collection by which they are sometimes surrounded. And as for the special deobstruent and alterative remedies of which I have spoken, I believe I may, with perfect justice, say that they are at least as ineffectual. I use this remark as equally applicable to these drugs, whether they are exhibited internally as medicines, or applied externally in the various forms of ointments, plasters, fomentations, etc. Nay, the use of these so-called deobstruents is not only ineffectual; it is sometimes more—it is hurtful and injurious. I have seen mercury pushed both far and long, in patients suffering from ovarian dropsy. But I never saw any diminution in the size of the tumour result from it, nor was the patient's condition ever improved in any degree. On the contrary, poisoning with mercury has generally a detrimental and injurious effect on the patient's constitution—reducing her strength, and rather favouring the growth of the morbid mass than otherwise. For an ovarian cystic tumour is of the nature of a parasite, which grows the more rapidly in proportion as the system of the patient gets weaker, and thus the onward progress of the disease, instead of being checked by the use of mercury, is actually, though indirectly, promoted by it. Much evil, then, may result from the use of this drug; and doubtlessly much evil has followed its employment; while I believe it has never been of any real service in checking the growth of a cystic ovarian tumour. In all cases, therefore, of that disease I would most emphatically advise you to eschew it altogether. Liquor potassæ was at one time frequently prescribed; and muriate of lime was often used by my predecessor, Dr. Hamilton, in cases of ovarian dropsy, with the view of leading to the absorption of the fluid. But when I tell you that their use for this purpose has been entirely, or almost entirely, given up by Medical men of the present day, you may understand how little they were found effectual for the desired object. Nor, I regret to say, have I anything more favourable to state with regard to the effects of iodine and bromine as remedies for the removal of ovarian growths. I have known iodine, or hydriodate of potass, tried long and perseveringly with no other effect than sometimes the unfortunate one of damaging and depressing the patient's constitution; and, from what I told you a minute ago, when speaking of the use of mercury, of the evil consequences of any deterioration of the patient's general health, you will see at once that it is not a remedy to employ actively in ovarian dropsy. Bromine, or bromide of potass, on the contrary, usually acts as a good tonic, and may be administered without any risk of injuring the patient. If it does no good, at least it will do no harm. When I come to speak of the treatment of fibroid tumours of the uterus, I shall try to show you that bromine exerts sometimes a decided influence in producing absorption or involution of that form of tumour; but I cannot say that I have seen any such good effects result from its use in the case of ovarian tumours, although I have frequently administered it for a lengthened period. On the whole, then, I would beg to advise you to be very chary of the administration of drugs, and especially of strong and heroic drugs, in cases of multilocular ovarian dropsy. One of the great, and, let me add, difficult lessons, which you will have to learn when you come to practise—is to know when to stay and withhold your hand, and

to keep yourself from injuring your patient by over-confidence in medicine, and by the too great use of physic. In the case of ovarian disease, patients will often urgently demand of you some remedy to dissolve their tumour; and if you, in compliance with their request, or believing any drug to be possessed of such a solvent power, begin to administer a quantity of drugs, you may often do harm instead of good. A tumour, which might have remained of moderate size, and proved a source of but remote danger to a patient, may be stirred up into active development and growth, and speedily come to be a source of danger and distress in consequence of an injudicious attempt to promote its absorption by the use of remedies calculated to act injuriously on the patient's general health. I would, therefore, advise you always to be well assured of the necessity of interference before you proceed to subject a patient with ovarian dropsy to any special kind of Medical treatment. In the way of this treatment, perhaps, the only indications which you will be called on to fulfil are the following:—

1. *Keep up the Standard of Health.*—To maintain the general health and strength of the patient at the highest possible standard, you may require to regulate her diet and general hygiène, and may deem it proper to give tonics and other kinds of remedies. But in administering drugs of any kind you must always bear in mind that you do so only with a view to the patient's general condition, and with the certainty that in keeping up her strength you do all that can usually be effected to retard or prevent the growth of the tumour and to protect her from the dangers of its enlargement.

2. *Alleviate Symptoms due to the Pressure and Presence of the Tumour.*—The tumour, especially in its earlier stages, sometimes presses on the rectum, and the bowels are apt to get constipated; or it presses on the bladder and causes dysuria, or retention of urine. Hence you will require occasionally to administer aperients, or to order an enema, and to prescribe some sedative mixture, or soothing application; or introduce the catheter. When the limbs begin to swell and become œdematous from the pressure of the tumour on the abdominal vessels, you will be called on to give diuretics to promote the resorption and elimination of the anasarcous fluid. Vomiting, and all other mechanical and functional symptoms, must in like manner, be, as far as possible, counteracted and subdued, by means of the appropriate remedies. Occasionally when an ovarian tumour has ascended into the cavity of the abdomen, and its pedicle has become much elongated, so as to permit to the tumour a considerable freedom of motion, it causes distress and discomfort to the patient, by constantly rolling about from side to side in the abdomen, and producing compression, now of one organ, and again of another, according to the position assumed by the patient. To relieve this disagreeable symptom, all that you may require is to endeavour to fix the tumour; and this you can in most cases accomplish by making the patient wear a plain elastic abdominal belt, such as is furnished by most surgical-instrument and bandage makers; or the patient may make a simple binder for herself that will suffice to keep the tumour fixed in one position. I have already told you that when an ovarian tumour has attained a certain size, it almost always passes gradually, and of its own accord, upwards out of the small hard-walled cavity of the pelvis into the roomy and distensible abdominal cavity. But it happens occasionally, though certainly very rarely, that the tumour gets impacted in the cavity of the pelvis after it has attained such a size as to fill up all the available space in it; and as it goes on growing in this position, you can readily understand what an amount of suffering it will, in such a case, occasionally cause to the patient from the pressure it exerts on the surrounding soft parts. The distress experienced in such a case is much greater than that produced by the pressure of the normal gravid uterus; for, in truth, it exactly imitates the effects of a pregnant uterus, retroverted, and impacted below the brim and within the cavity of the pelvis. It is relieved also in the same way; for by exerting with your fingers adequate and steady pressure on the tumour, through the back wall and roof of the vagina, you can usually push the ovarian mass upwards into the abdominal cavity, into which it should have already mounted; and then the relief which the patient feels, is so instantaneous and complete, that she will be ready to believe that you have wrought a miracle upon her, and that she has been suddenly cured. You know, however, that such is not the case, that she has only obtained relief from her immediately urgent symptoms, and that betimes the tumour will again make her aware of its existence, and lead to the production of a series of other symptoms, which it will be infinitely more difficult to subdue or control.

3. *Subdue Local Inflammation when it occurs.* — Perhaps the only other indication that remains to be fulfilled in the way of Medical treatment, is to put in use all the various antiphlogistic measures with which you are acquainted, for subduing inflammation when it arises in the wall of the cyst; and for counteracting the effects of such inflammation, when it has gone on to some of its higher grades. It is rarely that you find inflammation taking place in the interior of an ovarian cyst, until some operation has been undertaken for the cure of the disease. Yet, even in cysts which are tapped for the first time, we sometimes find the fluid that escapes turbid from the admixture of matters evidently of inflammatory origin; and if the patient's history be inquiredinto, we can usually make out that at one period or another, from the time when she first noticed the tumour, she had had occasional shiverings, and pain in the abdomen, and that sometimes also she had suffered from profuse perspirations. Most frequently, all symptoms of inflammation occurring in the interior of an unruptured and unopened cyst pass unnoticed; and when patients come to you with cystic ovarian tumours, complaining of pain and other symptoms of inflammation in the tumour, you will usually be justified in concluding that the morbid process is taking place not in the interior of any cyst, but on the external peritoneal surface of the growth. So long as such tumours are of moderate size, they usually roll about freely in the abdominal cavity, and show no great tendency to become the seat of any inflammatory process. In some patients, however, even when the tumour is still comparatively small, there seems to be a tendency to the occurrence of inflammation on its peritoneal surface; and if this morbid action goes on unchecked, the peritoneal covering of the tumour becomes, in circumscribed patches, the seat of adhesions between the outer surface of the cyst and the abdominal wall or viscera. Whenever, therefore, you find decided symptoms of inflammation occurring in an ovarian tumour, it becomes a duty of the greatest importance at once to endeavour to check the process, and prevent it, if possible, from going so far as to lead to the production of adhesions without, or pus within, the tumour.

This, then, is all, or nearly all, that can be effected in the way of Medical treatment in any case of ovarian disease. A cure of the disease from absorption of the tumour induced by any kind of remedial agency, is an event which you can never, I believe, trust to. You employ internal remedies only to keep up the patient's strength, or to palliate special symptoms. To bring about either a palliative or radical cure of the disease, you must have recourse, sooner or later, to some form of Surgical treatment. But I must postpone till another occasion the discussion of that important subject, and then inquire with you what prospects Surgery offers on this point. I regret, only, that these prospects are not of a brighter and happier tint than I shall have occasion to picture them to you.

Surgical Society of Ireland.—The first meeting of the above Society for the Session 1859-60, was held in the new Examination Hall of the Royal College of Surgeons, Dublin, the President of the College, Dr. Fleming, in the chair. After a brief address by the President, interesting communications were made by Mr. Croly, Dr. Johns, and Dr. MacSwiney.

The Royal Society of Edinburgh and the Neill Medal.—At the opening meeting, on 5th inst., for session 1859-60, of the Royal Society of Edinburgh, the Neill Medal and Prize was presented, through Professor Balfour, to W. Lauder Lindsay, M.D., F.L.S., for his "Memoir on the Spermogones and Pycnides of Filamentous, Fruticulose, and Foliaceous Lichens," read to the Society during the last Session. In addition to awarding this prize, the Society is expending a considerable sum in publishing the memoir in question in the forthcoming part of its "Transactions," (Vol. xxii.) and in engraving the relative illustrations, executed by the author, which consist of twelve plates of between 400 and 500 drawings.

ORIGINAL COMMUNICATIONS.

CASE OF POISONING BY ATROPINE.

By C. HOLTHOUSE, F.R.C.S.
Surgeon to the Westminster Hospital, etc.

As a pendant to the interesting cases of poisoning by belladonna berries, published in the last number but one of the *Medical Times and Gazette*, I forward you the notes of the following case of poisoning by a solution of atropine, which happened to one of my own children.

At nine o'clock on Sunday morning, the 17th of last July, my second child, a hearty little boy, 3 years and 8 months old, was brought to my bedroom by the nurse, who said she did not know what was the matter with him, but he seemed very giddy, and could not stand. I had never seen a case of belladonna poisoning before, and the bedroom blinds being down, I did not at first notice the state of the child's pupils, or recognise the source of the symptoms; while all that could be gathered from the nurse was, that hearing what she supposed to be quarrelling between him and his brother, who were alone together in the breakfast-room awaiting our assembling at breakfast, she took him into the kitchen, and on setting him on his feet he fell down; she lifted him up, and told him to run along, but he again fell, and appeared to have no power of standing. On observing this, she immediately brought him up to me.

His face was at this time flushed and mottled with white, his eyes brilliant, and his manner and appearance altogether very strange and excited, while the expression of his countenance was quite maniacal. He was evidently unconscious, and very irritable, striking his mother when she took him from the nurse. On placing him on the bed he immediately began to pick at the bedclothes, and to grasp at imaginary objects. About five minutes afterwards, the nurse returned with two bottles, which my eldest boy told her his brother had been playing with. One of these, a half-ounce stoppered bottle, which was quite empty, I immediately recognised as the one in which I kept a solution of atropine, of the strength of two grains to the ounce, and which the day before had contained from a drachm and a-half to two drachms of the solution, the bottle being not quite half full. The cause of the symptoms was now but too apparent: I rushed with the child to the window, and the fully dilated pupils at once confirmed my suspicion. Dr. Fincham was now sent for, but long before his arrival, and in about five minutes after the discovery, I administered twenty grains of the sulphate of zinc, and on the arrival of the Doctor some mustard and water was also given; but three quarters of an hour elapsed from the giving the sulphate of zinc before vomiting took place. The quantity of fluid expelled did not exceed that given with the zinc, which was ejected by one effort, and no subsequent retching could be produced by mustard and water.

It deserves mention that a little of the fluid the child vomited, too small to excite notice at the time, accidentally entered my eye, which within an hour of the time had fully dilated the pupil. As no more vomiting could be excited, and it seemed probable that all the poison which was not absorbed had been ejected, stimulants were had recourse to, viz. brandy and water, ether, and ammonia, one or other of which were given every quarter of an hour; there was, however, great difficulty in getting the child to swallow, each attempt to do so producing paroxysms of suffocation, which appeared to threaten his existence; a good deal of what was put in the mouth was thus wasted. During the whole of this time till one o'clock, p.m. the child was insensible, the pupils were widely dilated and immoveable, the eyes open, and the lids not winking on passing the finger in front of them; there was occasional jactitation, the skin was pungently hot and dry, and covered with a rash closely resembling that of scarlatina, which the child was frequently scratching: the pulse was 170, and somewhat feeble.

From one to two p.m., brandy and milk was given from time to time; an enema of two drachms of spirit of turpentine, an equal quantity of castor-oil, and six ounces of gruel, was also administered, and brought away a small quantity of fæces. He vomited once during this period, and was evidently becoming more conscious; he made efforts to speak, and said "papa;" his face was less red, and the expression more natural.

From two to five p.m.—The symptoms during this period exactly resembled those of delirium tremens. There was incessant rambling delirium, great restlessness, a grasping at imaginary objects, and occasional screaming from fright. The character of the delirium varied; sometimes the child saw objects which frightened him, and the utmost terror was depicted on his countenance, and he clung to his nurse's neck, or threw himself violently in different directions, as if to escape them; this kind of delirium prevailed chiefly at the beginning of this period; towards the latter half, the delusions were of a more pleasurable kind, his talking was more intelligible, he mentioned the names of his brothers, his nurse, and "mamma," and grasped at his toys, as his whistle, which he blew in imagination; and he drew imaginary sketches with his pencil, and was very busy two or three times in putting into his mouth and eating imaginary currants, etc.

A mixture of egg and brandy, with milk and sugar, was given him at short intervals, and just before five he was sick for the third time (a portion of the fluid so ejected was saved for analysis). After this he fell into a quiet sleep, and so remained till 6 p.m., his pulse having fallen to 144, his skin being still hot, but not so red.

From six to seven p.m.—Great restlessness and returning consciousness characterised this period; he recognised me by my voice, kissed me, and jumped out of bed, and said he wanted to ride on my shoulders—an amusement he was occasionally indulged in. The skin was less hot and red, and there was very little delirium. He refused to take any kind of food or drink.

From seven to eight p.m. there was less restlessness, and when quiet he sucked his thumb (a habit he always indulged in when well), he sneezed and rubbed his nose frequently; consciousness increasing, but intermittent; he recognised my watch, put it to his ear, and remarked, "It's ticking;" but on giving it to him again a minute afterwards, it was not recognised, and he put it in his mouth.

From eight to ten p.m. there was more restlessness than for the last hour or two, and a constant motion of the hands to the mouth, as though eating something. Taking advantage of this action, a small piece of bread-and-butter was put in his hand, which he ate greedily; but there was a difficulty in getting him to drink. He talked frequently about persons and things which he fancied were before him. At a quarter to ten his bowels were moved, the evacuation smelling strongly of turpentine; he also passed water for the first time. A powder, which was ordered by Dr. Fincham, containing two grains of calomel, and five of jalap, was now given him.

From ten to twelve p.m. he lay on the bed tolerably quiet; he winks a little when the candle is put close to his face, but he sees nothing else; he has just said, "I can't see Mamma." At a quarter past eleven he took, with some difficulty, a saline mixture ordered by Dr. Fincham, after which his bowels acted to a greater extent than before, and he also passed water again (both saved for analysis). When his mother lay down on the bed beside him, he raised himself voluntarily, and kissed her twice. At midnight he took a little milk and brandy, and fell into a quiet sleep.

July 18.—From twelve to two a.m.—He slept quietly till a quarter-past one, when he awoke, and, before he could be raised in the bed, he had a violent and somewhat copious motion of a watery character. After this he took a small quantity of milk, and a teaspoonful of brandy, with some resistance; put his thumb in his mouth, and again went to sleep.

From two to four a.m.—He slept very quietly till four, when his bowels were again moved slightly, and he made water also (saved for analysis). Though his pupils are as much dilated as ever, he can now distinguish objects, for he told his mother he could see her; and he also took a cup of milk from her hand, and a little bread-and-butter. A dose of the saline mixture was also given him, which he would not take without the usual resistance.

From four to eight a.m.—He slept peacefully the whole of this time, lying on his back with his eyes and lips a little apart, and awoke well. He remarked that he could "see gan-mamma" over the chimney, (a photograph of his grandmother,) and he ate with evident relish a basinful of

bread-and-milk. As the morning advanced he said, more than once, that he wanted to have his clothes on, and before he was dressed he was running about the room in his night-gown, playing with his toys. His difficulty in seeing small objects, which were near him, was now the most prominent feature remaining of his illness; and his attempts to make out the letters of a newspaper which happened to be in the room, putting the paper first in one position and then in another, and eventually throwing it from him in disgust, were highly amusing. The dilatation of the pupils gave his face a singular expression, and they did not recover their normal size and movements for nearly a week.

It will be seen by the above notes that some of the fluid vomited just before five p.m., which was the third and last time the child was sick, and also some of the alvine dejections and urine voided at half-past eleven p.m., and at four a.m. (mixed together) were saved for analysis. Having submitted the same to Dr. Marcet, that gentleman very kindly furnished me with the following report:—

"Laboratory, Westminster Hospital, July 22, 1859.

"My dear Holthouse,—I received from you on the 18th instant the following—

"1st. A six ounce bottle containing 5½ ounces of a mixture of urine and nearly liquid fæces.

"2nd. A second bottle smaller than the last, and containing about one and a half drachms of a colourless fluid, which you stated to have been vomited.

"3rd. and 4th. Bottles containing matters not connected with this case.

"The result of the examination of these various substances was as follows:—

"1st. The mixture of urine and fæces yielded to analysis a fluid which by direct contact with the eyeball, dilated considerably the pupils of a white mouse, without, however, exerting on the animal any other physiological action. It contained, therefore, a very small quantity of atropine.

"2nd. The vomited fluid yielded to analysis by the same physiological test, the presence of a trace of atropine, inasmuch as it also dilated the pupils of a white mouse, although not so readily as in the preceding case.

"Yours very truly, W. Marcet."

2, Storey's-gate.

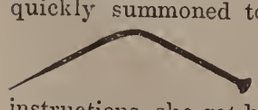
A CASE OF A PIN IN THE MIDDLE EAR.

By JOHN ROBERT KEALY, M.R.C.S. Eng., L.S.A.
Fellow of the Obstetrical Society of London.

Although I have consulted several works, I have been unable to find among the literature of the subject, a case like the following; and therefore think it may be a valuable addendum to future aural literature.

About six o'clock on a Monday evening in last month, I was requested to attend immediately at the house of Mr. ——, one of whose daughters, aged 19, had, while at the toilette-table, put a pin into her left ear to relieve an intolerable itching. Her fingers being wet, the pin escaped her hold, and in order to get it out she pushed her little finger into the ear, and so made bad worse.

I found the parts about the meatus excessively tender; and she being of an hysterical temperament, the examination of the ear was extremely difficult. Having failed to discover the pin, and wishing to get rid of the cerumen, I used an ear-syringe. Without my asking her the question, she informed me that the liquid was passing into her throat; thus showing the membrana tympani to be perforated. There was sharp, pricking pain between the mastoid process and ramus of the jaw. I prescribed for her generally and topically, and at a subsequent visit determined to wait the result by the morning. About eight o'clock on Tuesday morning I visited my patient; found she had had a restless night, with increased pain and a stronger sensation of pricking on the left side of the throat. Hoping the pin was finding the point of exit, I directed her how to manage in order to secure it should she have the opportunity. I left for breakfast, but in a few minutes was quickly summoned to attend. On entering the room, the astonished friends produced the pin, of the size and angle indicated by this sketch. It seems that, acting upon my instructions, she got her nail round the head of the pin; this excited reflex action, so that in an effort at retching, out came the pin, to the sufferer's marvellous delight. The throat was somewhat inflamed, and a small quantity of blood was discernible. A gargle was ordered, and a continuance of the treatment. Next day symptoms of inflammatory action in the middle ear had increased, so that I was obliged to order leeches to be applied; these had the desired effect. Subsequently a blister was applied behind the ear, in order to relieve the continued pain.



September 12th.—Upon examination by means of the otoscope, I find the membrana tympani opaque, and posteriorly a depression, in which is a hole about the size of a pin. She hears my watch at a distance of about two inches.

The mother of my patient is deaf from loss of the membranæ tympanorum; and not long since I attended another daughter, who became completely deaf from suppurative inflammation of the external meatus, but has now perfectly recovered her hearing.

Gosport.

ON DIABETIC CATARACT.

By JOHN F. FRANCE,
Ophthalmic Surgeon to Guy's Hospital, and Lecturer on Ophthalmic Surgery.

I beg to offer, in confirmation of views recently propounded in this Journal and in the Ophthalmic Hospital Reports, some additional evidence relating to the above subject.

There may possibly exist scattered cursory notices of cataract in association with diabetes of earlier date, but Dr. McKenzie, of Glasgow, was, I believe, the first to indicate a connexion between these diseases. "I have in three instances," he says, speaking of the causes of cataract in 1840, "seen lenticular cataract attack women, of from 18 to 25, labouring under diabetes mellitus." "I have, also," he adds in 1854, "met with the same complication in males at a later period of life." So Dr. M. Duncan, of Edinburgh, in a foot-note at page 15 of his translation of "Braun on Uræmic Convulsions," recognises a similar relation in the sentence—"In diabetic patients there is a tendency to cataract." Dr. Duncan has favoured me, in a private letter, with the information that his remark was drawn forth by the singular coincidence of having three poor diabetic patients at one time, labouring simultaneously under cataract. Not being interested particularly in the subject, he, unfortunately, did not take further note respecting the latter disease; but the occurrence attests in a striking manner the connexion between the two maladies.

Valuable testimony to the same effect is afforded by Mr. Wilde, of Dublin, in a late communication to this periodical intended to impugn my observations (a). For, while controverting the proposition, that "According to the latter authority it would seem that there was a special disease of the lens set up in patients labouring under diabetes," he virtually confirms it by adding, "I have seen patients labouring under diabetes where cataract also existed;"—for reiterated examples of so peculiar a complication do establish the fact of connexion.

The accuracy of my description of these cases is disputed by the same author. On this point I will merely say, in the first place, that if the counter-statement is founded on two or three instances only, and those quoted from memory, they are insufficient grounds of objection; while, if on several, then at least they proportionately help to justify the obnoxious term "Diabetic Cataract," by raising the numerical frequency of the affection.

The distinctive characters which this class of cases presents, are, however, an after-question to that of recognising them as a class; and I would not attempt to dogmatise upon it, though entertaining a strong conviction, that the description I have given will be found in the main correct. It certainly applied to, or rather was drawn from, those examples which have fallen under my own special observation and care; it derives independent support from Mr. Walton's interesting case, in the *Medical Times and Gazette* of the 12th ult.; and is further corroborated by the following, not less interesting, which has since been communicated by the kindness of my friend Mr. Veasey, of Woburn.

(a) No. 492, December 3, p. 564.

He writes :—"Your remarks on cataract associated with diabetes, recall to mind a case resembling the general outline which you sketched in the Ophthalmic Hospital Reports." He then goes on to relate the history, of which the subjoined is an abstract. The patient was a poor married woman, aged 31, the mother of three children. Diabetes had existed for some time in an aggravated degree. Her countenance was worn and anxious, the eyes sunken, the lips and skin parched, the tongue dry and chapped, the breath sweet; yet the urinary disease had been disregarded until the sight began to fail. Both eyes were the seat of a soft, bulging cataract, and dilated pupil; but vision was still useful; there was no inflammation. Operation "was long delayed, and when at length keratonyxis was performed in the County Hospital, no impression appeared to have been made on the lens, and the corneal wound healed badly, leaving a weak eye. Three or four months after this operation the poor woman, now wholly blind, besought me to operate. The needle was introduced through the sclerotic, and a complete division readily effected. No inflammation ensued, and absorption was just perceptible, when constant sickness with general failure of power, precluded all further attempts, and that scanty vision which had returned was shrouded in death." It is evident that the disease in this case (related by a most intelligent practitioner), agreed closely with the typical character of diabetic cataract as observed by myself; and the unfavourable result of the first operation (though no doubt in a measure attributable to the advanced state of general cachexia, which the primary disease had induced), illustrates anew with what caution these cases should be approached in the way of operative procedure.

The marked concurrence of similar features in all the examples hitherto circumstantially recorded of this comparatively rare affection, points in no ambiguous manner to the general uniformity of the class. Guided by this indication, I was enabled in the last case narrated in the Ophthalmic Hospital Reports, to recognise its special character, and anticipate its cause, before any complaint of diabetic symptoms (which were afterwards conclusively proved) was made by the patient. Now, bearing these facts in mind, I cannot but conclude, that results thus deduced from cases noted and related in detail are entitled to, and will receive, greater weight in an inquiry of this nature, than a loose general contradiction, as if *ex cathedrâ*, from however respectable an authority. In actual practice, at least, it will be well to remember what seems to be ascertained with regard to diabetic cataract; and I may be permitted, in conclusion, to say, that the communication of any instances which may occur to the readers of these remarks, would be esteemed a favour by their author.

24, Bloomsbury-square.

FALSE ANEURISM OF THE RIGHT COMMON ILIAC ARTERY.

By CHARLES ROBERTS,
House-Surgeon to the York Dispensary.

Nov. 14.—I was called to visit at her own house Harriet B——, aged 23, single. Her face was pale and anæmic, and had a very painful expression. She was somewhat emaciated, and appeared several years older than the age she stated. Pulse 100, soft; tongue slightly furred. Bowels relaxed, and had been so for two or three days previously; catamenia present. She complained of severe pain in both hips and in the lumbar region. The only position in which she could lie was on the back with her knees drawn up. At this visit I made no examination of the abdomen beyond slight pressure with the hand, which gave her no inconvenience. There was a history of rheumatic fever two years ago, but there was no heart affection. Her recent history she refused to give, and all her friends knew about it, was, that she had been living in Manchester for several months past, but they did not know how. Her hands were delicate and had evidently not been used either for needlework or servants' work for a long time. Believing her pains to be those of chronic rheumatism, I prescribed iodide of potassium and decoction of bark—the diarrhœa having been first arrested by chalk mixture and opium.

16th.—Almost free from pain, was still lying on her back, with the knees drawn up.

18th.—In bed, lying in the same position as before. More pain in the hips and back. Complained for the first time of pain in the abdomen, where, on examination, I found a tumour in the right lumbar and inguinal regions. The patient seemed hardly to be aware of its existence. She *thought* she had observed it for the first time two or three days before, but did not think it of sufficient importance to mention it to me. Her friends knew nothing about it. The swelling was hardly perceptible to the eye; it extended from about the middle of Poupart's ligament up to within an inch of the margin of the ribs; there was a distinct interval between it and the liver above. Its inner border was rounded and abrupt while in all other directions it was gradually lost in the neighbouring structures. It was hard and resisting and there was considerable tenderness on pressure. There was no pulsation, nor was any abnormal sound detected on applying the stethoscope. I felt so uncertain about the diagnosis, that I only prescribed four leeches to be applied to the tender part and a dose of castor-oil for the bowels. The next day, Nov. 19, Dr. Shann was kind enough to see the patient with me; nearly all the tenderness had disappeared, and she was tolerably comfortable. Dr. Shann thought the tumour was ovarian and probably inflammatory, and therefore prescribed small doses of mercury, and substituted the bromide for the iodide of potassium in my original prescription.

21st.—Almost free from pain, felt weak, tumour in all respects the same.

22nd.—At ten o'clock, p.m., I received a message that the patient was dying, and when I arrived at the house, a quarter of an hour later, I found the patient quite dead. I learnt that she had had a very comfortable day, and during the afternoon she had been up to have the bed made. She had conversed in her usual manner till within half-an-hour of her death. About that time she suddenly exclaimed, "O! my heart," fell back, and gradually sunk, without a struggle or speaking another word. Both the friends and the patient thought the tumour had been gradually increasing during the day, but I could not myself perceive any decided difference. I was quite at a loss to account for the sudden death, and was therefore allowed to make a partial post-mortem examination twenty-four hours after death.

The abdomen only was examined. On laying it open the ascending colon presented itself immediately to the right of the umbilicus. The peritoneum, extending from it, over the tumour, to the iliac fossa and upwards to the diaphragm, was dark from injected blood. On dividing it along the ridge of the tumour, the outer curve of the right kidney was laid bare, and under the kidney, and, indeed, in a great measure surrounding it, and extending quite up behind the liver to the diaphragm, and downwards to the brim of the true pelvis, was a large clot of blood of unequal consistence; the upper and deeper portions were firm, and held together by numerous bands of fibrin, but had no appearance of organisation. The superficial portion lying in the iliac fossa was quite recent I estimated the whole clot as equivalent to about forty or fifty ounces of blood. I traced the aorta down to its division, and the right common iliac about an inch into the lower margin of the clot, where it appeared to terminate abruptly. I dissected the lower end of the artery up to very near the point where the other left off. There was not the slightest trace of an aneurismal sac. All the abdominal and pelvic organs appeared quite healthy.

Note.—I am conscious that this case loses much of its interest from its deficiencies in two important points, viz., a good history, and a careful dissection of the parts. I very much doubt, however, whether any amount of history could have availed, as the patient was so imperfectly acquainted with the tumour. As to the dissection, I was prevented from attempting greater minuteness by the frequent importunities of the friends, who every moment expected the arrival of a member of the family who had a very decided objection to the whole proceeding. It is exceedingly probable that some portion of the artery was continuous; but that the blood had come from an opening of some kind in the right common iliac there can be no doubt. The coats of all the arteries were very thin and soft, but I could observe no decided marks of disease.

York.

On December 8, at Cambridge, the degree of M.D. was conferred upon John Anthony, of Caius College.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

INJURY TO THE HEAD.—DEATH.—AUTOPSY.—HÆMORRHAGE UPON THE BRAIN.

(Under the care of Mr. STANLEY.)

The following case is chiefly of interest as showing the constant need for caution on the part of those who have to do with patients supposed to be insensible from drinking. Difficulties of diagnosis of the kind which it illustrates, are of very frequent occurrence, especially to Surgeons to the Police, and the resident Medical officers of our Hospitals. Practically, the rule should be always to give the patient the benefit of doubt, and to treat a drunken man who has had a fall or a blow, with all the care which would be given to one whose symptoms depended wholly upon an injury to the head.

John J., aged 39, a strong, well-built man. He was brought to St. Bartholomew's Hospital on the night of Nov. 3, and was reported "insensible from drink." On inquiry it was ascertained, however, that he had been knocked down in a drunken squabble, and that he struck his head in the fall. He had remained insensible, and had been laid aside in a corner of a room. This occurred between two and three o'clock. He is said also to have been kicked in the ribs. Between six and seven, when admitted, he was found to be quite insensible. His pupils were dilated, his pulse exceedingly small and feeble, his breathing laboured and stertorous. He died a few minutes after his removal to one of the Hospital wards.

Autopsy twenty hours after death. — At the posterior part of the right side of the head was a large, circular, ecchymosed patch, the size of a crown-piece, evidently the result of direct violence. The head being opened, there was found between the dura mater and the brain, and also between the hemispheres, about five or six ounces of dark coagulated venous blood. No fracture of the skull had occurred, the extravasation having resulted from the concussion of the blow.

FRACTURE OF THE SKULL.—OPERATION.—DEATH.—AUTOPSY.

(Under the care of Mr. McWHINNIE.)

C. H., a young man of about 20 years of age, was admitted into St. Bartholomew's Hospital, on November 25, between one and two o'clock, a.m., having, it was stated, jumped out of a bedroom window two stories high.

On admission, it was evident that the head was the seat of injury, for although there was no external wound, yet the great swelling, and the feeling of fluctuation, clearly pointed to extravasation of blood beneath the scalp. In addition to this, there was hæmorrhage from the right nostril and from the left ear. His condition was that of complete coma, his pupils being dilated, and the irides insensible to light; his breathing stertorous and difficult; his pulse slow (at one time only 18 in the minute), full and laboured; voluntary motion and sensibility were entirely wanting, and, in addition to these symptoms, there was slight priapism.

Mr. McWhinnie was sent for, and on his arrival made an incision in the scalp, through which a considerable quantity of dark venous blood escaped; he then introduced his fingers beneath the scalp, and discovered a fracture extending in the line of the coronal suture completely across the calvarium. In two places one edge of the fracture overlapped, and seemed to depress the other edge, and Mr. McWhinnie determined to remove these overlapping portions. This was accomplished by means of Hey's saw, and at the same time the dura mater (which bulged upwards where the pieces of bone were removed, evidently from blood extravasated beneath it) was punctured, and gave exit to some dark venous blood. Immediately after the operation the pulse rose from 28 in the minute (which it had been just before) to 80, and at the same time, became less laboured. The other symptoms, however, were not relieved, the breathing being still stertorous and the pupils remaining dilated. From this time the patient continued much in the same condition until his death, which took place the same morning, at eleven o'clock.

Post-mortem appearances twenty-four hours after death.—On removing the skull-cap, which, owing to an extensive fracture, involving its entire breadth along the line of the coronal suture, separated into two parts, a small quantity of liquid blood was found extravasated between it and the dura mater. On detaching that membrane, which was considerably contused in one spot, blood in larger quantity was found poured out over the whole surface of the brain, and the veins in that situation were intensely congested. The brain's surface was throughout entire, but in its substance numerous clots of blood were found, as also in all the ventricles. On the brain being removed, and the base of the skull denuded of its dura mater, a fracture was seen, continuous with the one involving the skull-cap, extending on the left side through the squamous and petrous portions of the temporal bone, and implicating part of the basilar process of the occipital bone; and on the right side passing through the squamous and mastoid portions of the temporal bone, and being lost in the right jugular fossa. In addition to this, the right half of the cribriform plate of the ethmoid bone was broken in two places.

We are indebted for the above notes to Mr. Francis Lloyd, and for those of the following case to Mr. Rogers, the House-Surgeons who had care of the respective patients.

FRACTURE OF THE BASE OF THE SKULL AND FRACTURED RIB.—PLEURISY.—DELIRIUM.—DEATH.—AUTOPSY.

(Under the care of Mr. STANLEY.)

John R., aged 20, a well-formed muscular man, admitted November 17. He was brought to the Surgery with the following history:—While standing in the street, he was placed between two carts, by one of which he was thrown some distance, and fell on his head, when the other cart passed over his chest. When admitted, he was apparently insensible, but could be roused, and gave his name; pulse 48. Blood was exuding from the right ear; the pupil of the right eye was dilated, and insensible to light—that of the left was contracted. He could move his legs. On examining the chest, it was discovered that the sternum projected very much, resembling the diseased condition known as pigeon-breast. The thorax on both sides was depressed, but most so on the right, and there was very little movement. On turning him on his side, the inferior angle of the scapula was found to be protruding through the skin. The swelling and tightness of the parts was so great, that replacement of the bone was impossible. There was also a lacerated wound on the inner side of the arm, from which venous blood was flowing. No fracture of the ribs could be detected.

November 18.—He has had a quiet night, and speaks when questioned. He states that he is in great pain. Blood no longer oozed from the ear, but a serous fluid. Mr. Stanley stated that there was probably partial fracture of the base of the skull, and that he had no doubt that the case would terminate fatally.

On the 20th a dose of five grains of calomel was given, and a poultice was applied to the scapula. The note taken states—"The inflammation about the scapula is very great, and sloughing of the integuments is commencing. The state of the mind, however, is better. He is quieter, and expresses himself as having less pain. The inflammation about the arm is increased, and the integument looks quite livid."

21st.—To-day fracture of a rib is detected. There is great pain in the chest, and a friction-sound is also heard. The pulse is 120. Twelve leeches were applied to the right side of the chest, and calomel was given every four hours. The side was also strapped with plaister to ensure rest. He, however, grew worse, and in the evening became delirious, and continued so during the whole night.

22nd.—More delirious; pulse feebler. He gradually sank, and died on November 23, six days after the injury.

Autopsy, thirty-six hours after death.—A fracture was found on each side of the base of the skull, extending from the mastoid portion of the temporal bone to the foramen magnum. On the right side there was also fracture in the anterior part of the petrous portion of the temporal bone into the sphenoidal fissure.

KING'S COLLEGE HOSPITAL.

OPERATION FOR THE RADICAL CURE OF HERNIA.—DEATH.

(Under the care of Mr. FERGUSSON.)

[Reported by Mr. MASON, House-Surgeon.]

J. B., aged 47, was admitted into King's College Hospital, under the care of Mr. Fergusson, on November 18. He is a healthy-looking man, and states that he has always had good health. He is a baker, and is accustomed to lift heavy weights. He says that from birth he has had a tumour in the right groin, which increased on his assuming the erect posture. He wore a truss up to the age of 14, and then considered that he was cured; on lifting a heavy load, however, about twenty years ago, the tumour reappeared, and has since gradually increased in size. He has also suffered, in a less degree, from an oblique inguinal hernia on the left side, and worn a truss for it; but about six months ago, upon using more than ordinary exertion, he found that a tumour the size of an orange, of a painful character, appeared in the left groin; this has gradually increased in size up to the time of his admission. On admission the patient has a cheerful expression of countenance, and makes little or no complaint. On examining the regions of the hernia, a tumour the size of a large cocoa-nut is seen on either side; this increases on coughing, and also on his assuming the erect posture, but disappears to a great extent on his lying down. When he is erect, the penis can with difficulty be seen; he has never suffered from constipation, and has had no symptom of strangulation. The bowels are regular, and the functions of the body are healthily performed. He complains of no pain.

The patient, harassed by the unwieldy heaviness of the scrotal mass, was anxious to have something done to effect a radical cure. Mr. Fergusson, therefore, proceeded to operate, on November 19th, in the following manner. The patient being narcotised by chloroform, a skin-deep incision, of about an inch in length, was made over the spermatic cord of the right side; the finger of the left hand was then introduced, and pushed up to the internal ring, carrying before it the subcutaneous structures; a needle, armed with a strong thread, was then passed up to the ring, guided by the finger, and was made to transfix the internal pillar; one end of the thread was drawn through and left free; the needle was now withdrawn, and the same steps adopted to transfix the external pillar, the needle being brought through the same opening in the skin; the ends were now tied over a boxwood pad, a bandage was applied, and the patient sent to bed.

November 21.—He has had a good night, probably owing to his having taken an opiate. Tongue slightly furred; pulse 112; has a sensation of nausea. No pain referred to the region of the wound.

22nd.—Has not slept so well, and complains very much of nausea; has had vomiting of what he has taken since yesterday. Pulse, 128; tongue rather cleaner. The bandage was removed to-day. He complains of no pain in the region of the hernia; no tenderness of the abdomen. Bowels opened this morning.

23rd.—To-day the patient seems much exhausted, and has passed a restless night. Pulse, 138; tongue dry and furred. The vomiting still continues, but to a less extent than yesterday; the skin is covered with cold perspiration.

24th.—The patient got weaker during the night, and died this morning at six o'clock. No post-mortem examination allowed.

SAMARITAN HOSPITAL.

TWO CASES OF OVARIOTOMY.

(Under the care of Mr. SPENCER WELLS.)

ABOUT two years ago, when commenting in these Reports on the difficulty of obtaining correct information as to the actual results of ovariotomy, we expressed our intention to report *all* the cases in which this operation was performed in the London Hospitals for a series of years. We trusted that the facts so accumulated would tend towards the settlement of the question so often and so warmly debated—"Is ovariotomy justifiable?" Hitherto we have acted up to our intention, since it was expressed, and we believe every instance of ovariotomy in the London Hospitals will be found in these columns, with one single exception. In that case there were special reasons against publicity. The operation was performed in one of our large general hospitals. The case was a very favourable one. The operator was one of the best Surgeons and most dexterous manipulators in the metropolis. The operation was completed without difficulty, and everything seemed to be most promising, yet the patient died a day or two after the operation. Here then was supposed to be a very convincing argument in favour of the objectors to ovariotomy. It was urged that death very soon followed an operation performed in a favourable case under the most favourable circumstances. But the examination of the body revealed a cause of death which showed that this argument is certainly not supported by the case in question. A piece of sponge was found in the peritoneal cavity. This, of course, was a very painful thing for the operator, who had to consider, in publishing the case, not only his own feelings, but those of his assistants, and of the surviving relatives of the deceased. Any one who has performed this operation will understand far better than others how readily such an accident might happen. Assistants are busy with sponges; others are carefully keeping the edges of the wound together to prevent protrusion of intestine; and the more active and busy the assistants, the more likely is such an accident to occur. The operator is anxiously securing the peduncle, cutting away the cyst, and closing the wound; he has not noticed the slipping of a piece of sponge into the abdomen, which has been concealed by the intestines and at once kept back with them. The more likely such a deplorable accident is to occur, however, the more necessary is it to put the Profession on their guard, in order that it may not occur again, and that, if it should occur, the death should not be placed in the ordinary category of deaths after ovariotomy. With these remarks, rendered neeessary to complete our statistics of this operation, we now report two cases—one successful, the other fatal—performed in the Samaritan Hospital. These two cases make up ten in which Mr. Spencer Wells has performed ovariotomy in this Hospital, with a result of seven recoveries and three deaths.

Case 1.—COMPOUND OVARIAN CYST.—OVARIOTOMY.—RECOVERY.

[From notes by Dr. BLOOMENTHAL, Resident Medical Officer.]

W. M., aged 29, single, was sent to Mr. Spencer Wells by Dr. Jackson, of Barnsley, and admitted October 8, 1859.

History.—She says she was in good health until about a year ago, when she first felt pain in the right iliac region. This drew her attention to the part, and she noticed a swelling, which soon began to increase, and went on until her breathing was much impeded, and the abdomen greatly distended. The catamenia had always been regular, and normal in quantity, until about three months before admission when they ceased entirely. She was tapped about five weeks before admission, but only between two and three quarts of fluid escaped, and the distension was only slightly diminished.

State on Admission.—She was very pale, weak, and emaciated. The pulse was feeble, but the tongue was clean, and appetite good. There was a small bed-sore on the sacrum. The abdomen was distended by a large multilocular ovarian cyst. The circumference at the umbilicus was thirty-six inches, and the length, from symphisis pubes to ensiform cartilage, seventeen inches. It was decided on consultation to perform ovariotomy without delay.

Operation.—On October 12, chloroform having been administered, Mr. Wells removed the tumour by the small incision. He divided the abdominal parietes over the linea alba to the extent of about four inches midway between umbilicus and symphisis pubis, thus making an opening just large enough to admit his hand. Passing this all over the surface of the cyst, he broke down some extensive adhesions to the parietes, and then emptied several of the larger cysts through a large trocar, drawing them out one after the other as they were emptied. Some portions of semi-solid matter, and aggregations of small cysts were drawn out, and a short pedicle secured by a clamp, about an inch from the right side of the uterus. The left ovary was found to be healthy. The abdominal and pelvic cavities were carefully cleaned by sponging, two small vessels were secured by ligature, the clamp fixed

on the surface of the abdomen, and the wound accurately closed by deep and superficial wire sutures; four of the former being passed through the whole thickness of the parietes, including the peritoneum. The tumour consisted of a few large and a great number of small cysts filled with a viscid fluid, the whole weighing about forty-five pounds.

Progress after Operation.—It is unnecessary to follow the daily notes of this case, as for the first week it was one of gradual recovery. There was so little pain that no medicine was given either by mouth or rectum for the first four days. The pulse remained feeble, ranging from 80 to 100, and perspiration was very profuse. There was very little vomiting. Hot linseed poultices were kept to the abdomen, brandy and soda water, port wine, beef-tea, and the brandy and egg mixture of the Pharmacopœia, were given at short intervals. On two or three occasions, on the fifth and sixth days, when there was a little pain, twenty minims of laudanum in an ounce of water were thrown into the rectum. The bowels acted spontaneously on the fourth day. The clamp was removed on the same day, and the deep sutures. She went on remarkably well until the tenth day, when the wound was perfectly united, with the exception of a small depression at the lower part, where a small slough on the stump of the peduncle interposed. On wiping away this piece of slough very free hæmorrhage took place suddenly, and several ounces of blood were lost during ineffectual attempts to find the bleeding vessel. Mr. Wells then applied a saturated solution of the perchloride of iron in glycerine, which instantly arrested the hæmorrhage. She did not appear worse for the bleeding, but did not improve during the next three days, and on the fourth day the bleeding recurred. The clot formed by the perchloride had been loosened, and the hæmorrhage was rather alarming. On carefully wiping away all clot, Mr. Wells then discovered that the bleeding vessel was not in the peduncle, but was a small artery in the parietes which had apparently been wounded in passing the lowest suture. This was tied, and no further bleeding took place, but there was for some days rather a free discharge from the lower part of the wound of fetid sero-sanguinolent grumous fluid and broken-down clots of blood. She remained weak for some time and the bed-sore which she had before the operation increased and caused her a good deal of pain, but she gradually gained strength and left the Hospital in a very good state of health on the 7th inst. Dr. Jackson has since written to say that she bore the long railway journey to Barnsley very well, and was "in the enjoyment of capital health and spirits."

Case 2.—MULTILOCULAR OVARIAN TUMOUR.—TAPPED NINE TIMES.—OVARIOTOMY.—DEATH.

[From notes by Mr. Phillips and Dr. Blomenthal, Resident Medical Officers.]

J. B., aged 27, single, lady's-maid, was first admitted under Mr. Spencer Wells, July 15, 1859.

History.—About four years ago, after a severe fall, she first felt pain in the lower part of the left side of the abdomen. This lasted for about three months, and she was treated in Edinburgh under Professor Simpson. She was kept in bed six weeks and brought under the influence of mercury. At the end of three months the pain ceased, but a tumour about the size of an egg remained, and never afterwards disappeared. But it did not increase for about eighteen months, during which time she travelled abroad. About two years ago the enlargement began to increase, and she was admitted into the Hospital for Women, under Dr. Protheroe Smith, in June, 1858, while suffering from acute peritonitis. She was relieved and taken in a second time in August, 1858, with an attack of circumscribed peritonitis in the right side. The abdomen at this time was forty-six inches in circumference. After the cessation of inflammation, she was tapped, and twenty-four pounds of fluid removed. She was again admitted in January, 1859, and twenty-two pounds of fluid removed by tapping. In April, 1859, she was re-admitted, measuring forty-nine inches, and forty pounds of fluid were removed. After tapping it was observed that a "large solid mass occupied the left hypochondriac and hypogastric regions." This appears to have formed in a great measure since the first tapping. In June, 1859, she was tapped for the fourth time, thirty-seven pounds of fluid having been removed. On each occasion a few leeches and general treatment had preceded tapping, on account of symptoms of circumscribed peritonitis. For these particulars we are indebted to Dr. Protheroe Smith. On admission to the Samaritan Hospital, July 15, 1859, she was much emaciated, the pulse was very feeble, and she suffered very much from distension of the abdomen, which was fifty-one inches in circumference at the umbilicus and twenty-five inches from symphisis pubis to ensiform cartilage. On the 17th, Mr. Wells tapped two cysts, and removed twenty-two pounds eight ounces from one, and ten pounds six ounces from the other. The large solid mass on the left side, before described, was then seen very distinctly, and she said it had grown very fast since the last tapping. She was most anxious to have it removed, but she was in so depressed a condition that she was sent to the country for a time, and re-admitted August 22. On the 25th Mr. Wells tapped, and removed twenty-nine pounds of fluid, and she was put upon quinine and generous diet. She again left the Hospital, but was in for the third time from the 3rd to the 26th of October, having been tapped on the 15th, and thirty-six pounds of fluid removed.

She was admitted for the last time on November 16, suffering extremely from distension, but still in better general health than she had been on any former admission. On the 18th Mr. Wells tapped the two cysts he had tapped in July, and removed forty-one pounds ten ounces of fluid. She was then put upon a very nourishing diet, and as, notwithstanding rapid filling of the cysts, she seemed in as good a state of health as could reasonably be hoped for, and she was most anxious to be relieved of her sufferings, the propriety of acceding to her request was most carefully considered in two full consultations of the Medical staff, and it was agreed that Mr. Wells should operate on the 6th inst. She was then about the same size as when tapped three weeks before.

Operation.—Mr. Priestley administered chloroform. The Hospital staff were present, and Drs. Sims and Westmacott. Mr. Wells commenced by making an incision over the linea alba, midway between umbilicus and symphisis pubis, just large enough to admit his hand, intending to do no more if the adhesions proved to be very firm; but, as he found the greater portion of the surface of the cysts nearly free, and some adhesions at the anterior border of the solid portion yield readily before the hand, he determined to proceed, and emptied both cysts through a very large trocar. They were then drawn forward, and the wound enlarged up to the umbilicus. Some firm adhesions of the omentum to the upper and back part of the solid portion were then separated, and two or three small cysts burst during this part of the operation. The whole of the cysts and tumour were then drawn out of the abdominal cavity. The mass was attached to the left side of the uterus by a large broad peduncle, and in addition to this a thick vascular band of adhesion connected the lower part of the solid portion with the abdominal wall behind the sigmoid flexure of the colon. This band was divided by the écraseur. The peduncle was secured by a clamp, and the tumour removed. Two vessels which were bleeeding freely, far back on the abdominal wall, having been opened in separating adhesions, were then secured by ligature, the pelvis and lumbar fossæ carefully sponged out, and the wound united by deep and superficial sutures of iron wire. A pad of lint and a flannel belt were then put on, and the patient placed in a warm bed. She remained very low for about an hour, when she rallied and began to complain of pain in the abdomen. Half a drachm of laudanum was thrown into the rectum, and the injection was repeated in an hour, but only twenty minims were then thrown up. Some brandy and soda-water were given, and a little port wine. She was very comfortable in the evening. The pulse about 90. There had been some vomiting, but it was not very troublesome. The skin was warm and moist, and she was in good spirits. She passed a very tolerable night; had two injections of twenty minims of laudanum when pain became troublesome; a moderate quantity of urine had been twice removed by the catheter. She had slept pretty well, and up to 10 a.m on the day after operation seemed to be going on satisfactorily. She then began to sink rapidly, felt cold and faint, and the pulse became imperceptible, notwithstanding the free use of stimulants both by the mouth and rectum. She died twenty-three hours after operation.

The tumour consisted of two very large cysts, which contained upwards of forty pounds of fluid, and of a semi-solid mass of small cysts, which weighed eleven pounds and a-half. The whole removed, therefore, weighed about fifty-three pounds.

The abdomen was examined on the following day. The

wound was found to be united on its peritoneal aspect by recent lymph, with the exception of the spots where the peduncle passed below, and the ligatures on the vessels above. One loop of small intestine adhered by soft, recently-effused lymph to the wound for the extent of about an inch. The portion of omentum which had been separated from the cyst was slightly congested. There were between one and two pints of bloody serum in the peritoneal cavity, but not a morsel of clot. There were signs of peritonitis about the broad ligament on the left side, and on the parietes near the wound, and on two or three coils of intestine which lay near it; but there were no marks of general peritonitis. The ligatures did not appear to have set up peritonitis in their track. The uterus was normal. The right ovary was about the size of a large walnut, and nodulated on its surface. The peduncle, consisting of Fallopian tube and broad and round ligaments, was securely fixed by the clamp outside the wound.

Remarks.—This was one of those desperate cases where the Surgeon who looks to his own reputation as an operator whose results are numerically successful—or, less selfishly, to the credit of Surgery in general, or of ovariotomy in particular—would certainly refuse to operate. In a case where the probabilities are greatly against success an operator is not only likely to lose by a comparison with the results of others who only operate in favourable cases—but he may bring discredit on an operation, strengthen the belief in its excessive mortality, and deter other Surgeons from recommending it, or patients from submitting to it, where the conditions are hopeful. And it becomes a moral question of no small magnitude how far these considerations should prevail against the simple question,—"What is my duty to this patient?" It appears to us that if once the Surgeon is convinced that he ought not to allow any patient to go on through a life of suffering to an inevitable death, when there is a possibility that an operation may restore that patient to health, it is his duty to cast aside all other considerations, and do his best for the poor creature who has confided in him. Then, of course, come the important practical questions,—Is the disease necessarily fatal? Is an operation necessarily fatal? Is there a moderately fair chance of recovery? Does the patient fully understand the risk? Is suffering so great and life so irksome that she is anxious to be relieved even at so great a risk? All these questions were most anxiously considered in the above case, and, although the result has been unsuccessful, the mother of the patient, and those who knew her best and know what death by the natural progress of ovarian disease is, have a certain melancholy satisfaction in feeling that nothing has been left undone which might have been done, and that some weeks of hopeless, lingering suffering have been spared.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 393.—Sydenham and his Pipe.

Dr. Sydenham, the celebrated physician, lived in Pall Mall from 1669 to 1689, when he died. He is buried in St. James's church. Mr. Fox told Mr. Rogers that Sydenham was sitting at his window looking on the Mall with his pipe in his mouth and a silver tankard before him, when a fellow made a snatch at the tankard and ran off with it. "Nor was he overtaken," said Fox, "before he got among the bushes in Bond-street, and there they lost him."—*Cunningham's "London."*

No. 394.—What is Glandular Secretion?

Sir,—Will you allow me, through the medium of your valuable "Notes and Queries" to seek enlightenment upon a point of physiology about which I can obtain no satisfaction in any of the modern authorities I possess on this subject? We are taught, as a leading doctrine concerning secretion, that this act, like so many other vital acts, is one of cell-growth; that the cells are born, grow, come to maturity, burst, and discharge their contents. But we know in the case of the kidney it is admitted, that the watery parts of the urine pass off from the renal vessels by the simple physical act of transudation; and what I desire to know is, whether this act of transudation takes place solely in the instance of the kidney? For instance, am I to believe that the fifteen or twenty ounces per day of saliva, of which physiologists speak, are the products solely of this cell-growth of the gland-cells of the salivary glands; that those comparatively small glands, the parotid, the submaxillary, and the sublingual, are capable of thus generating and so rapidly the enormous quantity of cells, which the quantity discharged, and so quickly discharged at one time, would indicate? When we consider the nature of this secretion, that it contains only one per cent. of solid water, and ninety-nine per cent. of water, is it not more reasonable to think that the great part of this water leaves the blood simply through transudation? Is it reasonable to think that such an immense growth of cell-life would be called into existence merely to discharge water, which so readily passes off by transudation, as in the case of the skin, the lungs, and the kidneys? But on this question, applied not only to this but to other glandular secretions, I can get no satisfaction. Is glandular secretion in all cases—or if not in all in what cases is it—an act partly vital, of cell-growth, and partly of transudation? This is the question about which I would most gladly hear an authority speak.—

I am, &c. Ich.

No. 395.—Anecdote of John Hunter.

Dr. John Haviland, of Gundenham House, Somerset, previously to his retirement, practised for more than half-a-century in Bridgewater; he was intimate with John Hunter at one period of his long life, and in consequence, placed his only son under that celebrated physiologist. Hunter showed much kindness to his pupil, and Dr. Haviland was anxious to acknowledge it by sending him some delicacy from the country; he decided upon *laver* (*porphyra laciniata*), and accordingly despatched to London a barrel of this esteemed conferval esculent, well-selected and in beautiful order. Hunter duly received the present, recognised his friend's handwriting, and opened the barrel; but no sooner did he behold the contents, than he pondered, wondered, and then boiled over. In his passion, he sent for young Haviland, whom he thus addressed:—"Sir, does your father mean to insult me? He has sent me a barrel of cow-dung, or some filth like it." "Impossible, Sir," answered the pupil, and added, "Perhaps, Sir, there is some mistake." "Judge for yourself, young man," said Hunter, placing with an indignant air the barrel of laver before him. Young Haviland saw at once the blunder of his master, and had much difficulty in restraining his laughter; for obvious reasons, however, he did not indulge himself, but gravely explained "that the contents of the barrel were considered a great delicacy in the West of England, and generally eaten with roast mutton." Hunter was not convinced, and seemed half inclined to believe that the son was in league with the father. "Come and dine with me, Sir, to-morrow, off roast mutton, and recollect, I expect you to eat some of this damned mess with it!" The great John thought that he had settled the point; his pupil, however, was punctual, the laver had been cooked according to his directions, and, moreover, soon appeared to be a favourite sauce of the young Somersetshire man. John Hunter looked on in perfect amazement, and quite unmindful of his own dinner; at last, perceiving that his young friend's relish was genuine, he cried out, "Stop, stop, you Sir; don't you eat all that stuff yourself; damn it, let me taste a bit!" His guest accordingly helped him to a small spoonful, which he took with extreme caution; at last his eyes began to twinkle, he saw through his error, apologised for it, had a hearty laugh, and helped himself to the remainder, which he enjoyed amazingly, and ever after considered a barrel of laver the most acceptable present he could receive from the country.

No. 396.—A Good Word for the "Doctors."

"Our Physicians are an exceedingly enlightened set of men — in my opinion incomparably the highest class in France. No other class knows so much, or so much of certain things. No other is so well formed in mind and character. But the rough and masculine education of their schools and hospitals, their hard Surgical initiation—one of the glories of this country—bring with them a serious fault. They tend to the extinguishing of that fine sensibility, which alone can perceive, anticipate, and divine things."—*Michélet, "L'Amour."*

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Medical Times and Gazette.

SATURDAY, DECEMBER 17.

THE COLLEGE OF SURGEONS.

A country wench who has committed an indiscretion, and finds the shadows of future troubles falling wider and deeper about her, is sometimes said "to be made an honest woman of" by hurrying through the marriage ceremony before she tumbles into bed. But even this cannot be done without certain preliminary formalities. The Rector must not forego the banns, nor the convenient Registrar his due notice. Neither the terrors of the parsonage, nor "the highly penal clauses" of the code of cottage discipline, make any difference. The curriculum of legitimacy is positive. But what would be said if our reverend Bishops, having in moments of weakness been betrayed into illicit flirtations in some obscure corners of their dioceses,—either out of compassion or compunction,—should contrive, by some mysterious "relaxation of their rules for a limited period," to slip the magic ring over the fingers they had been so indecorously toying with, in order to prevent "certain persons" from being, in the opinion of the Bench, "unjustly excluded from the Register"? Society would feel itself aggrieved. The disreputable conduct in the dark, and the unhallowed whitewashing of the intriguers afterwards, would be equally matter of reprobation.

Now, it is a fortnight since we pointed out to our readers the injustice of the course recently taken by the Council of the College of Surgeons in reference to the mode of admission of some of its new members. No one who looks at the relative position of all the parties interested will dispute this point. All must feel it, whether members of the College or of other corporations. We take no exception, however, to the grace extended to old Licentiates of the Company of Apothecaries, who, as everyone will allow, have not been smuggled into the Profession, but have freely complied with exactions even above the average,—have long ranked as General Practitioners, have used by courtesy the title of Surgeons without remonstrance, and at length find themselves somewhat hardly dealt with by the late enactment. But the dishonourable way in which other persons with "Surgical and general characters" have been coquetted with on their making advances to the Court of Examiners, the sly invitations to private conferences which they have been favoured with, and the indulgent laxity which has opened for them the door to legitimate refuge in the arms of the College from the pains and penalties of the Medical Act truly deserve exposure.

We are not detectives, and we know how odious a thing it is to point out blemishes where one would wish only to see unsullied purity. Still, no good is done by pretending ignorance when we know evil exists; and over-leniency towards wrong-doers is always unwise. Let blame fall where blame is due.

We have no wish to deal out general accusations, nor to use indiscriminately the language of invective. A plain statement of facts is, nevertheless, due to those who place confidence in us, and who look to us to be informed of what may come to our knowledge that affects their interests. In doing this we shall not go beyond the cases which we have already made notorious. A person of the name of Horton, assistant to a Surgeon in the Dudley district, is now in possession of the diploma of the College of Surgeons, after nominal examination, and without having passed through any course of Medical education. Another, Mr. Meredith, who is a retail druggist, keeping an open shop in the same place, and is said to practise whenever he has the chance, has been in correspondence on the same subject with the officials of the College, and is now actually enrolled as a Member. Thus much our readers are already aware of. But they will be surprised to learn that as long ago as the early part of the month of September, the friends of Mr. Horton were assured by a letter from a member of the Board of Examiners that his claims were already recognised, and that he would be examined when an opportunity occurred. They will be indignantly astonished to be told further, that Mr. Meredith was asked from behind the counter to favour the same accommodating friend at Court with a call, at which matters were to be explained fully to him; that his anxieties were soothed by the welcome information that the examination in such cases as his did not include Anatomy and Physiology, and still less anything not strictly Professional, and that they were altogether of a simple and entirely practical character; that he was promised assistance, as far as possible, in the Court; that he was directed to bring with him any evidence he could produce of education; and was referred to two or three Surgeons, by name, whose testimonials, if they could be procured, were thought likely to enable him to pass muster.

Here are simple facts. There is treachery in the camp as well as in the court. Such conduct is beyond vindication. One need not aggravate the remorse which must follow deeds like these by harsh upbraidings. A sting is left that will do its work of punishment surely enough. Our public brand is not wanted. The wages of such sin is death:—death to the reputation, if confessed; a clinging, numbing, killing torpor and death to the moral sense, if held secret in the dark chambers of the heart.

THE WEEK.

The Medical Act contains a provision, enabling Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold Examinations, for the purpose of testing the fitness of persons to practise as Dentists, who may be desirous of being so examined, and to grant certificates of such fitness. This enactment has its origin in a practice which has long prevailed in London, for persons to call themselves Surgeon-Dentists, without apparently having any authority for the assumption of such designations. A case of this kind came before the Lord Chief Justice of the Court of Common Pleas and a jury of the City of London last week. There the plaintiff sought to recover damages for two libels with reference to him as a Surgeon-Dentist, alleged to have been published by the defendant. The defendant had pleaded, that the plaintiff was not entitled by law to call himself by, or use, the title in question. In support of his case the plaintiff was examined, and stated that he was educated for a Surgeon-Dentist, and had obtained a diploma from the College of Dort, in Holland; that he came to England in 1847, and had since carried on the business of a Surgeon-Dentist. Another witness was also examined, for the plaintiff, who stated that he was a Doctor of Medicine, but not a Surgeon; that his diploma was from New York, and that he had likewise practised as a Surgeon-Dentist in London. Evidence was further given of the custom in London of Dentists, who were not Members of the Royal

College of Surgeons of England, assuming to themselves the title of "Surgeon-Dentists;" but one of the plaintiff's witnesses said, in his opinion, that this custom was not justifiable. When summing up the case to the jury, his Lordship said he should reserve for the Court above the question which had arisen, whether, under the Medical Act of 1858, the plaintiff had a right to call himself a Surgeon-Dentist, but he then left it for the jury to say whether the documents set out were libellous, and if so, what damages the plaintiff had sustained; whereupon the jury, after considering the matter for some time, found a verdict for the plaintiff, as to one of the alleged libels, with forty shillings damages, but for the defendant as to the other. Our readers will thus perceive, that the legality of the custom alleged has now been distinctly raised; and as the Court above will meet again early in January, the Profession may therefore speedily look for a legal decision upon this important question of Medical titles and designations.

At the last meeting of the Senate of the University of St. Andrews, the Honorary degree of Master of Arts was conferred on Dr. Benjamin W. Richardson. This is the third instance, we believe, in which the degree has been given by this University in recognition of general and scientific attainments. On both the preceding occasions a member of the Medical Profession was the recipient of the honour. Dr. Hannay, of Glasgow, who died about 1845, was the first Honorary M.A. He was for many years Examiner in Medicine at the University; he was one of the first to introduce Laennec's discovery of auscultation into this country; he was one of Laennec's pupils, and a friend. To him Hope dedicated his famous work on "Diseases of the Heart." The second gentleman on whom the degree was conferred was the late Dr. Golding Bird, who was a Medical Graduate of St. Andrew's, and whom we all remember. Dr. Richardson, the third Honorary Arts Graduate, graduated in Medicine at St. Andrew's in 1854. His Prize Essay, on the "Coagulation of the Blood," and other literary works, render his honorary degree an honour to the University.

The Rev. C. Kingsley has been lecturing on "The Rationale of Health." "To the Medical men of England and Germany," he said, "he owed a debt deeper than he was able to express. He had learned more science from them than he should be ever able to repay them, and also more morality, in a high sense, than he should ever be able to adequately acknowledge. Were he able to do his duty in his profession as he saw, not only the average, but the majority of Medical men doing theirs, he should be a happier man than he was now." He told his auditors that if the doctors had their wish they would strive most to keep the people in health, not merely to cure them when diseased. "A perfectly wise man, living in a perfectly wise state of civilisation, and taking perfectly wise care of himself, ought to be able to insure his health, by paying a Medical man so much a year for keeping himself in health, just as much as a man insured his body against accidents, or his house against fire. He would not say how many hundred years hence, but the time would come, when people would be found insuring their health for a certain number of years, or, at all events, for twelve months, by paying premiums to companies who would look after their health, and take care that they did not vitiate their bodies." Mr. Kingsley then directed attention to the mortality from preventible diseases among children. He told his auditors that *forty per cent.* of the children born in this country died before they reached five years of age. "He had witnessed the death of old men, and experienced no shock of horror, as they had trod life's path. He had seen many children die, and the sight always gave him a shock, and he felt as if the world was out of joint. Why do they die? God had exercised as much creative power in making them so pure, so noble, and so graceful, and yet they were allowed to die so early! By man's fault, he would answer." Most earnestly did the lecturer point out the principal causes which concur in bringing about the mortality of early childhood, and he illustrated one point by examples derived from two families which he had seen. Both were kind and noble; both had children; but the one thrust its children into the small contracted rooms at the top of the house, while the best apartments were given to visitors; the other kept its children in the handsomest and most spacious rooms in the house, and said, "We cannot receive any visitors, or give any dinners, as our house is so small, and we are forced to give up the best rooms to our children." The children of the first family grew up stunted and miserable; the children of the latter family, fine, noble, and healthy. We are grateful to Mr. Kingsley for his admirable lecture, and we hope to see it published in a cheap form, and disseminated throughout the kingdom. With such co-operation as this given by Mr. Kingsley, what might not our Profession do?

PUBLIC VACCINATION.

INSTRUCTIONS FOR VACCINATORS UNDER CONTRACT.

1. Except there be immediate danger of small-pox, vaccinate only subjects who are in good health. Satisfy yourself that there is not any eruption behind the ears, or elsewhere on the skin; nor any febrile state; nor any irritation of the bowels. Under no circumstances vaccinate a subject to whom, from the state or prospects of his health, vaccination is likely to prove injurious. Do not revaccinate persons who in infancy have been efficiently vaccinated, unless they be more than 15 years of age, or, if during any immediate danger of small-pox, more than 12 years of age.

2. In all ordinary vaccinations, vaccinate by four or five separate punctures, so as to produce four or five separate good-sized vesicles; or, if you vaccinate otherwise than by separate punctures, take care to produce local effects equal to those just mentioned.

3. Direct care to be taken for keeping the vesicles uninjured during their progress, and for avoiding afterwards the premature removal of the crusts.

4. Register the results of vaccination only after having yourself inspected the cases. Register as "successful" no case of primary vaccination, unless the course of the vesicle have been strictly regular according to the subjoined description, A; and register as "successful" no case of revaccination, unless either the regular vaccine vesicle have ensued, or the results have been normally modified according to the subjoined description, B. Or if in either case you register as "successful" any result which does not agree with the subjoined descriptions, write also the word "irregular" in the column of the register where you record the result.

5. Endeavour to maintain in your district such a succession of cases as will enable you uniformly to vaccinate with liquid lymph directly from arm to arm; and do not, under ordinary circumstances, adopt any other method of vaccinating. To provide against emergencies, always have in reserve some stored lymph,—either dry, as on thickly-charged ivory points, constantly well-protected from damp; or liquid, according to the method of Dr. Husband of Edinburgh, in fine, short, uniformly capillary (not bulbed) tubes, hermetically sealed at both extremities. Lymph, successfully preserved by either of these methods, may be used without definite restriction as to time; but with all stored lymph caution is necessary, lest in time it have become inert, or otherwise unfit for use. If, in order to vaccinate with recent liquid lymph, you convey it from case to case in a vial or in other like manner, without its being hermetically sealed, do not let more than eighteen hours, and in very hot weather not more than twelve hours, intervene before it is used.

6. Consider yourself strictly responsible for the quality of whatever lymph you use or furnish for vaccination. Take

lymph only from subjects who are in good health; especially satisfying yourself that they are free from eruption on the skin. Take it only from well-characterised, uninjured vesicles. Do not take it from cases of re-vaccination. Take it (as may be done in all regular cases on the day week after vaccination) at a time when the vesicles are plump, either just before the formation of the areola, or, at the latest, not more than twenty-four hours after the areola has begun to form.

7. In vaccinating from arm to arm, and still more in proceeding to store lymph, avoid draining any vesicle which you puncture. From such a vesicle as vaccination by puncture commonly produces, do not, under ordinary circumstances, take more lymph than will suffice for the immediate vaccination of five subjects, or for the charging of seven ivory points, or for the filling of three capillary tubes; and from larger or smaller vesicles take only in like proportion to their size.

8. Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue local irritation arises, and if similar results ensue in other cases vaccinated with the same lymph, desist at once from employing it.

9. If from any cause your supply of lymph ceases, or becomes unsuitable for further use, take immediate measures for obtaining a new supply.

10. Keep in good condition the lancets or other instruments which you use for vaccinating, and do not use them for other Surgical operations.

N.B. Supplies of lymph, guaranteed by the National Vaccine Board, are furnished, on application, to all Medical Practitioners. Letters of application for this lymph should be addressed "To the Registrar of the National Vaccine Establishment, Privy Council Office, London, S.W."

Signs of Successful Vaccination and of Successful Revaccination.

(Gregory, revised by Ceely and Marson.)

A. "When vaccination has been successfully performed on a healthy infant, the puncture may be felt elevated on the second or third day; and soon afterwards, if examined with a magnifying glass, appears surrounded with a slight redness. On the fifth or sixth day a distinct vesicle is formed, having an elevated edge and depressed centre. On the eighth day it appears distended with a clear lymph. The vesicle, on this, its day of greatest perfection, is circular and pearl-coloured; its margin is turgid, firm, shining, and wheel-shaped. Late on the seventh, or early on the eighth day, an inflamed ring or areola begins to form around the base of the vesicle, and, with it, continues to increase during the two following days. This areola is of a circular form, and its diameter extends from one to three inches. When at its height, on the ninth or tenth day, there is often considerable hardness and swelling of the subjacent cellular membrane. On the tenth or eleventh day the areola begins to subside, leaving, as it fades, two or three concentric circles of redness. The vesicle now begins to dry in the centre, and acquires there a brownish colour. The lymph which remains becomes opaque, and gradually concretes; so that about the fourteenth or fifteenth day the vesicle is converted into a hard round scab of a reddish-brown colour. This scab contracts, dries, blackens, and about the twenty-first day, falls off. It leaves a cicatrix which commonly is permanent in after life, circular, somewhat depressed, dotted or indented with minute pits, and, in some instances, radiated. The above described local changes, while in active progress, are attended by feverishness; first, from the fifth to the seventh day, so slightly that often the fact passes unobserved; and again more considerably during those days when the areola is about its height; the infant now being restless and hot, with more or less disturbance of stomach and bowels. About the same time, especially if the weather be hot, children of full habit not infrequently show on the extremities, and less copiously on the trunk, a lichenous, roseolar or vesicular eruption, which commonly continues for about a week. When vaccination is performed on such adults or adolescents as have not previously been vaccinated, and likewise when lymph is employed which has recently been derived from the cow, the resulting phenomena, as compared with the preceding description, are somewhat retarded in their course; and the areola is apt to be much more diffuse. There is also more feverishness; but eruption is less frequently seen."

B. "When persons who have once been efficiently vaccinated are, some years afterwards, re-vaccinated with effective lymph, there sometimes result vesicles which, as regards their course and that of the attendant areolæ, cannot be distinguished from the perfect results of primary vaccination. But far more usually the results are more or less modified by the influence of such previous vaccination. Often no true vesicles form, but merely papular elevations surrounded by areolæ; and these results having attained their maximum on or before the fifth day, afterwards quickly decline. Or if vesicles form, their shape is apt to vary from that of the regular vesicle, and their course to be more rapid; so that their maturity is reached on or before the sixth day, their areolæ decline on or before the eighth day, and their scabbing begins correspondingly early. In either case the areolæ tend to diffuse themselves more widely and less regularly, and with more affection of the cellular membrane, than in primary vaccination; and the local changes are accompanied by much itching, often by some irritation of the axillary glands, and in some cases on the fourth or fifth day by considerable febrile disturbance."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EPIDEMIC OF VARIOLA IN THE CANTON OF GENEVA IN 1858-59.

By M. MARC D'ESPINE.

The following is the summing up of M. Marc D'Espine's elaborate memoir:—

The epidemic of 1858-9 has been by far the most severe of all those which have visited the Canton since the introduction of vaccination. It attacked 21 individuals in 1000 inhabitants, and gave rise to 2·3 deaths, one-half of these depending upon a hæmorrhagic cause. There are probably few of the countries of Europe which have been recently visited by this disease that have paid so large a tribute to it as the Canton of Geneva. The *mortality* has been 10·8 per 100 cases—45 per cent. in the non-vaccinated and 9·5 per cent. in the vaccinated. How considerable this proportion is may be judged by the results of the inquiry instituted by the London Epidemiological Society, from which it resulted that the mortality in different countries of Europe oscillated between 0 and 12 per cent. in the vaccinated, and between 15 and 53 per cent. in the non-vaccinated. This great mortality of Geneva, exceeding that of any other locality or town situated in the basin of the lake, is explicable by the large number of cases of *hæmorrhagic variola*.

Complete unanimity exists among the documents furnished upon the Genevese epidemic, and those derived from other countries as to the greater liability of *males*. The relation is four to seven females for ten males, according to the epidemics or localities.

The Elective Age of natural variola is childhood and infancy. In countries in which vaccination is but little—or not at all—practised, variola attacks but few adults; but in proportion as a population has been more generally, and for a longer period, submitted to the vaccine influence, variola attacks a larger proportion of the older vaccinated, and spares children protected still by recent vaccination. In those countries in which nearly the whole of the new-born infants have been vaccinated for a long time past, it is from the twentieth to the twenty-fifth year, that variola attacks most of its subjects; children below ten years being rarely affected.

Revaccination, made at opportune periods, greatly increases the chances of preservation, and evidently alleviates the disease in those individuals whom it has not been able to secure against the attack. It seldom succeeds in producing satisfactory pustules until after ten years of age. On this account, then, and because the first vaccination affords sufficient protection at least until 10 years, it is at about from the 12th to the 15th year that the first revaccination should be performed. A second may be resorted to at about the age of 30; but this is of less consequence than the first, inasmuch as the examination of facts show that the chance of contracting variola diminishes much after the age of 30. Nevertheless, just

as the more general practice of vaccination has transposed the age of the maximum of frequency of variola from infancy to the 15th, 20th, or even the 25th year, a generalisation of the practice of revaccination at about the 12th or 15th year, may thrust back this maximum beyond 30 years; and we may predict that with the progress of primary vaccination, a second towards the 30th, and even a third towards the 40th year, may one day become requisite. Vaccination or re-vaccination, practised even at the height of an epidemic, when complicated by an immediate invasion of the variola, neither modifies the progress of this, nor is itself modified by it. We may therefore vaccinate during an epidemic with impunity.

It would seem that a first variola preserves somewhat more certainly from variola than a first vaccination; but that if variola does supervene, that which is secondary is more fatal than is the varioloid following vaccination.

Cow-pock appears to succeed somewhat better than the chain of Jennerian virus, both as a prophylactic, and as to the pustules it gives rise to; but virus passed from man to the cow, and then from the animal to man, derives no advantage from such passage.

Epidemic Variola attacks preferentially the strong and healthy portion of a population, rarely following an acute disease, or complicating a chronic diathesis. Pregnancy and alcoholism are two conditions in which variola is found oftener arising than in disease properly so called; but the prognosis is far more favourable in variola occurring in a state of health, or in the course of a normal pregnancy, than among persons seized under different conditions. The disease is especially fatal among those who have committed abuses of alcoholic drinks.

The epidemic of the Canton of Geneva, and of other districts situated in the basin of the lake, has furnished in every hundred cases of the disease sixty or seventy cases of direct and slight variola, and from thirty to forty cases of confluent or dangerous variola. Intense prodromes were not always followed by the dangerous form of the disease, but slight prodromes were always succeeded by a slight and benign form. Suppurative fever was manifested in the majority of the unvaccinated and in 5 per cent. of the vaccinated. Some instances of confluent variolous eruption, strictly limited to the face, were noted during the epidemic, and cases of *variolæ sine variolis*, few in number in Geneva itself, were met with in more abundance in other localities.

The Hæmorrhagic Form was manifested at all the points of the basin of the lake at which the variola appeared, but with varying frequency in different localities. The Canton of Geneva exhibited the largest proportion, 7 per cent of the cases presenting the hæmorrhagic form. At Aigle and Ivorne, where the number of cases were ten times more numerous than at Geneva, there were scarcely seven hæmorrhagic variolas in 1000 cases. In the Genevese epidemic one case in five of hæmorrhagic variola were cured, but in these the hæmorrhage consisted merely in epistaxis or metrorrhagia supervening during the course of the variola. There were very few cutaneous hæmorrhages among the cases cured. The hæmorrhagic form was observed to be twice more frequent among the unvaccinated than the vaccinated; but eliminating the slight cases, which belonged exclusively to the vaccinated, and comparing only the serious cases of the two categories, we then find more hæmorrhagic cases among the vaccinated. Comparing the deaths, there were 23 per cent. of the unvaccinated, and 65 per cent. of the vaccinated which presented the hæmorrhagic form; so that while it is only one of various causes of death among the unvaccinated, it is the chief, if not the only cause among the vaccinated. It was observed that hæmorrhage complicated a great number of cases of different diseases during the autumn of 1858, the period when the hæmorrhagic form of variola was at its maximum of frequency at Geneva. It was chiefly between the ages of 20 and 40 that this hæmorrhagic form was observed among the vaccinated. Death occurred about the sixth day (the third of the eruption) in one-half of the fatal cases.

The *mean duration* of the variola at Geneva was fourteen days in cases which recovered, and eleven and a-half days in those which succumbed. The mean duration of the prodromes was from three to four days, and that of the eruption, until the period of desiccation or suppuration, from three to seven days. In some cases there was observed a successive development of the eruption, so that certain of the papulæ appeared five or six days after the first, and died away without undergoing further development.—*Arc. Gén.*, tome xiv. pp. 78—82.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, December 12, 1859.

My attention has been directed to a letter, dated from Brighton, November 25, and signed "R. L.," which appeared in the *Times* newspaper, in which the writer, after remarking on the inefficiency of the present system of vaccination, as practised in England, makes special reference to the existence of an Institution in Paris, where children are vaccinated directly from the calf,—or rather the last of a series of eight calves,—a process of transmission from calf to calf being, according to him, indispensable, in order to diminish the original energy of the virus, which if taken directly from the cow, might prove too strong, and consequently dangerous, to the child or children on which it might be employed. The writer further states that this Institution furnishes matter to all and sundry who may apply for it at the very moderate sum of five francs for each tube. Now, on reading this letter, any thinking, reasoning man, can see absurdity in every line of it; and I am entirely at a loss to know what may have been the motive of the person who penned it. Is the letter a *réclame*, or has the writer of it, in gross ignorance of the subject of vaccination, penned it in good faith, believing that he was doing a service to humanity? If the former, then we must regard him as an accomplice in a system of deceit and dupery. If the latter, I would strongly recommend him in future always to inform himself well on a subject of such vital importance, before publicly denouncing the Institutions of his own country, and lauding those of another. Although perfectly satisfied from the first that the whole affair was a hoax, yet, to make assurance doubly sure, I conceived it to be my duty to sift the thing to its very bottom. On all sides, and in every quarter where I thought it likely I might get information on the subject, I could not find any one who had heard of such an establishment, and in all the recognised registers containing the names of the regularly-qualified practitioners of the French capital, I searched in vain for that of its *soi-disant* director, Dr. Mangeant. But as the omission of the name of that individual might, I thought, be an accident, I repaired at once to his address, as given by the writer of the letter in the *Times;* and in an obscure house in the Faubourg St. Denis, up some three stairs, I found a person answering to such a name,—but neither cows nor calves were visible, and I could see no suitable *locale* in the neighbourhood of his dwelling where they could have the necessary accommodation. The walls of the entrance-passage, leading to the staircase, were covered with huge placards, and similar ones formed the principal ornaments of the ante-chamber. Here follows a literal translation of these placards:—"Natural Vaccination with the Virus taken always from the Heifer, according to the Principles of Regeneration. These Vaccinations are performed in the Faubourg St. Denis, and are practised by a Doctor, Member and Vaccinator of the ex-National Society of Vaccine of France, under the direction of the late Dr. James."

Now, had my visit taken place under the most perfect conviction that the Institution in question was a *bonâ fide* affair, I must confess that the above advertisement would have been of itself sufficient to have excited the gravest suspicions as to its object and character. Having sent in my card, I was speedily ushered into the presence of the said Dr. Mangeant, whom I find to be a respectable-looking old gentleman, some sixty years of age, grievously pitted with the very malady against which he pretends to furnish an infallible preservative. In his conversation he manifested no reserve, answering all my questions readily and promptly. He informed me that the Society formerly known as the "Société Nationale de Vaccine de France" no longer exists as such, it having been dissolved when its patron and protector, the late Louis Philippe, left the throne of France; and that he (Dr. Mangeant) is now the sole and entire representative of it,—its original founder and director, Dr. James, having died some five or six years ago; that he has a farm in the vicinity of Paris, where he maintains a constant succession of young cows, which furnish sufficient of the original virus, not only to vaccinate hosts of poor children, but also enables him to meet the numerous and pressing demands which pour in on

him from all sides, even from the most remote parts of the world. He placed before me a long list of names of individuals from whom he had received orders, and among other documents, actually put into my hand several letters which he had that very day received from sundry Medical men in England,—who had, no doubt, been led to apply to him in consequence of their having placed faith in the assertions contained in the letter which had appeared in the *Times*. To the objection founded on the difficulty encountered by Medical men and others in their search for the real cow-pox in cattle, he promptly replied that by great experience, and the use of certain instruments, he could always succeed in finding the disease among cattle, when to the ordinary observer it would pass unnoticed. On being reminded that an enormous number of calves must be requisite to meet such frequent and extensive demands, he replied that it was not necessary that the virus should be transmitted through eight calves in succession, as mentioned in the letter in the *Times*. His system is, he says, to search for the genuine pox on the cow, and when found to vaccinate a calf, which latter furnishes matter fit for use on the child; and that notice being given him three or four days in advance, he has a young cow or calf brought to his house when the child can be vaccinated on the spot.

Having heard all he had to say on the subject, and feeling more convinced than ever that the whole affair was a farce, I directed my steps to the "Académie de Médecine," and at the Secretariat, received the following details, which I give for the benefit of your readers:—Some five-and-twenty years ago a certain Dr. James was in practice in a provincial town of France. He was a shrewd, active man, wanting neither in talent nor energy, and while honourably engaged in the exercise of his profession had particularly turned his attention to the question of vaccination, which was at that time much agitated. He several times addressed communications on the subject to the Academy, so highly interesting and meritorious that on three different occasions medals of encouragement were conferred on him by that learned body, and in addition to these honours he was made one of its corresponding members. Not content, however, with the comparatively obscure position inseparable from a provincial practitioner, he came to Paris, where he duly announced himself to the public as a Member of the Academy, selecting as his *specialité* the subject of vaccination. This he agitated with so much tact and address, that he enlisted in his favour the sympathies and patronage of some of the higher classes of society, and among others he succeeded through the Queen Marie Amalie, in placing on the list of his subscribers the name of Louis Philippe himself. Backed by such powerful patronage, it was only natural that he should succeed; and he forthwith founded and organised an establishment, to which he gave the high-sounding name of "Société Nationale de Vaccine de France," the end and object of which was to secure to the public the rare benefit of vaccination founded on the principles discovered and acted on by the immortal Jenner; in other words, vaccination with the virus taken directly from the cow. For a time the Society seemed to flourish, no one suspecting either deceit or dishonesty on the part of its founder. All believed that it was a purely philanthropic affair, and to have suspected such a man without good cause, would have been cruel indeed. After a short time, however, Dr. James began to show the cloven foot, and certain dirty actions of which he was guilty revealed what the man really was, and that speculation was at the bottom of the whole transaction. An inquiry was set on foot which so perfectly convinced his distinguished patrons of the trickery which was being practised, that they immediately withdrew their countenance and support, and the Academy of Medicine having been informed of the result of these investigations, effaced his name from the list of their members. Like most charlatans, Dr. James was tenacious of the honours which had been conferred upon him at the time when he was regarded as an honest man; and he resolved not to be unfrocked without a struggle. Thus, in spite of the formal intimation he had received of his name having been expunged from the list of the Academy, he had the effrontery to take his seat within its sacred *enceinte* at the very next meeting of that body. The President, on seeing him, rose and moved that he should immediately quit the *salle*, or at least the benches consecrated to the recognised members of the Academy. This motion was carried unanimously, and Dr. James, who actually persisted in remaining, *malgré* this public order, was removed by *vive force* by the *huissier* of the Academy. Expelled thus from the ranks of scientific and honourable men, he continued to traffic and speculate on the credulity of the public, taking every opportunity of getting himself named in foreign newspapers, and using all means in his power to make as much out of the thing as he could, until about six years ago, when he died of cancer of the tongue. Such is a brief history of the founder and director of the ex-National Society of Vaccine of France. He was succeeded by M. Mangeant, of whom nothing can be said, except that his name is not to be found on any Medical List or record in the Empire. Now, I trust, sufficient has been said to convince the readers of the *Medical Times and Gazette* that France is not so much ahead of us as the writer of the letter in the *Times* newspaper would fain make us believe. How or why should she be? Are not our countrymen equally intelligent and equally persevering in their researches as are their Gallic brethren? The true cow-pox, so rarely to be met with in cattle in England, is equally rare here; and it is now two entire years since a true case has been known in all France, although agents instructed to search for it are appointed by the Academy, in each of the eighty-six departments of the Empire. The last case was found in a cow at the cattle-market of Poissy, and from it the Academy renewed their vaccine lymph. In the last report made by the Central Committee of Vaccination to the Government, the Academy shows that it does not believe in the actual degeneration of the vaccine lymph, although it renews it on every possible occasion, in order to satisfy the scruples of such members of the Profession as may hold a different opinion. In the absence of the spontaneous malady, and owing to the consequent difficulty of renewing the virus from its original source, science has endeavoured to supply this desideratum by inoculating the cow with the lymph taken from a child's arm, in the hope that the animal which originally supplied the virus might restore to it its primitive energy. This method is every spring had recourse to by M. Alfred Vy, of Elbauf, one of the Corresponding Vaccinators of the Academy of Medicine. Experiments of a like kind have been made by the author of "the Report to the French Government," who states that he has inoculated twenty young cows, and that in nearly every case he was successful. From the pustules thus produced on these animals he collected the virus, and with it vaccinated several children; but he found the pustules thus produced on the children's arms in all respects identical with those which were produced by the same lymph before its transmission through the cows, and he boldly declares that no good whatever is to be obtained from this pretended method of renewing vaccine lymph. Thus, taking for granted that the ex-National Society, to which we have alluded, procures its lymph from the heifer, by the process above noticed, as practised by M. Vy (which may or may not be the case), still, the lymph so obtained is in no respects better than that obtained in the ordinary way. But it must also be borne in mind that the Imperial Academy of Medicine furnishes lymph *gratuitously* to all who think proper to apply for it,—and what guarantee have those who address themselves to the Faubourg St. Denis that the lymph forwarded to them at five francs a tube is not derived from this very source? Several members of the Academy to whom I have spoken on the subject think this not at all improbable.

The question most agitated by the Academy at the present time is rather the manner in which vaccination should be performed successfully, than the quality of the lymph used. Of its preservative virtue against small-pox they have no doubt, provided always the operation be faithfully and well performed; and they are convinced that in a large majority of those cases in which genuine variolous attacks have been observed among those reported as having been vaccinated, these conditions have not been rigidly fulfilled. How can they be? seeing that this important operation is frequently entrusted to the ignorant and uneducated, such as midwives, sick-nurses, and *employés* at Mairies. It is just possible that in five cases out of ten a false pustule is, by that class of vaccinators, mistaken for a genuine one; and if in any of these five cases a virulent attack of small-pox occur, the hue and cry is raised that the vaccine lymph has degenerated, and that vaccination is no longer what it originally was—a preservative against that disease. To vaccinate with success, says Wirer de Rettenbach, of Vienna (a great authority on this subject), it is necessary that the matter be taken from a child in good

health, and that it be transmitted to one equally so, and that the age of the children should be as nearly the same as possible. Experience has shown this distinguished writer that the transmission should be made from the older to the younger subject; he having on many occasions vaccinated without success an infant for whom the lymph had been taken from children younger than itself, whereas, vaccinating the same child, shortly afterwards, with lymph taken from the arm of an older child than itself, he obtained complete success.

May not these remarks tend to explain the difficulty so frequently observed in obtaining a proper result in the re-vaccination of adults with the lymph taken from the arms of very young children? While on the subject of re-vaccination, which the majority of Medical men now consider necessary, I may remark that there is a difference of opinion among the celebrities of the French capital, touching the period of life at which it should be practised. M. Serres, for example, prefers the fourteenth year, while M. Bousquet thinks it should be practised at the age of ten or twelve, and I have often heard M. Trousseau state it as his conviction that it should be had recourse to every five years, if possible, and that in no case should more than seven or eight years elapse between the operations.

GERMANY.

Munich, December 5, 1859.

I think the readers of the *Medical Times and Gazette* will be interested by a short account of a book just brought out by one of the ablest German Physiologists, and which, as its style is rather abstruse, might easily be overlooked. It is entitled "Die Gesetze der Ernährung des Fleischfressers," and is by Professor Bischoff and Dr. C. Voit.

In this work the laws of nutrition of carnivorous animals have been brought, by innumerable experiments, to a point of mathematical accuracy, and there can be very little doubt that the results of these investigations are, to a great extent, directly applicable to human physiology.

In the first place the authors ascertained that in a dog, kept for two years under observation by them, all the nitrogen of the food assimilated was excreted as urea. Then they found out that urea is never the product of a simple oxydation of the albumen of the blood, but always only a product of the retrogade metamorphosis of the azotised tissues. They defined the law, that the process of disintegration and metamorphosis of the azotised tissues is not produced by the simple affinity of the oxygen alone to the disintegrating tissues, but by the double attraction of the nutrimental matters of the food, and of the oxygen to these tissues. Just as chlorine alone or organic matter alone cannot decompose water, notwithstanding the strong affinity the former possesses for the hydrogen, and the latter for the oxygen of this fluid, decomposition of the water at once takes place if an organic substance and chlorine combine their action. The extent of the process of the metamorphosis of azotised tissues depends, firstly, on the amount of food taken; secondly, on the quantity of oxygen present; and, thirdly, on the bulk of the organs undergoing disintegration. These three agents, reciprocally balanced together, act constantly on the process of disintegration, which is, in fact, to be looked upon as their function. In regard to different kinds of food, Professor Bischoff and Dr. Voit ascertained that the animal always uses up first the azotised parts of the food taken. An increase of these parts always produces an increase of the metamorphosis of tissues, and if they are given in sufficient quantity the dog is, by them alone, enabled to keep up its expenditure for the necessary motory and calorific power. But although a dog can be kept on meat alone in entire possession of all its functions, one part, viz. the calorification, can be kept up more economically by fat. In this way a right proportionment of fat with the food prevents a waste of azotised nutriment. But an addition of fat to a quantity of azotised nutriment, in itself sufficient to keep up the motory and calorific powers, causes an increased disintegration of the azotised tissues of the body, because more power is now required for the digestion, circulation, and oxydation of the nutritive fluids. Within certain limits, but not beyond them, meat and fat can compensate each other. If one wishes to make an animal gain flesh, one must always give it fat with its meat, because it will then soon be enabled to appropriate part of the azotised matters of the food, for the new formation of flesh. If one wants to fatten an animal, one must give it, besides fat, as much meat as is required for the due maintenance of its azotised tissues; the animal will, otherwise, lose flesh and die. Starch and sugar act similarly to fat, but rather more strongly; for, taking the amount of hydrocarbon as a standard, two and a-half times less sugar than fat will compensate for an equal quantity of nitrogenous substances. The reason of this is probably that the sugar is at once burnt in the blood, while the fat seems to have first to undergo a further metamorphosis. Rye-bread alone (containing 2.39 per cent. of nitrogen in its dried state), was not found to be a sufficient nutriment for a carnivorous animal; at least, as long as the animal was in a condition of strength, it excreted constantly more nitrogen than it took in with the bread (which was offered in unlimited quantity). In a weakened state, however, —that is, with a smaller proportion of azotised tissues requiring to be nourished,—the nitrogen of the bread might, perhaps, suffice for the necessary expenditure. The same is probably the case with human beings. In regard to gelatine, that is to say what is sold in Germany under the name of "French gelatine," the experiments have given results contrary to the opinion now generally held by physiologists, that gelatine has no nourishing qualities, it being proved that gelatine is still able to replace the albumen in the food to a certain extent. But four times as much gelatine as albumen would be required to obtain the same result, which bulk the animal cannot take in. Although animals fed exclusively on gelatine would, therefore, ultimately die of cold and starvation, not being able to take in sufficient quantities to make up for the expenditure in motory and calorific power, still it must be maintained that the gelatinous tissues are at least, to a certain extent, able to create power.

As the authors have found the numerical proportions on which all these various results depend, it is clear that in future the question as to the most suitable nourishment of an animal, as well as of a human being, can be made out in the most exact way. This treatise, therefore, is worthy of the careful attention of the Physiologist as well as of the scientific Practitioner.

Foreign Lunatic Asylums.—There were treated at the Maréville Asylum, in the female department alone, 708 patients. There were 32 cures, and 53 deaths. The Asylum at Stéphansfeld was founded in 1835, and from then to 1858 there have been 1584 patients treated within its walls, viz.: 814 males, and 770 females. The cures have amounted to 34 per cent., or rather above a third. An English retired Surgeon, lately settled at Lyons, is about to construct a house at Lyons, to be called "The Temperance," in which he pledges himself, under forfeit, to cure drunkards. Why not try his hand at Glasgow first? Holland contains 19 lunatic asylums, of which only 2 are private. Prussia has 56 establishments for the insane, 28 public and 28 private. Austria has only 18 special establishments. In Switzerland there are 36 establishments, including those for cretins and idiots. The heirs of Colonel Kunz, of Zurich, known under the name of the "King of Cotton-spinners," have devoted 400,000 francs for the construction of a new asylum.

At the meeting of the Academy of Medicine of Paris, on the 29th November last, the President announced to the members (according to the *Gaz. des Hôpitaux*): "That M. Markett, Surgeon of the Hospital St. George, of London, assisted at the meeting; and Monsieur the Perpetual Secretary presented in his name a volume entitled 'Medical Diagnosis.'" We suppose the M. Markett must be Dr. Barclay, who we need hardly say, is not Surgeon to St. George's Hospital.

Published Cases of Ligature of the Carotid Artery in diffuse intra-orbitar aneurisms.—Travers, 1804, successful; Dalrymple, 1812, successful; Roux, 1829, partially successful; Scott, 1834 (?), successful; Busk, 1835, successful; Jobert, 1839, successful; Velpeau, 1839, partially successful; Herpin, 1844, successful; Pètrequin, 1845, fatal; Curling, 1852 (?), successful; Brainard, 1852, unsuccessful. Statistics, therefore, are in favour of this operation.—*Gaz. Hebd.*

GENERAL CORRESPONDENCE.

ON MEDIAN LITHOTOMY.

LETTER FROM MR. BOWMAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Teale, in his admirable paper on Lithotomy in your last week's number, alludes to a dilator which Mr. Weiss has been making for me, and I may, therefere, briefly deseribe it, though I should otherwise perhaps have delayed doing so till it had been fully tried on the living subjeet.

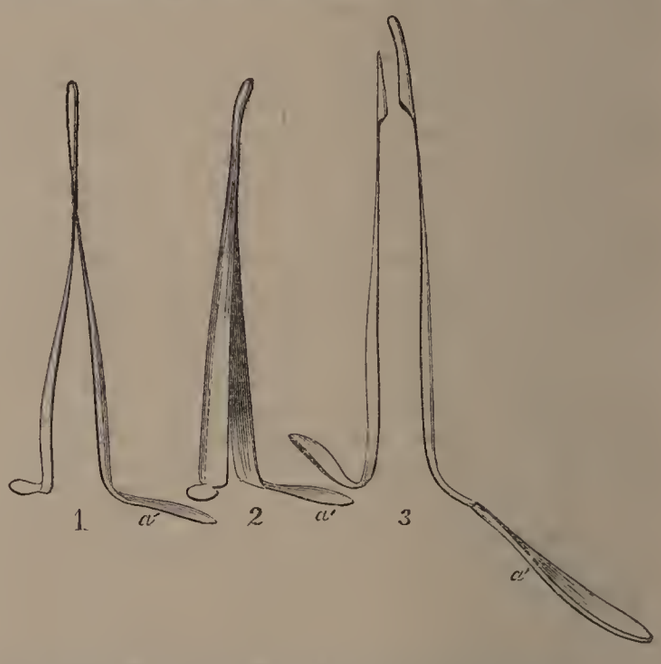
It consists simply of two blades, either united together at one extremity, or fitting one into the other there, and terminating in a slightly-eurved probe-point, adapted to enter the bladder readily from the perineal wound along the groove of the staff. The blades being of thin steel, form a suffieiently rigid stem when elosed, and admit of separation with flexion by the finger run in between them; thus, of eourse, dilating the prostatie eanal transversely without any forcing forwards of the neek of the bladder. The prineiple involved is the same as that of Mr. Holt's excellent strieture-dilator, whieh probably gave me the idea. The blades are of sueh a length as to extend from the external wound a little way within the prostate, and the probed extremity reaehes from half an ineh to an ineh beyond. The blades, in diverging from the point of union, beeome gradually broader, and are a little hollowed on their opposed surfaees, so as to fit the finger. At their free ends they are eurved outwards at an angle, and one of them is extended into a handle, which is to be firmly held by the right hand, while the left forefinger is being introdueed as a dilator between the blades.

It is well known to lithotomists that in young ehildren there is some risk of thrusting the neek of the bladder before the finger, as the latter seeks to enter its eavity, after the deep incision, and that operators defieient in eoolness or dexterity have on rare oeeasions failed in eonsequenee to enter the bladder at all, or have done serious, and even fatal, damage to its attaehments. In sueh a diffieulty the dilator now devised might be of use. What is eustomary in sueh a ease is to introduee the knife afresh along the staff and extend the ineision in the prostatic region—a proeeeding of some hazard in these young subjeets, and probably much less safe than to dilate.

Reeent opinions have more and more eoneurred in prescribing, with Brodie and Liston, a very limited ineision of the prostate, and an extension of the opening by means of the finger, the blunt-gorget, or the blades of the foreeps in withdrawing the stone. It is admitted on all hands that the prostatie eanal is highly dilatable, or at least that it may be split open with little danger when partially divided by the knife; and the safety of the modern lateral operation is aeknowledged to depend mainly on the limited extent of the deep ineision. Where a eutting instrument is run along the staff into the prostatie canal, it is in the nature of things that in the best hands it may sometimes wound more deeply than is intended, either by falling too mueh away from the groove of the staff, or by going too far into the bladder, and by having an inclination a little different from the intended one. Henee, oeeasionally, eellular infiltrations or hæmorrhages, adding heavily to the anxieties of the Surgeon in the after treatment, and perhaps proving fatal.

I cannot but think that the median operation, aiming as it does only at an ineision in the middle line, where no damage can be done, and earried only up to—not into—the prostate, must be highly worthy of adoption, unless experience should prove that it is attended by insuperable dangers more than counteracting its obvious advantages, and greater than those of the lateral operation. Dangers there undoubtedly are, as experienee has proved, in attempts to dilate the neek of the bladder. I believe the dangers of slow dilatation are necessarily very great, modifying, as that proeess must do, the circulation of this important region, inducing inflammation in the neighbouring tissues, infiltrations, or venous eontaminations. There may be dangers also in rapid dilatation as proposed by Mr. Allarton; but I eonfess it appears to me that the efforts of Surgeons should be now direeted to test these dangers, to avert them, as it seems quite possible to do, and thus to seeure the removal of the stone with the least risk to life. There is no subjeet in surgery whieh requires to be eonsidered from so many independent points of view as that of stone, for one ease differs from another in the most important and essential partieulars. A deep perinæum, a large prostate, a bulky stone, no less than the varieties of age, are eonditions materially altering the whole eharaeter of the operation; and I am inelined to think that further study of the method of dilatation following an ineision of the urethra in the median line up to the prostate, will eause that mode of operating to gain ground in the estimation of Surgeons.

To revert to the median operation of Mr. Allarton in young ehildren, I lately found the same diffieulty which Mr. Teale speaks of in earrying the finger along the staff or probe into the bladder after the ineision of the membranous part of the urethra. In those subjeets the prostate ean hardly be felt by the finger in the reetum, and as the finger so plaeed runs nearly parallel to the membranous part of the urethra and neek of the bladder, it must be a little uneertain at what exaet point the knife thrust in between the urethra and reetum enters the former ehannel. If it does not enter quite elose to the prostate in eutting forward, so as to divide the lower wall of the urethra, it must leave a little of the membranous part of the canal undivided, as well as an important part of the deep faseia, and it beeomes desirable, as Mr. Teale suggests, to earry the knife a little baekwards up to the prostate in sueh cases. At least if this be not done, it will be found very diffieult to insinuate the finger along the staff or probe, whether along its upper aspeet or its side, so as to enter the bladder; for the end of even a small finger is too large and blunt an instrument to easily find the orifice of so small a eanal as this is in young ehildren. In these subjeets also the ligaments and faseiæ holding the neek of the bladder in plaee are so slender as to yield and tear much more readily than in the youth or adult. Henee the idea of the dilator now described.



FIGS. 1 and 2.—Two views of the Dilator with united blades.
FIG. 3.—Form of a Dilator on larger scale with moveable blades.
aaa. Handles to be held by the right hand, while the left forefinger moves up between the blades.
(The figures are on a redueed seale).

There are two forms of it for trial. In the first, the blades are joined, and after the dilatation is eomplete, the finger would have to be withdrawn in order to disengage the instrument, though the bladder might probably be first explored by it, to aseertain the position and size of the stone. In the seeond form, one blade is reeeived into the other near the probed extremity, and the blades thus admit of being withdrawn in sueeession by the right hand, while the left forefinger is still in the bladder.

The whole length of the dilator for the youngest children is three and a-half inches; a larger seale might be adopted for young subjeets of somewhat greater age.

With regard to dilators for the median operation in adults, I have proposed to Mr. Weiss to make one on the same prineiple as the foregoing, but of sueh a size as to be opened, not by

the finger, but by an ovoid plug, to be run in between the blades, of such a size as might be required in various cases according to the size of the stone. Without at all intending to prejudge the question, I think it worth trying whether an instrument on this principle would not offer some advantages over the three-bladed dilator as modified by Mr. Teale.

I am, &c. Wm. Bowman.

Clifford-street, December 12, 1859.

ON THE REMOVAL OF STONE BY DILATATION OF THE NECK OF THE BLADDER.

Letter from Dr. Arnott.

[To the Editor of the Medical Times and Gazette.]

Sir,—The very interesting paper of Mr. Teale on the Removal of Stone by Dilatation, which appeared in your last number, is a valuable addition to the statistical records lately published in the *Medical Times and Gazette*. I believe that it is to the fact, first learned from this Journal, that, now-a-days, "the cures from lithotomy in the adult are balanced by the deaths," we must chiefly attribute the rapidly-growing reputation of the operation of dilatation for stone, in lieu of that of cutting; and it is curious to observe that the principal objection which the late Mr. Keate made to it (See *Medical Gazette*, Dec. 18, 1830), and which put a stop to his investigations on the subject, was the supposed safety of lithotomy rendering any improvement unnecessary!

We owe very much, likewise, to Mr. Allarton's zeal and ability in advocating this plan of treatment, and to the publication of his own success with it. In speaking of the proceeding recommended by this gentleman, as a renewal and improvement of Marianus median operation, Mr. Teale hardly does it justice. They can scarcely be said to be founded on the same principle. The Surgeons who, a hundred and fifty years ago, employed the "apparatus major," must have known that they more frequently ruptured, or tore the neck of the bladder, than distended it; whereas, in the recent use of dilating instruments, the great success from this measure in many parts of England and the United States, would show that the contrary has been the usual result,—that tearing has been the exception, and not, as in the other case, the rule.

On this account, I think, the application of the term "median operation" to that recently employed, is somewhat objectionable, as it confounds it with the ancient proceeding. The precise line of incision is, no doubt, an important matter; but it is of much more importance to determine whether tearing or dilatation is produced by the measures employed; and, therefore, if any other term than dilatation be applied, that of Lithectasy, which was introduced by Dr. Willis, would appear preferable to the former names.

It is not, however, only by the name that Mr. Teale would assimilate it to the old operation, but, alse, in a very considerable degree, by the mode of procedure. He appears to think that, in almost every case, a dilator, consisting of several diverging steel rods, should be used, and should supersede the breaking of the stone when this is of great size.

The objection to this practice is, I think, forcibly illustrated by the fatal case related near the end of the paper, in which three wounds or bruises were observed on the prostate, made by the pressure of the three rods of the dilator. A dilator that presses unequally on the orifice or canal which it enlarges must, if the resistance be considerable, wound or bruise the particular parts pressed upon, and consequently seriously increase the danger of the operation. The dilator which was used by Sir Astley Cooper in the first operation of this kind performed in modern times (and which is still in my possession), was a membranous tube distended by a fluid, and was, consequently, perfectly equal in its action. Such a dilator has other advantages in its being more easily introduced, and in its exerting, when fully expanded, the same distending force throughout the whole length of the instrument.

In a recent number of the *Medical Times and Gazette* (July 24, 1858), Mr. Spencer Wells relates the removing of a stone from the female bladder by a dilator of fluid pressure, fabricated in a very perfect manner, under his directions, by Mr. Coxeter. For opening the prostatic urethra one of greater strength is required; but this is easily effected by furnishing the distensible tube with a silk tunic, which not only strengthens it, but gives it fixed or definite dimensions. Mr. Wells has informed me of several trials he has made with the fluid dilator on the adult male prostate in the dead-house. He found the prostate less easily dilated than he expected, and I believe less easily than the *living* prostate would be.

The administration of chloroform enables the Surgeon to dilate the prostate rapidly by such an instrument without causing pain; and as the quantity need not exceed that usually given to prevent suffering from the dilatations attending childbirth, there can be little objection to its use. But whether, as respects the result of the operation, the dilatation should be quick or slow, remains to be ascertained. The rapidity of the process must depend very much on the dilatability of the part, the extent to which it is carried, and the general condition of the patient. The extraordinary success of the Italian Surgeon, De Borsa, shows that rapidity of dilatation can be effected with greater safety than could have been supposed. Many, however, would object to the use of chloroform in this operation for the same reason that they object to it in lithotrity. An objection which has been made, especially in the cases of children, to using the forefinger as the dilator in this process, is, that there is danger of breaking the urethra and pushing it before the finger instead of entering the bladder. A fluid dilator of eccentric action is without this defect.

It has been said that there has been much unnecessary controversy about the form or kind of knife that should be used in lithotomy, and that any knife will answer if properly used. This is not improbable; but the same cannot be said of the various dilators. Between these there is so great a difference as will often make death or recovery depend upon the choice. My conviction (founded upon much experience in the use of fluid pressure dilators for various surgical purposes) that the more extensive dilatations of the neck of the bladder can only be safely thus produced, and that in every case there will be advantage by thus avoiding the irritation which is caused by the friction of wedge-acting dilators, and the unequal pressure of steel rods, will, I trust, be deemed a sufficient apology for this communication.

I am, &c. James Arnott.

ON FŒTAL AUSCULTATION.

Letter from Dr. Francis Adams.

[To the Editor of the Medical Times and Gazette.]

"Men are fond of certain tenets upon no other evidence but respect and custom, and think they must maintain them, or all is gone, though they have never examined the ground they stand on, nor have ever made them out to themselves, nor can make them out to others. We should contend earnestly for the truth."—*Locke on the Conduct of the Understanding.*

Sir,—From the statements which have been made under the present head in this Journal, it would appear, contrary to my expectation, that there is such a discrepancy in the views of the stethoscopists regarding the sounds detected by auscultation of the heart and of the uterus, that I consider it necessary to determine, if possible with precision, what may be assumed as the generally admitted facts of the case, before attempting to settle those points about which a considerable difference of opinion prevails, and which I am anxious to establish.

The following, then, would appear to be acknowledged and regarded by all the authorities, from Laennec downwards, as the ratio which subsists between the pulse and the sounds of the heart, both in adults, and in new-born children.

Every arterial pulse at the wrist has synchronous with it an impulse in the cardiac region, and every impulse is accompanied by two sounds, first, by a loud, and more prolonged sound, and, secondly, by a feeble, and more abrupt sound. Pulse and impulse are recognised by the touch; the sounds by the sense of hearing. Many people, indeed, find some difficulty in detecting the second sound, even in the adult state, but these are dismissed with a scornful notice by such distinguished stethoscopists as the late writer on Fœtal Auscultation in this Journal. We may assume it then as being generally conceded that in the adult state the pulse and impulse range from about 70 to 80, and the cardiac sounds from 70 to 80 double sounds, or from 140 to 160 single sounds. At birth the highest authorities agree that the pulse is about 140, and consequently the cardiac sounds must be about 280; that is to say, 140 strong, and 140 feeble sounds. These are

generally denominated the "tic-tac" sounds by the authorities—the "tic" meaning the strong, and the "tac" the feeble sounds. In utero no one pretends that generally either the one or the other is less frequent than at birth; and consequently we may venture to assume as admitted that at this period the "tic-tac" sounds, taken together, should range from 260 to 280 per minute (a). Whenever, then, an auscultator in the abdominal regions detects regularly such a low number of single sounds as 160, there can be no question that these are to be referred not to the fœtal, but to the maternal heart; at all events most certainly not to the former. Whether, indeed, the fact be absolutely and unquestionably, as stated by the celebrated auscultator in the far North, we shall not pretend to affirm or deny, but this point settled, and the inference is irresistible that these 160 single sounds cannot have proceeded from the fœtal heart. No, no, this is the standard of the adult, and not of the fœtal heart. And, by the way, it may be that this is the true explanation of the mistake committed by the learned auscultator in the case of spurious pregnancy, related by Dr. Simpson, who may have fallen into the same mistake as our Northern Auscultator in confounding the average standard of the adult with that of the fœtal heart. We think, then, the question is, in so far, set at rest, that granted 160 single sounds can be regularly detected in auscultation of the pelvic region, no one has any right to infer therefrom the existence of a living fœtal heart in that quarter.

But, it will here be asked, What if about 140 double, or "tic-tac" sounds can be detected per minute in the pelvic region, is not this an absolute and unmistakeable mark that a living fœtal heart must exist within? Dr. R. Fergusson, in his Preparatory Essay to Dr. Gouch's work "On the most Important Diseases of Women," lately published by the New Sydenham Society, answers this question in the negative. In the first place "it is often not found," and even when discovered, it is no certain mark of pregnancy, as the following case proves beyond controversy:—A poor girl was violated: her belly enlarged; and she was supposed to be pregnant, and, no wonder, seeing the "tic-tac" sound could be heard 140 times in a minute." Yet it turned out to be a serous collection, as was ascertained by tapping with a trocar. It appears, therefore, that whether the allotted number of sounds be regarded as single or double, in neither case are they any certain mark of pregnancy.

We must now say a few words respecting what is usually called the *placental soufflet;* and here again we must come to an understanding regarding the general facts involved in this question.

Bellows sounds, or *bruits de soufflet* (sounds which have not inaptly been compared to those of a locomotive just about to start on a journey), are generally admitted to be produced more especially by the pressure of the stethoscope on enlarged vessels, whether arterial or venous, but also not unfrequently, as I myself can attest, by muscular contraction, and the passage of air through an internal tube, such as the trachea in the neck, or the intestinal canal in the abdomen. Altogether these soufflets are admitted to be very fallacious guides in diagnosis, for what Physician is there of experience who has not known very many cases in which vascular tumours have been thus diagnosed as aneurisms, and *vice versâ?* Few can have had many opportunities of seeing abdominal tumours, and not met with cases in which they were accompanied with strong *bruits de soufflet* (see Cyclopædia of Medicine, vol. iii. pp. 484, 485). Dr. Meigs thus expresses the result of his experience in this matter:—"As to the value of the *bruit de soufflet* in the diagnosis of pregnancy, it has been found that the earlier opinions were erroneous; and I believe there are few well-informed Physicians to be now met with who give it even the smallest portion of their confidence in the unfacile discriminations that they are sometimes charged to make. It is not to be doubted that the sound is produced by the rush of blood in vessels, and, in my opinion, sustained by a very long practice in obstetric auscultation, it depends upon the motion of the blood in the iliacs and hypogastrics. I have certainly heard the same sound after delivery as before the child was born, and I have heard it as dependent upon pressure by tumours within the abdomen. Hence I have not the least confidence in it as an object in obstetric auscultation."—"Obstetrics," p. 240. Dr. Fergusson, in the work quoted above, expresses himself to the same effect in the strongest terms. He has known it produced by pelvic tumours in cases of putrid fœtuses, and morbid placenta; hence he holds that "it affords no diagnostic mark as to fœtal or placentary developement."

After all this, what can we think of the Northern Auscultator who, on the contrary, affirms that "scarcely any one at the present day entertains a doubt that in almost every case of pregnancy after the seventh month, both the pulsations of the fœtal heart and the *placental soufflet*, can, with a moderate degree of care, be readily distinguished," and "that there is no possibility of a mistake being committed here?" For that "the sound of the fœtal heart can by no stretch of imagination, no flight of fancy, no exercise of faith, no intensity of impression, be confounded with any other. It is a sound *per se*."

I am confident the writer of these sentences stands alone at the present day, in holding the strong opinions here announced; and I shall only beg leave to add that I trust he does not reduce them to practice himself, nor encourages the youth of the Profession to do so. For most assuredly if the young Practitioners of the obstetric art regard it as a rule that whenever in attending cases of protracted labour they cannot with moderate care detect a soufflet and 160 sounds in the pelvic regions they are quite warranted in dealing with the child as a dead body, and in applying the peforator to its head; they will soon become familiar with sights which will fill their hearts with sorrow and cover their faces with shame; sights which I forbear to describe,—although I have both heard and read of such cases; but I feel grateful to Providence that albeit I am denounced as the holder of heterodox doctrines in obstetrical stethoscopy, I never was condemned to witness any such in my own practice.

With regard, then, to fœtal auscultation, I think the following points have been satisfactorily determined:—

1. That the cases of spurious pregnancy related by Dr. Simpson, in which eminent auscultators fancied they could detect the double sounds of a fœtal heart when there was none present, and the various other instances of a similar character related above, all go to prove that this process of diagnosis is not at all to be relied upon as a test of pregnancy.

2. That the leading facts of the case are so differently stated by different individuals as to put it beyond doubt that these statements must have been much modified by previous impressions and modes of faith.

3. That since soufflets are often heard in the case of pelvic tumours, after delivery, and when the fœtus is putrid and the placenta morbid, they cannot be regarded as placental nor as indicative of pregnancy at all.

4. That the sounds detected in the uterine region, unless double, cannot have been cardiac, nor unless double the arterial pulse of the fœtus, can they have been connected with its heart, consequently that such an amount as from 140 to 160 single sounds cannot be referred to the fœtal heart.

5. That one of the authorities for fœtal auscultation admits candidly that even this number of 140 double, or tic-tac, sounds is often not present in pregnancy; and, on the other hand, that it is sometimes present when there is no fœtus in utero.

6. That the fœtal heart is so surrounded by a large mass of dense maternal structures and blood-vessels, and by the solid limbs and organs of the child, that it seems next to incredible that any sound emitted by it could ever reach the ear of an auscultator.

7. That the whole system of fœtal auscultation originated soon after the dawn of general auscultation, when men's minds were excited by the love of novelty, and warped by many erroneous impressions and mistaken modes of thinking, and has since been mainly upheld by authority.

I am, &c. Francis Adams, M.D.

Banchory, Nov. 14.

(a) The writer referred to above (*Medical Times and Gazette*, November 5), makes the singular averment, that "Dr. Adams is the first who affirmed that from 130 to 160 double beats could be distinguished." Now this I do not affirm, but I do say that the authorities, from the first writer on it perhaps in this country (see Cyclop. of Med. p. 242), down to the latest authority, Dr. Fergusson, all speak of the fœtal sounds being double, and of excessive frequency; and the latter mentions "the tic-tac sound repeated 140 times per minute." Surely 140 brace of grouse mean 280 birds all the world over! When this writer talks of 60 to 80 maternal pulsations in the minute, surely he who contends so strongly for the distinctness of the second sound of the heart, does not mean to say that this is the amount of the adult sounds. He does not mean surely that there are 30 loud and 30 feeble sounds, but 60 loud and 60 feeble ones. Altogether, however, he evidently confounds beats with sounds. But sounds are double the number of beats.

ON THE EXISTENCE OF A FIBRINOUS CLOT IN THE HEART IN SOME CASES OF CROUP.

LETTER FROM MR. HENRY SMITH.

[To the Editor of the Medical Times and Gazette.]

SIR,—Some of your readers will perhaps recollect that a controversy took place, some two or three years ago, between Dr. Richardson and myself, on a question connected with the pathological appearances which were found in certain cases of croup in which tracheotomy had been performed. Dr. Richardson asserted that in some of these cases attended with peculiar symptoms, the cause of death was to be found in the existence of a fibrinous clot in the heart which was formed several hours prior to dissolution. He also stated that there was a wide divergence between the morbid signs in those cases where death was being brought about by obstruction to the breathing alone, and in those where the fatal event was ensuing from the presence of a clot in the heart.

Although at that time I had had a large experience in cases of tracheotomy for croup,—and I am sorry to say a very fatal experience,—I was by no means convinced that Dr. Richardson was correct in his views, although his statements and reasoning made a deep impression upon my mind.

At the meeting of the London Medical Society on Monday evening, Mr. Price brought forward a case where he had performed the operation for croup, and where the patient died. Dr. Richardson put the question to Mr. Price as to whether the heart had been examined after death, and then reiterated his views regarding the presence of fibrinous coagulum. In doing so, he referred to the difference of opinion which had existed between him and myself on this interesting question, and requested me to give to the Society the results of my observation since the period alluded to.

The President of the Society did not think fit to allow me to address any remarks respecting this question; and, therefore, I wish to state in your columns what I should have been glad to have stated to the Society, that further inquiry on this matter, and observation both on the living and the dead, have convinced me that Dr. Richardson's views deserve serious attention. As on the former occasion I considered them incorrect, and opposed them as well as I was able; so now, from a sense of justice towards that gentleman, I am glad to state my present conviction, that there are certain cases of croup in which the symptoms are more referrible to an embarrassed state of the heart than to a mere obstruction in the windpipe. These symptoms consist of great dyspnœa, pallid face and lips, cold extremities, and very feeble pulse; whereas, turgescence and lividity of the face, with blueness of the lips, accompanied with extreme dyspnœa, mark the insuperable obstruction in the trachea. In the former cases I am now disposed to agree with Dr. Richardson, that tracheotomy will not save life, as there is every probability that a coagulum has formed in the heart, whilst in the latter experience teaches that an artificial opening in the windpipe may save life.

It is not the mere reflection on Dr. Richardson's views that has brought about an alteration in my mind respecting this point; but a careful examination, both on the living and the dead, has led me to believe that that gentleman is in a measure, at least, correct; and in order to be brief, I will just mention the details of one of the last cases of croup, where I was able to make a post-mortem examination:—

I was called to a child, aged 6, who was suffering severely from croup, and had been ill three days. The breathing was most laborious, the child making violent efforts to get air, and not moving the chest at all; the face was, however, very pale, and the lips were not blue. The pulse was extremely rapid and small. My opinion was sought regarding tracheotomy; I did not think it a favourable case. The operation was not done; and the child died in an hour.

I opened the body with the express view of ascertaining whether there was a clot in the heart; for the child presented just those symptoms expressed by Dr. Richardson. Surely enough, on opening the heart, there was seen extending between the right auricle and ventricle a firm deposit, and there was another fibrinous clot at the commencement of the aorta. The lungs were healthy, but the larynx was lined with a thick deposit, which very much narrowed the cavity; a thinner membrane lined the trachea. Now, it struck me at once, that had tracheotomy been performed in this case, the existence of the coagulum in the heart would have prevented recovery had the obstruction in the windpipe been overcome; and I am now of opinion that some of the cases previously operated upon by myself, and presenting just the same symptoms as existed here, were instances where a fibrinous clot would have been found in the heart had it been looked for.

In another instance, where I was recently called to perform tracheotomy, the symptoms had come on within only a few hours. The child, aged 5, was lying in bed perfectly insensible, breathing with extreme labour; notwithstanding this, the pulse was pretty good, and the extremities not cold. I refused to perform the operation, and the child died in an hour and a-half. On examination there was not any coagulum in the heart whatever; but the lungs were excessively congested, and the upper part of the larynx and trachea were lined with an organised cast.

Without venturing to go so far as Dr. Richardson has gone, I cannot help thinking that his views regarding the existence of a fibrinous clot in the heart in certain cases of croup demand serious attention; and, as I once strongly opposed them, I am now happy to admit that I am, in a measure at least, converted to his side.

I am, &c. HENRY SMITH.

Caroline-street, Bedford-square.

REPORTS OF SOCIETIES.

THE OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 7, 1859.

DR. RIGBY, President, in the Chair.

THE gentlemen proposed as Honorary Fellows at the last meeting were duly elected. Twelve gentlemen were elected, and twelve proposed for election, as Ordinary Fellows.

A paper, by H. W. BAILEY, F.R.C.S., was read

ON STATISTICS OF MIDWIFERY PRACTICE, FROM JULY 2, 1808, TO DECEMBER 31, 1858.

In order to afford an opportunity of comparing provincial statistics with those of town and Hospital practice, the author submitted the results of fifty years' extensive practice in midwifery. The births amount to 6476—3290 males, and 3186 females. There were 53 cases of twins—63 males, and 38 females; 21 were still-born. There was 1 case of triplets, which lived till the next day. There were 6120 cases of head-presentations, and 356 preternatural cases. Presentations of the face to the right side were very tedious; in such cases, turning or the use of the forceps was advisable. In 44 cases the arm or hand presented. In 21 the funis presented; 1 or 2 of these were still-births. Of breech cases, 45; when the face presented to the front these cases required the aid of the forceps to save the child. In 40 cases the face, and in 9 the abdomen or back, presented. In 180 cases (primary) the feet presented. In 17 cases placenta prævia existed. In 1 the placenta was expelled first. As a rule, the author dilates gradually and turns in these cases. All cases were successful, both to mother and child, if at the full time. Hæmorrhage was fatal in two cases, attended by midwives. There were 2 cases of sudden death after labour; no apparent cause. Embryotomy was performed only twice. A tabular statement was appended, showing the number of deliveries in the respective months of the year.

A paper, by Dr. CHARLES WALLER, was read concerning a

CASE IN WHICH THE DELIVERY OF A VERY LARGE LIVING CHILD WAS EFFECTED BY MEANS OF THE LONG FORCEPS.

The case was brought forward on account of the extreme size of the child, which on delivery, was found to weigh 15lbs. 15oz. After about 36 hours ineffectual labour, Dr. Waller applied the long forceps, a good part of the head being still above the brim, and delivered the child, which was a female, alive.

A NEW NURSING-CRADLE

was then exhibited by the Inventor, Mr. C. WRIGHT.

A paper by Dr. Robert Barnes was read on

THE RISK TO LIFE OF FIRST AND SUBSEQUENT PREGNANCIES.

The author wished to draw the attention of the Society to the determination of the question as to whether first pregnancies were to be considered as more hazardous to life than subsequent ones. The question was one of great interest as bearing upon life assurance. It was not sufficient to know the amount of risk for all pregnancies, which we were at present, indeed, in possession of. Excluding deaths from puerperal fever, the Dublin Hospital statistics showed that 1 in 100 of primiparæ died, and 1 in 200 of the multiparæ. But as the statistics of private practice only were capable of affording satisfactory information, he would suggest that the Fellows of the Society be invited to contribute to the settlement of the question. A tabular form for the purpose he submitted to the Society.

Dr. Tyler Smith agreed with Dr. Barnes as to the risk incurred by women in first labours, but it was the custom of the insurance office with which he was connected—the New Equitable—to assure the lives of healthy women pregnant for the first or any other time at the ordinary rates. The rates of life assurances were framed upon the average duration of life in average lives. At all ages, the expectancy of the continuation of life was somewhat greater in the female than the male; so that they were the best lives for assurance. As regarded the question of married or single women, there could be no doubt that there were certain risks incidental to child-birth, but single and childless women were subject in an increased degree to certain disorders of the nervous system, and to uterine and ovarian tumours, which rendered them, if anything, less eligible than child-bearing women for life assurance.

Dr. Murphy believed the principle of the New Equitable Society to be the correct one. The statistics of the Dublin Hospital were not applicable to the settlement of this interesting question for special stated reasons; and, in fact, arguments based on statistics generally required to be received with very great caution.

A paper by Dr. Ancell Ball was read on

THE TREATMENT OF MOLES AND PREMATURE EXPULSION OF THE FŒTUS.

In cases of severe hæmorrhage after the expulsion of the fœtus, the secundines being retained, the author uses one of three instruments exhibited, for the purpose of removing the retained substance. The instruments consist of a two- and a three-bladed forceps, which admit of being used through the speculum.

A paper by Dr. Henry Oldham was read on

A CASE OF RETROFLEXION OF THE GRAVID UTERUS DURING LABOUR AT TERM.

The patient was pregnant for the first time, and had been in labour for several hours when Dr. Oldham saw her. On examination, the fundus uteri, with the head of the child, were found filling the pelvis; the os uteri drawn up above the pelvic brim, and reached with the utmost difficulty. The condition had apparently existed from the beginning of pregnancy. By combined external and internal manipulation the breech was brought down, and the fundus pushed up. Delivery was then effected; the child was dead. The mother did well. The author remarked on the facts—1st, That the full time had been reached; 2nd, That the symptoms were not such as to excite attention previously; and 3rd, The possibility of replacement at this late period. In answer to a question put by Dr. Graily Hewitt, the author stated that the patient, when formerly under his care and single, had he believed, been the subject of retroflexion.

A paper by Dr. W. O. Priestly was read on

SLOUGHING OF THE FŒTAL SCALP AS A RESULT OF IEDIOUS LABOUR.

The author related a case under the care of a midwife in which the head had been impacted for about forty-eight hours in the pelvis, in a first labour. Eight days after delivery the child died. On the third day, the back of the head was much inflamed, later the scalp assumed a darker colour, and the child gradually sank. A slough, of the size of a shilling, had separated, leaving a wound which extended nearly to the bone, over the occipital protuberance, and there was extensive ecchymosis around almost to the ear on each side, and the pericranium was in part separated from the bones. The sloughing in question resulted, in the author's belief, from the long impaction of the head in the pelvis.

A paper by I. Baker Brown, F.R.C.S.E., was read on—

A CASE OF FIBROUS TUMOUR OF THE UTERUS, ILLUSTRATING A SURGICAL OPERATION FOR ITS CURE.

In a woman, aged 49, ill for six years, there was found an abdominal tumour, extending half-way to the umbilicus, composed of the uterus, enlarged by the presence of a fibrous tumour. The os uteri was incised, and the tumour brought into sight. The author then proceeded to operate upon it by piercing it in the centre, cutting out a portion, much in the manner of coring an apple. Through the cavity thus formed as much as possible of the surrounding tissue was broken down. A copious discharge occurred for the next few days; and at the end of four months a slightly enlarged uterus was all that could be detected. The principle on which the operation in question (which, the author observed, had been performed by Atlee and Recamier) was adopted, was the knowledge of the fact, that when polypi are ligatured the whole of the growth perishes—not only that on the distal side, but also that on the other side of the ligature. By removing a portion of the fibrous tumour, the same effect—the destruction of the whole—was in this case obtained.

Dr. Barnes believed Atlee's operations had been attended with great mortality. He would suggest that Dr. Simpson, just elected an Honorary Fellow, should furnish the Society with the results of his enucleation practice.

Dr. Priestly believed that Dr. Simpson had abandoned interfering with large fibroid tumours of the uterus by operative measures.

The President remarked on the varying degrees of the menorrhagia attending cases of fibroid tumour.

A paper by Dr. Wm. Tyler Smith was read on a

CASE OF EXTREME EMACIATION, THE RESULT OF OBSTINATE VOMITING IN PREGNANCY.

A girl, aged 19, unmarried, was admitted into St. Mary's Hospital in July last. Obstinate vomiting, at first supposed to depend on cerebral disorder, continued from the time of her admission. She became so extremely reduced in flesh, that at the end of six weeks her weight was only forty-seven pounds and a-half. At this time she was unable to move in bed; delirium was frequent, bed-sores appeared over the sacrum and nates, and she appeared to be dying. Pregnancy was now suspected. The catamenia were found to be absent; the breasts were full, notwithstanding the emaciation of the rest of the body, and the uterus had increased in size. Remedies had been of no avail. She was too weak to allow of artificial abortion. A nurse was put by her bedside to give her a single teaspoonful of nourishment every half hour. The body was rubbed with oil, and beef-tea injections were administered. Under this plan the sickness ceased; the quantity of nourishment was slowly increased, and she improved in strength, and became comparatively stout. Pregnancy went on to December 3, when she miscarried at the fifth month, and is now recovering.

In answer to a question by Mr. Cleveland, Dr. W. Tyler Smith stated that the enemata given were retained.

A paper by Dr. Richard Hodges was read

ON A CASE OF HYSTERIA SIMULATING IN THE MOST PERFECT DEGREE NATURAL LABOUR.

The author was engaged to attend a woman said to be in the fifth month of pregnancy. Four months afterwards he was sent for, the patient being stated to be in labour. The pains were found to be severe, and like those of the last stage of parturition. On examination, however, a tumour was found to present, which turned out to be the bladder, distended and prolapsed. There was no pregnancy.

The President then announced that the first session of the Society, which had been a most successful one, was now brought to a close. The first meeting of the next session would be held on Wednesday, January 4, 1860.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following Members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on December 8th :—

Blakeney, Edward Hugh, Brunswick-square
Beckingsale, John Edgar, Newport, Isle of Wight
Camps, William, Park-street, Grosvenor-square
Cartwright, Samuel, Burlington-street
Clarkson, William Nicholson, Whitby
Clarke, Benjamin, Hackney
Harston, Alfred Dew, Islington
King, Osmer, Greenwich
Michell, Slyman, Truro, Cornwall
Mosely, George, Gower-street
Oxley, Robert, Pontefract
Smart, James, Cambridge-heath
Smith, Thomas Hickstall, St. Mary Cray, Kent
Stewart, John, Wolverhampton
Williams, John, Bengal Army
Wilkinson, Charles Nelson, Wandsworth

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 8th of December :—

Curtis, William, jun., Alton, Hants
Duke, Stephen, Chichester
Jameson, George William, Caistor, Lincoln
May, John Henry Square, Plymouth, Devon
Travers, William, Poole, Dorset

The following gentlemen also on the same day passed their First Examination :—

Adams, Thomas Rutherford, Kilkenny, Ireland
Gannon, John Palmer, University College Hospital
Harding, John Alfred, Bath, Somerset
Mallett, William James, Bolton-le Moors
Walker, William Holmes, Romford
Williams, Evan Evans, Llandyssil, near Carmarthen

APPOINTMENTS.

BENTLEY.—Mr. Robert Bentley, F.L.S., Professor of Botany and Materia Medica to the Pharmaceutical Society of Great Britain, has been appointed Professor of Botany in King's College, London, as successor to the late Mr. Henfrey.

WING.—Dr. Edwin Wing, of the Fisherton Asylum, is appointed Superintendent of the Northampton Asylum.

DEATHS.

CARFRAE.—December 12, James Henderson Carfrae, of Otley, Yorkshire, aged 48.

CROSBY.—December 1, John Crosby, of Great Ouseburn, Yorkshire, aged 62.

MACDOWELL.—September 20, at Melbourne, John Macdowell, M.D.

MAIN.—Lately, at Bloem, Fontein, South Africa, Augustus Main, Surgeon and Justice of the Peace for the District of Middleberg, South Africa.

RUMLEY.—December 10, at Paris, Henry William Rumley, Surgeon in the Bengal Artillery, aged 42.

SIMMONS.—November 14, at Eastry, John Simmons, Surgeon (in practice prior to 1815), aged 86.

SPRY.—December 5, Joseph Hume Spry, of Bath (where he had practised for upwards of half a-century), M.D. aged 81.

TURNER.—November 23, at Gattenside-villa, Dr. William Turner, R.N., aged 78. He entered the service very young and was in several engagements. He assisted after the battle of Trafalgar in extracting the fatal ball from Lord Nelson's shoulder.

PARIS MEDICAL STUDENTS, 1859.—This year, 983 inscriptions have taken place at the Faculty of Medicine, viz. : 922 for the doctorate, and 66 for *officier de santé*. Of the 983 inscriptions, 304 are new, being 53 more than in 1858.

THE INSANE COLONY AT GHEEL.—Two Inspectors of Lunatic Asylums, sent as a Special Commission by the Dutch Government to examine into the Belgian Lunatic Village at Gheel, have reported in favour of forming a similar establishment, on a small scale, in Holland.

RARE CAUSES OF DEATH.—The Registrar-General for Scotland says :—"A female, 18 years of age, died from tetanus, which followed the unusual occurrence in this country of frost-bite in both feet. A married female, aged 35, died from exhaustion, produced by excessive vomiting from pregnancy. A male child, two months old, was suffocated in its mother's arms, from being too closely wrapped up in a shawl to protect it from the inclemency of the weather when out. And a labourer in a chemical work was accidentally suffocated with the fumes of sulphurous gas."

MILITARY SURGERY AND HYGIENE.—As arrangements are now in progress at Chatham for carrying out a well-organised system of instruction on these subjects, and on Tropical Medicine, by an established Army Medical School, Dr. James Bird has intimated to the Governors of St. Mary's Hospital his intention of discontinuing, from the 1st May next, the lectures on those branches of instruction given by him to the pupils of that school since its foundation. The Governors and his colleagues have passed a vote of thanks to him for the able manner in which he has performed his duties.

TESTIMONIAL TO MR. OGILVIE.—A gratifying tribute of regard, in token of his great kindness, was, on Friday, the 25th inst., presented to Mr. William M. Ogilvie, late Surgeon on board Her Majesty's Ship *Trident*. The testimonial consists of a massive gold medallion, contributed by the entire ship's company, with the exception of two of the officers. The medallion is stamped within the two circles of the front and adverse sides with the following inscription :—"Palmam qui meruit ferat. Presented to W. M. Ogilvie, Esq., Surgeon, R.N., by the officers and ship's company of Her Majesty's Ship *Trident*, Woolwich, November, 1859, in gratitude for the noble manner in which he performed his trying duties during the frightful yellow fever that raged on the West Coast of Africa in May, June, and July, 1859."

THAMES WATER.—It is certainly an interesting question, how long ago it is since the dear, old, unsavoury river had a taste of pure water. The following remark of Pierce Penilesse would seem to imply that three centuries must have passed since Father Thames had that happiness, unless the remark is to be construed as implying an impertinence respecting beer :—"The next object that encounters my eyes," wrote Pierce anent, "the pride of peasants sprung up of nothing," "is some such obscure gallants as, without desert or service, are raised from the plough to be checkmate with princes ; and these I can no better compare than by creatures that are bred *sine coitu*, as crickets in chimnyes ; to which I resemble poore scullions, that, from turning spit in the chimney corner, are on the sodayne hoysed up from the kitchen into the wayting chamber, or made barons of the beanes, and marquesses of the mary-boanes : some by corrupt water, as gnats, to which we liken brewers, that by retayling *filthie Thames water*, come in few yeres to be worth fortie or fiftie thousand pounds," &c.—(*Pierce Penilesse his Supplication to the Devill, describing the overspreading of Vice, and the suppression of Virtue. Pleasantly interlac'd with variable delights, and pathetically intermixt with conceited reproofes. Written by Thos. Nash, Gentn.* 1592. Shakspeare Society's Ed., 1842, p. 21.)—The antiquity, or, to speak more correctly, the chronic character of Old Father Thames' evil state, if admitted, would be no justification for our neglect of it, and we must persist in our efforts to relieve him.

WOORARA.—The assertion that woorara is not poisonous when taken into the stomach, though generally received as correct, does not, it seems, appear to be so. The mucous membrane of the stomach is a bad absorber of the poison, but if a large dose of it is taken into the stomach, the poison will destroy life. In 1854 M. Velpeau poisoned in this way frogs, toads, tritons, and even certain mammiferæ. M. Bernard, in 1856, poisoned a dog fasting, by introducing into his stomach a solution of woorara ; and he showed that the absorption took place more rapidly when the stomach was empty. Then, again, M. Pelikan, in 1857, told the Academy of Sciences :—"That the watery solution of woorara introduced into the stomach by means of a gum-elastic catheter, acts as a poison, though more slowly ; and thus confirms previous experiments." Large doses are required ; 4, 6, and 8 grains being required to kill rabbits, pigeons, and guinea-pigs.

SIR C. BELL.—"How strange a thing that the first complete biography of one of the most eminent Surgeons that Great Britain ever produced should be written by a Frenchman ! The second edition of 'The Life of Sir Charles Bell,' by Amédée Pichot, is just announced for publication—the first having been eagerly caught up by the great man's admirers on the Continent. The work in itself is singularly well written, and deserves the brilliant success it has met with. It professes to be a history of the life and labours of Sir Charles Bell. The latter are perhaps better known, and consequently better appreciated, on the Continent than with us ; for while each discovery made by the first reasoning practitioner of the age was giving rise to the jealous doubt and

envious cavillings of his rivals at home, it was at the very same moment being eagerly adopted by the Medical Schools of Paris and Berlin, and both Roux and Dupuytren were holding up his name to their numerous pupils as the beacon-light on which their eyes were to remain fixed, while they were groping their way through the doubt and difficulty which prevent the attainment of 'result' in Medical science. At the present moment a vast spirit of inquiry has arisen in France concerning the right assumed by science in England to claim an equal share of the world's gratitude with that of France, and the publication of this 'Life of Sir Charles Bell' has done a great deal to dissipate the ignorant opposition with which such claim has sometimes been met. Society, the only rightful judge of Medical skill, and whose judgment, being founded on self-interest, is seldom in fault, has chosen in France to adopt the renown of many a British physician with as much good-will as that accorded to those belonging to the French school. *Buchan* and *James* (!!) in the last generation—Simpson and Clark in our own—are as well known and frequently quoted as the most popular professors of the Academie de Médecine. The artists of Paris have eagerly seized upon the most striking passages in that portion of M. Pichot's work which treats of the study of anatomy as applied to expression in art, and the artistic journals have been of late much occupied, some in explaining and others in refuting the theory of which Sir Charles Bell has been the discoverer and enthusiastic promulgator. M. Amédée Pichot merits our warmest admiration and gratitude for the manner in which he has executed his task. Full of enthusiasm, as every biographer should be, for the talents of his hero, he has taken the utmost pains to make his reader share in this enthusiasm by rendering clear and lucid the reasons upon which it is founded—and few could rise from the perusal of his work without feeling the same degree of admiration for Sir Charles Bell as he so warmly expresses. Such works as these, whose object it is to make known to one nation the great men of another, are invaluable in preaching the bond of brotherhood between them, and in displaying the universal sympathies of genius, which recognise no obstacle of man's creating, but proclaim at once the tie by which the human race is bound together."—*Morning Star*.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 10, 1859.

BIRTHS.

Births of Boys, 920; Girls, 918; Total, 1838.
Average of 10 corresponding weeks, 1849–58, 1584·5

DEATHS.

	Males.	Females.	Total.
Deaths during the week	636	653	1289
Average of the ten years 1849–58	612·8	608·4	1221·2
Average corrected to increased population..	..	..	1343
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	33	24	57

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	5	6	13	2	5	1	5
North ..	490,396	10	6	22	3	9	3	11
Central ..	393,256	10	1	10	5	1	5	6
East	485,522	4	13	22	1	6	3	9
South ..	616,635	11	5	15	4	6	10	7
Total . ..	2,362,236	40	31	82	15	27	22	38

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·923 in.
Mean temperature	41·3
Highest point of thermometer	55·5
Lowest point of thermometer	26·9
Mean dew-point temperature	38·9
General direction of wind	Variable
Whole amount of rain in the week	0·41
Amount of horizontal movement of air in the week.. ..	1903 miles.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

DR. SIMPSON'S

CLINICAL LECTURES ON THE DISEASES OF WOMEN

WILL BE CONTINUED, INCLUDING

OCCASIONAL CLINICAL LECTURES ON CASES IN OBSTETRIC SURGERY.

CRANIOCLASM—A NEW FORM OF CRANIOTOMY.

FIBROID TUMOURS AND POLYPI OF THE UTERUS.

INFLAMMATORY AFFECTIONS OF THE UTERUS AND VAGINA.

DISPLACEMENTS OF THE UTERUS.

DISEASES OF MENSTRUATION.

PHYSICAL DIAGNOSIS OF DISEASES OF THE UTERUS, OVARIES, ETC.

SURGICAL OPERATIONS ON THE VAGINA AND PERINEUM.

In the same Volume,

A SERIES OF PAPERS WILL APPEAR

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL;

AND

II. CONSULTATIONS.

Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES,

With special relation to their Causes, as—

INTEMPERANCE,
UNSUITABLE STUDIES,
FANATICISM, ETC., ETC.

Other arrangements are in progress, calculated to make forthcoming volumes more useful and popular than any of their predecessors.

Mr. Sympson's paper shall appear next week.

Dr. Russell's Case of Tracheotomy shall appear in an early number.

Dr. Cotton's paper on the Action of Iodide of Potassium upon Phthisis' shall appear next week.

Papers and letters by Dr. Doig, Mr. Lawrence, Emeritus, etc., etc., are in type, but are unavoidably postponed.

Mr. Hitchman.—We have repeatedly advocated the principles of sewerage so ably supported in the paper sent, and our readers are quite familiar with them.

The case of Angina Pectoris, reported last week (page 591) in the proceedings of the Western Medical Society, was brought forward by Dr. Aldis. The author's name was accidentally omitted.

E. C. B.—For a Doctor, or Licentiate in Medicine, of Great Britain, who desires to occupy the same grade in one of the three Faculties of France, it is required that he submit to all the regular trials demanded of the native of France; that is to say, he must undergo five examinations and write a Thesis, either in Latin or French. Before, however, being admitted for examination, he must address a letter to the Minister of Public Instruction in order to obtain a *dispense*, or exemption from the inscriptions required each year of French students, and some three minor examinations exacted of the students during the course of their studies. This demand is forwarded by the Minister of Public Instruction to the Faculty, and if a favourable answer be given, the *dispense* is granted. The *droits universitaires* to be paid for the M.D. of Paris amount to 1260 francs (equal to about £50). The degree of M.D. can be obtained at the Faculties of Montpellier or Strasbourg, as well as at Paris. The *status* of the last-mentioned is the highest.

First Examination.—Anatomy and Physiology (with Dissection).
Second Examination.—Pathology with Operations.

Third Examination.—Natural History as bearing on Medicine, Natural Philosophy (Medical) Organic Chemistry and Pharmacy.

Fourth Examiuation.—Hygiène, Legal Medicine, Materia Medica, and Therapeutics.

Fifth Examination.—Clinical Medicine (at the bedside) as well as "Clinique externe," Accouchements.

Thesis in Latin or French.

ERRATA.—Page 590, col. 1, line 32, for "right ovary" *read* "left ovary." Page 592, Royal College of Surgeons, Examination for the Diploma, *read* "Terry, Joseph Garside, *Wittersham*, Kent." Such mistakos constautly occur, as the College furuishes no official lists to the Journals.

DOCTORS AND PHYSICIANS.

Dr. Parsons says:—"Lord Chief Justice Coke considered Licentiates of the London College of Physicians as Doctors of Physic. He thus speaks of them in his *dictum* on Dr. Bonham's case—'Much was said in commendation of the Doctors of Physic of the College in London, and somewhat in derogation of the Doctors of the Universities; he attributed much to the Doctors of tho said College,' &c.; so that, in addition to the judgements of Ellenborough, Mansfield, and Denman, 'that Physicians are Doctors,' we have the *dictum* of another legal Don—a no ess person than Lord Chief Justice Coke."

CLEABY AND OSMEROD.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can you by any chance tell me what is the Journal referred to by M. Broca in the following words of his, as reported in the Gazette des Hôpitaux?—"On lit dans le Journal britannique de Cleaby, tome xiii. p. 85." I am, &c. SIC.

P. S.—Who also is M. Osmerod of Brighton?

SALE OF POISONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your last week's Journal, you referred to the disgusting double suicide case, in which a young man and woman had destroyed themselves by prussic acid. The jury in their verdict do not seem to have troubled themselves, by inquiring where these people obtained the poison. Is this not another proof, to be added to the many already given of the necessity of the Legislature interfering, to prevent the indiscriminate sale of poisonous drugs? I am, &c.

December 14. ITA.

ALCOHOL IN THE BLOOD.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A communication has lately been made to the Académie des Sciences, in which it has been lengthily pointed out that alcohol passes from tho digestive surfaces directly into the blood. This fact is looked upon as a positively novel discovery by tho gentleman who gave in the Report; so you will, therefore, perhaps, permit me to remark that a demonstration of the fact was given in tho year 1837, by Dr. Percy, when he was a student in Edinburgh. He distilled pure alcohol from the brain of a man, who died in the Edinburgh Hospital shortly after drinking off a bottle of neat whiskey. I am, &c. IN VINO VERITAS.

OUR PHYSICIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your last number you stated that the College of Physicians of London are about to inform the Authorities of the Medical Charities of England, that the term of Licentiate is henceforth converted into Member of the College. May I take the opportunity of suggesting that this would be a good opportunity for enlightening tho aforesaid Authorities, concerning the value of the Licence of the College of Physicians of Edinburgh? According to the laws of most of our Hospitals and Dispensaries, Licentiates of the Edinburgh, have the power equally as the Licentiates of the London College, to present themselves as Candidates for the office of Physicians to such Institutions. This state of things will evidently sooner or later lead to collisions, for it is clear that a vast number of the General Practitioners of this country have now the power of becoming Physicians to our Hospitals, in consequence of their having made themselves masters of the Edinburgh Licence, by the payment of a ten-pound note. Perhaps, as all things are so rapidly changing in the scientific, political, and other worlds, this change in the polity of our Profession may also be for the best; but we at least should understand how it is to be when the pinch comes. I am, &c.

December 15. VIS.

CAUTION TO MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following lines may serve as a caut on to Medical authors, and I trust, therefore, that you will insert them for the benefit of the Profession.

In September last I received a note couched in the following terms:—

"James Beeke presents his compliments to ——, and desires he will have the goodness to forward him per post, two copies of his work on ——; and J. B. will remit post-office order for the amount thereof.

"17, Sidney-street, Oxford-road, Manchester,
"September 10, 1859."

I foolishly sent the books, thinking the person who thus introduced himself, to be a respectable Medical Man, but of course, no post-office order arrived. I then caused inquiries to be made at the above mentioned address, and the following reply was sent:—"Dr. ——, has been cheated by a vagabond. The address given, is that of a lodging-house, where the fellow lived for a very short time only. The woman in the house said, that he was a 'naughty man.' They don't know anything about him there." Leaving these facts to speak for themselves,

I am, &c. M.D.

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Mr. Paul Jones has again addressed you on the subject of the Poor-Law Medical Reform Association, and writes of "a well-considered and matured plan, acceptable to ourselves and reasonable and feasible too in the eyes of Guardians and Poor-Law Board." Surely Mr. Paul Jones will not object to lay before tho public so inestimable a blessing, as I honestly confess my plan does not offer that boou; though from the letters I daily receive, I believe it is one that meets the views of a large body of the Poor-Law Medical officers. Mr. Paul Jones accuses me of not telling him "what constitutes membership, or how the committee was appointed;" therefore, permit me to say, any Union Surgeon subscribing becomes a member of the Association; aud that the Committee, with the exception of three or four, were all appointed at a general meeting held at the Freemasons' Tavern. Mr. Paul Jones also writes of "a real and simple organisation," and that "Mr. Griffin is just the man to do it if he will but set about it." Surely Mr. Paul Jones will tell me what he means by a "real and simple organisation," or how can I set about doing what he requires? Mr. Paul Jones had better enter the lists fairly, and sign his real name to his next letter, and then we shall be on equal terms, and the Poor-Law Medical Officers will know in whom they may place confidence.

Weymouth, December 13. I am, &c. RICHARD GRIFFIN.

THE ADVERTISING MANIA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You have recently published articles on "Professional Charges," which have been duly pondered by needy Physicians and the large body of General Practitioners. Our French brethren havo taken hold of the vexed question with boldness, and declared that "the whole scale of charges must be at once heightened, in order to meet the exigencies of the times."—Hard times!

You have also exposed the Aural Empiricism and Advertising Quackery of this "enlightened" age; and perhaps the accompanying extract from the advertising columns of *The North London Record* (an Islington local journal), may suggest a remedy for the present evils of Medical charges, (!) while at the same time it will add another item to the catalogue of abuses which your valuable Journal so honestly protests against.

"The North London Medical and Surgical Institution, late 174, Upper-street, Islington, for affording first-rate (!) Professional Advice to persons of limited income. The tenancy of the house, in which this Institution has been hitherto located, having terminated, and more commodious premises being thought desirable, the Patients will be received at 46, Florence-street, Upper-street, Islington, (close to the Vestry Hall,) till permanent arrangements are made. Hours of Attendance: From 9 a.m. till 4 p.m., and from 6 till 8 p.m., except Saturdays, when the Institution is closed at 1 o'clock. Fee, for Consulting the Physician or Surgeon, Two Shillings, including the necessary Medicines. Children and Domestic Servants, One Shilling."

Who are these first-rate philanthropic economists?

I am, &c. OBSERVER.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. CONOLLY; Dr. WEST; Mr. TEALE, Leeds; Mr. BOWMAN; Mr. WILDE, Dublin; Dr. RUSSELL, Birmingham; REGISTRAR-GENERAL, Edinburgh; Dr. ALDIS; Mr. FRANCE; Dr. HILLIER; Dr. COTTON; Dr. NOBLE; Dr. FAIRLESS; Mr. SYMPSON, Lincoln; REGISTRAR-GENERAL; Mr. HITCHMAN; Mr. HAMILTON; Mr. LEPAGE; Mr. ROOK.

APPOINTMENTS FOR THE WEEK.

December 17. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

19. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. H. Hyde Salter "On some points in the Clinical History of Asthma."

20. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. (Council Meeting 7 p.m.

21. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

ETHNOLOGICAL SOCIETY, 8½ p.m.

22. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; Loudon, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL SOCIETY, 8½ p.m.

23. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Division of Cicatrix after Burn; Removal of Growth from Eyelid; Radical Cure of Hernia; Removal of Malignant Growth from Hand. By Mr. Bowman—Removal of Necrosed Bone from Tibia.

Mr. Jones' Elastic Uterine Truss.—

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ORIGINAL LECTURES.

ON CEREBRAL SYMPTOMS INDEPENDENT OF CEREBRAL DISEASE.

DELIVERED AT THE
Hospital for Sick Children,
DEC. 3, 1859,

By CHARLES WEST, M.D.
Physician to the Hospital for Sick Children.

IMPORTANCE OF THE SUBJECT, AND DIFFICULTIES WHICH ATTEND IT.—THREE CLASSES OF CASES IN WHICH THE BRAIN MAY BE DISTURBED WITHOUT DISEASE: IN FEVERS, IN INFLAMMATION OF THE THORACIC VISCERA, IN VARIOUS DISORDERS OF THE DIGESTIVE ORGANS.—RULES FOR DISCRIMINATING IN EACH BETWEEN THE SIGNS OF SYMPATHETIC DISORDERS OF THE BRAIN, AND THE SYMPTOMS OF ITS REAL DISEASE.

(*Cases of Chronic Ailments Simulating Cerebral Disease reserved for Future Examination.*)

GENTLEMEN,—Of all the inquiries which, in private practice, the parents of a sick child will put to you, there is none that will be made so often or so eagerly as this,—"Do you think his brain is affected?" The answer which you give to this question will at once convey a sense of unspeakable relief, or will produce a feeling of blank hopelessness; either, perhaps, excessive, but either most natural. Without doubt the importance of a correct reply is very great, for your prognosis and your line of treatment are dependent on it, and an error, even though corrected in twenty-four hours, may be irreparable. I think, then, that the time will not be misspent which we devote to-day to an examination of the different circumstances wherein we are most likely to meet with the Symptoms of Cerebral Disorder independent of real Cerebral Disease. Now you may encounter such symptoms in two different conditions: either in the course of acute affections simulating active disease of the brain, or in the course of chronic ailments, where there may seem to be reason for apprehending the advance of slow disorganisation; and each class of cases demands a separate consideration.

Before examining either class of cases in detail, I would, however, remind you that in the child, as in the adult, the brain is disturbed more or less in the course of every acute affection of the general system; and further that in proportion to the youth of the child there will be an apparent sameness in the characters of such disturbance, and a consequently increased difficulty in determining the cause whereon it depends. Thus, for instance, whether one of the exanthemata is about to come on, or influenza, or inflammation of the lungs; or whether the illness is a mere febrile attack consequent on dentition, there will in all these circumstances alike be a hot skin, and a frequent pulse, a loss of cheerfulness, a heavy head, a disposition to drowsiness, and yet a state of unrest; symptoms, in short, which are just the same with those that in the infant would attend the early stage of actual disease of the brain.

But while I refer to this fact as one never to be lost sight of in the endeavour to discover the true import of the cerebral disturbance which accompanies almost every form of acute illness in early life, my special object to-day is to point out to you some of the circumstances wherein, in infancy or early childhood, a correct diagnosis is peculiarly difficult.

I propose to notice very briefly—

1st. The cerebral symptoms that usher in the attack, or accompany the early stages of fevers.

2nd. Those which at the onset of acute inflammations of the thoracic viscera, sometimes throw the evidences of the real disease into the shade; and,

3rd. Those dependent on some disorder of the abdominal viscera, which though not always itself of an acute character, yet gives rise to sudden disturbance of the nervous system, and to symptoms that simulate active cerebral disease. Such are sometimes the consequences of unsuitable food, of diarrhœa, of colic, and of intestinal worms.

Afterwards, if time allows, I purpose

4th. To make a few observations on the more chronic ailments, in which cerebral symptoms are likely to be observed, and their import is apt to be misapprehended.

Now with reference to cases of the *first* class; namely, to those in which cerebral symptoms usher in the attack, or accompany the early stage of fevers, I may observe, and the remark holds good in other cases also, that in proportion to the suddenness of the onset, and the violence of the character of such symptoms, is the probability of their depending on real disease of the brain so much the smaller. A severe attack of convulsions is rarely an early symptom,—is almost never the first symptom of real acute disease of the brain. Its occurrence, therefore, always raises a presumption that its cause is to be sought in some source of irritation external to that organ; that, how much soever the immediate urgency of the case may require remedies addressed to the brain, the ultimate dangers of the disease will be found to depend on some other cause, to arise from mischief seated elsewhere than in that part which at first seemed to be the most suffering.

The early stage of the eruptive fevers sometimes affords a very remarkable illustration of the amount of disorder of the nervous system, which may precede or accompany the full outbreak of the rash. During the first day of the eruption of measles, for instance, one or two attacks of convulsion sometimes occur, though they usually pass away without being followed by protracted coma, or by any abiding signs of cerebral disorder. In these cases the previous existence of the morbillous catarrh, often even the presence of faintly-marked stigmata of the rash, the general heat of skin more intense upon the trunk than even about the head, will usually preserve from error, and you may speak with confidence as to the probably speedy disappearance of the cerebral symptoms. Far more serious, however, are the signs of cerebral disturbance by which small-pox and scarlatina are occasionally ushered in; the transition from apparent health to violent convulsions being sudden, and apparently causeless, the fits themselves most formidable, and the coma by which they are succeeded very profound. Such was the case of a little girl, two years old, who until the day before that on which I saw her had never had an hour's illness. She had eaten a hearty dinner, and though she vomited soon afterwards did not seem otherwise indisposed, and slept well in the night. Immediately on waking in the morning, however, she had a fit, during which she was insensible, much convulsed; and insensibility, with occasional convulsions, and great heat of skin, continued for the ensuing twenty-four hours. Depletion, both general and local, the latter twice repeated, was followed, at the end of twelve hours more, by considerable diminution of the convulsive movements; and forty hours after the first fit the child fell asleep, and dozed quietly for a few hours. She awoke sensible, and continued so. On my visit in the morning I found her quiet and sensible, without any sign of convulsion; her face was very pale; her head, before so hot, was now quite cool; her pulse had sunk in frequency, and had lost its fulness. An eruption of a papular character had appeared on the hands, arms, inside of the thighs, and slightly on the face. This eruption was the small-pox, and the disease ran its course without an unfavourable symptom.

The comparative rarity of small-pox may be some excuse for my not having been prepared for the possibility of the convulsions depending in this case on the cause to which they were really due; but it is well to bear in mind that in every instance where cerebral symptoms come on without obvious reason in early life, enquiry should be made as to the date of previous vaccination, and the arm should be examined for its evidence in the cicatrices left by its performance. A similarly stormy onset, however, is sometimes observed in cases of scarlet fever; and then it usually preludes an attack of a malignant kind, characterised by speedy loss of power and tending to an early death. This occurrence, indeed, never very common, is most rare when scarlet fever is merely sporadic, but in epidemics of the disease it happens more frequently, and this even although the general characters of the disease are of a mild—not at all of a malignant—type.

"In the autumn of 1831, and during the early part of 1832," says Dr. Von Ammon (a), "scarlatina prevailed epidemically at Dresden. The cases which at first presented themselves to my

(a) Bes chreibung einen Scharlach-epideminz à Dresden, in Analekten für Kinderkr. Vol. III. Heft 11, p. 43.

notice were, for the most part, mild in character, and ran a favourable course; but, at the same time, I met with some instances where death took place very rapidly and under peculiar symptoms of cerebral disturbance in children who neither during life nor after death, showed the slightest trace of scarlatinoid eruption. At first I felt in doubt as to the cause and nature of the rapidly fatal head affections; for I did not any how connect them with scarlet fever, while the disease differed from inflammation of the brain in the extreme rapidity of its onset, in the fact that notwithstanding the intensity of the head-ache it was unaccompanied either by nausea or vomiting, that the bowels were not constipated, and that the pulse beat with such frequency that it was almost impossible to count it, while the attitude of the patient was not at all such as is usually assumed by any one suffering from acute cerebral inflammation."

Dr. Von Ammon then goes on to say how a post-mortem examination of one of these cases led him to the suspicion which afterwards became a certainty in his mind, that these were really instances of scarlatina; that the impression of the poisoned blood upon the brain and spinal cord destroyed life before time had elapsed sufficient to allow of the ordinary manifestations of the disease. The possibility that the clue to the understanding of symptoms of formidable cerebral disorder is to be found in the approach of one of the eruptive fevers, enforces the necessity for learning in every case the history of a child's previous ailments, and renders it even more imperatively your duty to do so at a time when scarlatina is epidemically prevalent. Rapid too as is sometimes the advance of inflammation of the brain, its progress is commonly far slower than that of the cerebral symptoms which accompany the onset of the fever, while almost invariably some characteristic or other of the mere local inflammation would be absent, some anomaly would show itself such as excited the suspicion of the German physician, and ought to awaken yours.

But besides the instances just referred to, in which the temporary violence of the cerebral symptoms suggests the idea that active inflammation of the brain is present, there are others of less rarity where, though the feeling of anxiety as to the real nature of the disease is less urgent, it is yet of longer duration. Such are the cases in which, during the early stage of typhoid fever, the symptoms of cerebral disturbance so preponderate that for some days a doubt may be entertained as to whether the fever is sympathetic with disease of the brain, or the brain is disordered as a consequence of the fever. The question in short is between tubercular hydrocephalus and typhoid fever. Now something may be gathered from the age of the child, at least towards raising a presumption one way or the other, for the older the child is, the more likely is the disorder to be typhoid fever, the younger it is the more likely to be hydrocephalus; and I strongly recommend you in doubtful cases to put the issue between these two definite diseases, and not to indulge your indolence and put to sleep doubts which you feel unable to solve by talking to yourself or to your patient's friends of gastric fever, worm fever, and so on,—terms to which no definite import is attached either by yourselves or by others. There is not time to pass in review minutely all the diagnostic symptoms which mark typhoid fever and serve, in spite even of much cerebral disturbance, to distinguish it from hydrocephalus. It may, however, suffice to remind you that vomiting is generally absent, is never obstinate, nor succeeded by long-continued nausea; that the bowels are often relaxed; never obstinately constipated, and that the evacuations are light-coloured, fæcal, but usually watery. Further, the abdomen is full, usually tender, and flatus is always to be felt in the intestines; the tongue is not often much coated, it is red at the tip and edges, and early shows a tendency to become dry. The skin is very hot, the heat is pungent, the pulse is frequent, and continues so throughout, but is never irregular nor intermittent. Even the very cerebral symptoms have their characteristic features; for the early occurrence of delirium, which is so general in typhoid fever, is another point wherein it differs from hydrocephalus, in which much pain of the head, much drowsiness, a marked change of temper and disposition, yet coexist with a perfect intelligence.

"Surely," you may say, "these differences are marked enough; to dwell on them is superfluous, nay, wearisome: the help we want is in real diagnostic difficulties, not in cases so obvious, whose right interpretation is so easy."

Believe me, gentlemen, nine-tenths of the errors of diagnosis are made in easy cases, in cases whose features are sufficiently marked for recognition, if the observation had been trained to notice them, or the mind been disciplined to the inquiry in every instance: Why do I believe the disease to be this, why not that, or the other? The power of intuition and the habit of guessing are two very different things, though sometimes mistaken for each other. The former is now and then the reward of years of patient observation; humility and diligence are its parents. The latter is engendered between indolence and self-conceit; he who takes up with it, whatever be his abilities, forfeits all chance of ever attaining the other; he adds not to his knowledge from being right, he gathers no lesson from being wrong; for him experience yields no fruit, age brings to him no wisdom."

There is a *second* class of cases in which the predominance of symptoms of cerebral disturbance sometimes masks the real nature of the disease, and such cases are met with among the acute inflammations of the thoracic viscera. Risk of being led astray would indeed be almost entirely avoided if you made it an invariable rule in all the acute ailments of early life to regard your examination as incomplete until after you had made a careful auscultation. The symptoms of disturbance of respiration are indeed often too marked to be overlooked; the cough, the pain in the chest, and the hurried breathing render mistake impossible; but it now and then happens at the commencement of pleurisy, and in pneumonia, especially of the upper lobes, that the nervous system sympathises so deeply as to draw away the attention from those symptoms which, though obvious enough to him who seeks for them, do not stand out so prominently as to attract the first hasty glance. Pneumonia and pleurisy, especially the latter, occasionally set in with a convulsion; but you will, I trust, remember the caution which I have already given as to the sudden violence of cerebral symptoms, indicating that the brain is disturbed by some eccentric cause rather than by mischief seated in that organ itself. Pleurisy, more particularly when affecting the right side, is sometimes ushered in by vomiting, and this vomiting seems all the more suspicious if it has just preceded or just followed, an attack of convulsions. It is accompanied by fever and by intense headache; the child cries aloud or screams much in its sleep, and if it is old enough for the symptom to be observed, delirium is not unlikely to be present. The cough may be but slight, or altogether absent, and even the pain not considerable, and it is then quite possible that the disturbed breathing may be put down to that sympathetic disorder of respiration, to which the name of "cerebral breathing" has been applied. Need I say that it is much harder to correct a diagnostic error into which one has fallen than by care to avoid it in the first instance. If the case is one of pneumonia affecting the upper lobes, severe headache, drowsiness, great heat of head, though found, if carefully observed, not to be greater than of the surface elsewhere, all serve to mislead. Delirium, too, is very often present if the child is old enough for that symptom to manifest itself; and the mind of the attendant fluctuates in such cases between the ideas of cerebral congestion, of hydrocephalus and of typhoid fever; one impression preponderating at one part of the day, another at a different one; but the true view of the case not presenting itself to the mind at all. In the case of pleurisy, even though the mistake is discovered late, the child will probably survive, and the distended side, the adaptation of posture, the subsidence of the fever, and the disappearance of the head symptoms are tolerably sure to put the doctor, though tardily on the right track. In pneumonia the error is even more serious, for the disease is more formidable, and the longer continuance of cerebral disturbance is likely to keep up the mistake. In its later stages, too, the convulsion and the coma which sometimes come on as the results of the imperfect depuration of the blood, perpetuate the misapprehension, which, perhaps, a post-mortem examination alone brings to light.

Now, without going into minute detail, for which there is no leisure, I may observe that in these cases you will find something always wanting of those symptoms which characterise real cerebral disease. Perhaps there has been a convulsion; but it was not followed by coma, nor by paralysis of either side. Vomiting has occurred, but it has soon subsided. The head is hot, but yet not hotter than the rest of the

surface, and it is unaccompanied by violent pulsation of the carotids. The light may be unpleasant, but it is not shunned with that intense sensitiveness to its presence which closes the eyelids even in the darkened chamber. Again, though the breathing is sometimes hurried in cases of cerebral disease, yet here the hurry is constant; if the case is one of pneumonia it is extreme, and between the hurried breathing and the rapid pulse a constant proportion is observed, while, though the cough may be but slight, some cough is almost surely present. Such, and such-like, are the criterions by which, if you test the symptoms in these doubtful cases, you will run but small risk of not coming to a right conclusion.

Nearly forty years ago a French Physician (b) wrote an essay, the object of which was to illustrate what he termed the predominance of the digestive organs over the brain in childhood, and he appended to it the details of forty-eight cases in corroboration of his opinions. Now, although like all other books written to develop one idea, this is somewhat one-sided in its views, and, perhaps, a little overcharged in its statements, yet the main point is correct—namely, that

The *third* class of cases in which symptoms of cerebral disease are provoked by disorders of the digestive organs is very numerous and very important.

A slight acquaintance even with the practice of Medicine will have familiarised you with various symptoms of disturbance of the nervous system which derangements of the digestive organs and their appendages bring with them. Such are the unquiet sleep, the night-terrors, the grinding of the teeth, the sleeping with half-closed eyelids, the thumbs drawn more or less into the palm, which one often observes in infancy and early childhood, and some of which are seldom altogether absent during dentition, or when changes are first made in the diet of infants. But there are besides two distinct classes of symptoms to which disorders of the digestive organs, when severe, may give occasion—namely, convulsions on the one hand, and on the other, that form of cerebral disturbance characterised by mingled exhaustion and irritation, to which the name of the hydrocephaloid disease, or spurious hydrocephalus, has been given.

Convulsions from this cause are generally the result of unsuitable food, or of an over-full meal in infancy or early childhood; though other sources of irritation, as that of worms, or even of a calculus in the kidney, may produce them. Those which depend on indigestible food, are sometimes so severe as to threaten life, or even actually to destroy it. They nearly proved fatal in the case of a little boy, five years old, previously healthy, who on July 9, 1846, dined off some boiled salmon, of which the rest of the family partook more heartily than he, without any ill effects. At ten o'clock on the following morning, having slept well during the night, he was suddenly seized by a violent convulsion, in which his whole surface became exceedingly livid, and his lips of a deep purple hue. His respiration was greatly affected, he seemed as if he could not get air enough into his chest to keep him alive, and he appeared every moment as if he would be suffocated; while his pulse was feeble and frequent, and the temperature of his body low. Under the influence of the cold douche to his head, his breathing became less laborious, his lips regained much of their natural florid colour, the convulsions greatly diminished, and the child began to make some half-conscious movements. It was now possible to give him an emetic, which caused free vomiting twice, and the rejection of some of the undigested salmon. The child was next placed in a hot mustard bath; while in it the convulsions completely ceased, after having lasted three hours and a-half. He was now put in bed, where he slept quietly for four hours, and awoke quite well.

Now that which took place here you may observe not very rarely, and with symptoms of equal severity, in early infancy, when perhaps the error in diet has been so trivial that you can scarcely realise the possibility of its producing such formidable results. The fact, however, that in any given instance the convulsions depend on such a cause, may usually be gathered, partly from the history, which in early life is all the more important from the patient's inability to speak for himself, but still more from our observation of their characters. They are apt to be violent, accompanied with much spasm of the extremities, clenched hands, or the thumb drawn forcibly into the palm, and the great toe widely separated from the other toes. They are associated with spasm of the larynx, which often remains closed till suffocation seems impending, and with much trouble of the respiratory movements; in other words, with evidence of all the spinal system of nerves being in a state of great irritation. Almost always, too, the abdomen in such cases is distended, often extremely tympanitic, and there is frequent escape of flatus from the intestines. These peculiarities, if borne in mind, will often give you a clue to the meaning of a violent and apparently causeless convulsive attack. They indicate the source of the disturbance to be eccentric, and thus both guide your treatment, and influence your prognosis, enabling you to hold out the hope that if the child do but surmount its present danger, recovery will be complete as well as speedy.

I referred to a second class of symptoms dependent on disorder of the digestive organs; symptoms less formidable in appearance, perhaps, but more delusive, by which irritation and exhaustion together simulate the effects of inflammatory disease of the brain. It is in diarrhœa, and especially in relapses of diarrhœa, that these two conditions are associated in the greatest degree, and that the risk of error is, perhaps, most considerable.

One case in illustration of it must suffice, for time draws short.

A little girl was seized with diarrhœa on August 8, which at first was severe, but soon yielded to treatment, and she was again convalescent; when, on the 15th, vomiting and purging returned with great violence, and were attended with much febrile disturbance. On the following day she was still worse in all respects, but was not brought to me again until the 17th. She then looked exceedingly ill; her face was sallow, but with a flush on each cheek, and her eyes were deeply sunk. She lay in a half-dozing state, with her eyelids half closed, and the eyeballs turned upwards, so that nothing but the sclerotica was visible; but from this condition she awoke frequently and suddenly in a state of great alarm, and looking as if she were about to have a fit of convulsions. Her skin was hot, and very dry; her pulse very frequent, but not strong; and there was some subsultus of the tendons of the wrist. The abdomen was rather tympanitic; the tongue red, coated with white mucus; the thirst was great; the vomiting very frequent, and the bowels acted two or three times in an hour, the evacuations having the appearance of dirty water.

The persistence of the diarrhœa, and the great frequency of the action of the bowels, coupled with the fact that I had observed the case from the commencement, would have rendered error inexcusable. But such cases may come under our notice only when the evidence of cerebral disturbance is already very striking, and when, perhaps, the diarrhœa is no longer very urgent—perhaps may for a few hours have altogether ceased: in such circumstances error is very possible, and its consequences may be very disastrous. If you regard the cerebral symptoms as the signs of active disease, and withhold the Dover's powder, or the opiate enema, that might have checked the diarrhœa, and soothed the irritability, while you apply cold lotions to the head, and give the child nothing more nutritious than barley-water in small quantities, because the irritability of the stomach, which results from weakness, seems to you the indication of disease of the brain,—the restlessness will before long alternate with coma, and the child will die either comatose, or in convulsions.

This is not indeed the only form which this spurious hydrocephalus assumes, although it is that in which the signs of irritation so mask those of exhaustion as to render the risk of mistake most serious; while the time during which the error can be rectified is in these cases very brief. In a larger number of instances this condition comes on much more slowly, since it results from the gradual influence of imperfect nutrition; and in these circumstances the signs of irritation of the nervous system which characterise its early stages are less marked, though not on that account less deceptive. In the infant brought up by hand, or imperfectly nourished at the breast, the first stage sometimes continues for weeks, attracting perhaps little notice; giving rise, indeed, to a vague suspicion that something is wrong, but yet this suspicion so indefinite that neither the parent nor the doctor pushes the inquiry far enough to decide what that something is; or, possibly, commencing dentition bears the blame of the whole

(b) "Recherches relatives à la Prédominance des Organes Digestifs des Enfans sur le Cerveau. Par J. Sablairolles." 8vo. Paris, 1826

set of symptoms. I would have you, too, bear in mind, that in these cases dentition may really have much to do with the production of the symptoms, though not exactly in the way which at first suggests itself. The insufficient or unsuitable food heightens the irritability of the nervous system, and renders it preternaturally sensitive to the disturbance which teething seldom fails to bring with it. This disturbance acts, though more slowly, just as does that which accompanies diarrhœa; it exhausts the nervous power by all the manifestations of reaction which it produces, as the continued galvanic current wears out for a time the contractility of the muscles. The symptoms do not betoken real disease of the brain, though they closely resemble those which it occasions; so closely, indeed, that to read their import aright, you sometimes need go back for weeks, or even months, to gather the child's early history, and to learn how it has been fed, and how it has thriven from its birth. You will find, too, both in the past and in the present, intermingled with the general signs of cerebral disturbance, the evidences also of spinal irritation such as I have already referred to; and they should always lead you to suspect that the brain is disturbed in sympathy with some cause external to it. Irritability, restlessness, feverishness, a flushed face, a frequent pulse, undue sensitiveness of the surface, moaning, starting in sleep, all point to disorder of the nervous system, but they do not specially point to disease of the brain: their real meaning must be gathered from a consideration of the whole condition of the patient. That condition will be found to vary very much; the face will not be always flushed, nor the head always hot, nor the fontanelle always tense or pulsating. Vomiting may occur, but it will be occasional; the bowels will be relaxed rather than constipated; the abdomen not shrunken, but distended with flatus; a state which should always turn your attention from the brain itself to some source of irritation external to it; since, as the distinguished German physician, Goelis has remarked, a collapsed state of the abdomen, and the absence of flatus from the intestines, are signs almost pathognomonic of hydrocephalus. Often, too, the carpopedal contractions and the laryngeal spasm are present, or have existed, to warn you as to the real nature of the case; while the pulse, though feeble and frequent, retains its regularity of force and rhythm, and thus differs remarkably from the irregular, intermittent, or unequal beats which are among the earliest and least fallacious signs of real cerebral disease. If misinterpreted, and consequently wrongly treated, the stage of exhaustion comes on by degrees, and with it a stealthy stupor. The flush no more returns to the surface, the extremities grow cold, the pulse becomes feebler, the pupils permanently dilated, the respiration sighing, the voice husky, deglutition difficult; symptoms which, if the earlier stage was misinterpreted, will probably be regarded as the signs of the last stage of hydrocephalus; though the depressed fontanelle, the cool head, the pulse still frequent in spite of its feebleness, the abdomen still containing flatus, the bowels still loose, will tell at once a different tale to some other Practitioner, who, with no larger experience than your own, yet with a mind unbiassed by a foregone conclusion, comes to the case, and at once reads its meaning aright.

I had wished to have said something about cases of a chronic character, in which symptoms occur that give rise to unfounded suspicion of disease of the brain, but there is to-day no time to do more than enumerate some of them. Such are the groundless suspicions which parents often entertain, and which the doctor himself is not always as quick as he might be to negative, in cases of essential paralysis in infancy and childhood. Such are the fears excited by the temporary though often long-continued dulling of the faculties, which often follows fever or some exhausting illness. Such are the apprehensions which fits of waywardness or altered temper excite; such, too, on the other hand, is the dread which the excitability of a child whose faculties are just awaking to the wonders of the world around him, sometimes occasions his relatives; and such, lastly is the morbid anxiety with which the severe neuralgic headache of childhood is watched by persons who can scarcely be persuaded but that suffering so intense, and the return of which Medical care so often fails to prevent, must needs depend on a cause as serious as it obviously is difficult of removal.

You see, gentlemen, my catalogue is a long one, and I think not unimportant. I must hope at some future time to pass it in review, as I have to-day tried to do with the other class of cases of a more acute kind. Some of the details may, I fear, have seemed tedious; but my excuse is, that the errors against which I have tried to warn you are the same as in past years I have myself committed. I have not stated imaginary dangers. I have tried to warn you against such as have proved themselves to me very real ones, and to make you to the best of my powers the inheritors of my own experience.

ORIGINAL COMMUNICATIONS.

ON THE

ACTION OF CERTAIN SUBSTANCES UPON PHTHISIS.

By RICHARD PAYNE COTTON, M.D.

Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

No. II.—Iodide of Potassium.

In a former communication (a) I expressed my intention of testing the action of certain medicinal substances upon consumption, by administering them to a number of Hospital patients, and carefully tabulating the result. On that occasion I noticed the effect of chloride of sodium; I have now to record that of iodide of potassium.

It may be as well, perhaps, to repeat that in these experiments, the cases have not been selected, but taken as they came into the Hospital, at whatever stage, and under whatever condition they might happen to present themselves; those only being excluded in which either some active symptom or unusual complication demanded more immediate and decided treatment. The present observations, like the preceding, have been made upon twenty-five patients; this number having been chosen as readily showing the result *per cent.* by the simple process of multiplying by four. To Dr. Hardy, the resident Clinical Assistant, I am indebted for frequent and carefully-made notes.

The iodide was administered in doses varying from five to seven grains, twice, and in some instances, three times a-day, simply dissolved in pimenta-water. The cases consisted of thirteen males and twelve females, their respective ages varying from 16 to 44, the majority being about midway between the two. In eleven, the disease was in its first stage; in two, softening had commenced; and in twelve, there was unmistakeable evidence of more or less pulmonary excavation. The medicine was continued, according to its effects, from a period varying from three to ten weeks. Whenever it seemed, after having been taken for four weeks, to be producing little or no good, it was discontinued, and the subsequent progress of such patient under other treatment carefully observed.

In two instances, headache was complained of; in six, there was more or less dyspepsia, flatulence, or loss of appetite; and in three cases, hæmoptysis occurred. Whether such symptoms were the *post* or the *propter hoc* it was rather difficult to determine; there seemed to be no reason, however, for suspecting the latter in the cases of hæmoptysis; but, from subsequent observation, the headache and dyspepsia were fairly attributable to the iodide.

In order to obtain comparative results, in eight cases the iodide was combined with cod-liver oil, and in seventeen administered alone.

There was a visible improvement in eleven of the patients; six of these being in the first stage of the disease, and the rest more advanced; in six instances there was no change either one way or the other; and in eight the disease advanced more or less rapidly.

In making an analysis of the eleven improved cases, it was found that in six of the number the iodide had been taken in conjunction with cod-liver oil, and that in five it was taken alone. The most marked improvement was certainly where the two had been associated. In only three cases, where the iodide had been taken by itself, had the patient's weight increased, whilst in ten it had diminished, and in four remained unchanged. Out of the entire twenty-five cases, therefore, only in five could it be fairly argued that the iodide had been

(a) *Medical Times and Gazette*, May 28, 1859.

of service; and when it is remembered that patients coming into the Hospital are immediately placed under greatly improved circumstances, both as to general hygiene and diet the good effect of the medicine, even upon these five patients is very far from being demonstrated.

Four patients, who either had received no benefit from the iodide, or with whom it had disagreed, improved afterwards very much, and gained considerably in weight, under the administration of steel and cod-liver oil.

In four cases, during the use of the iodide of potassium, there was a marked amelioration in the pulmonary symptoms; the breathing became less difficult, and the cough and expectoration diminished; but here again it is fairly open to question whether such improvement was due to the iodide, or to other and concomitant circumstances.

From the above observations I think we may arrive at the following conclusions, viz.:—

1. Iodide of potassium given in moderate doses to consumptive patients, occasionally produces dyspeptic symptoms; but more commonly is unattended by any marked result either in one direction or the other.

2. Under its use the weight is seldom increased, but either remains stationary, or is diminished; the latter effect being of most frequent occurrence.

Clarges-street, Piccadilly.

THE RESULTS AND TREATMENT OF CROSS PRESENTATIONS

By CHARLES DAVID DOIG, M.D. Edin.

It is generally conceded that the value of an art or science is enhanced by the useful applications to which it may be put. To save life is of the highest importance in the business of the world, and many ingenious contrivances have been suggested, and are in use, with this object. The "safety lamp" of Sir Humphry Davy, and the common lightning-conductors, furnish familiar examples.

The class of labours that I purpose to consider for a few minutes differs from others that are more frequent, such as cephalic and breech presentations, in the almost inevitably fatal result that must attend their occurrence, in the case of the mother at least, unless timely aid be afforded by Surgical art. Indeed it is the result of experience, that not only is there extreme danger to the life of the mother, but that the life of the child is situated in no less peril. It is my intention, then, in the following practical observations, to consider some of the more important topics relative to transverse presentations.

Case 1.—In April, 1851, a female about 40 years of age, a moderately large, well-made woman, the mother of several children, near the time of her delivery, accidentally sustained a kick on the abdomen, and did not feel well afterwards. Some days after this misfortune I was requested to visit her. On interogatory and vaginal examination, I ascertained that the waters had dribbled away, that the pains were strong, and that the maternal passages were heated and imperfectly dilated. By careful manipulation, I distinguished the shoulder, ribs, and spine of the vertebræ, and subsequently an arm, the essential indications of a cross presentation. As she was too weak to bear venesection, a combination of opium and antimony was prescribed, with the object of somewhat subduing uterine action, and relaxing the maternal passages. When the os was fully dilated, I gently introduced my hand into the uterus to perform podalic version, but was compelled to desist in consequence of the grasping action of the uterus. As the same result attended every such attempt, chloroform was administered, and turning at length effected. The fœtus was full-grown and putrid. The mother died a few hours after delivery. She had been forty-eight hours in hard labour, and was evidently sinking before turning was performed.

On making a post-mortem examination I ascertained the presence of rupture of the uterus near the cervix. The death of the mother appears to have been consequent on rupture of the uterus and exhaustion induced by long-continued and violent action of the organ. The blow appears to have been the exciting cause of parturition, and to have caused the early evacuation of the liquor amnii. It is well known that puncturing the membrane, and thereby evacuating the waters, is an efficacious means of causing delivery before the normal end of gestation.

Occasionally rupture of the uterus occurs as a complication of natural labour, as the following case illustrates.

Case 2.—A gentleman, in 1852, requested me to make a post-mortem examination of a patient of his who had suddenly died in childbed without any assignable cause. Her labour had been an easy one. In this case I observed rupture of the uterus near the cervix. The presentation was cephalic, and the patient had been exempt from the continued and severe uterine efforts that characterised the previous case.

It would appear, then, that death of mother and child is the natural result of transverse presentation of a full-grown fœtus in the uterus of a well-developed female; and that rupture of the uterus, a very dangerous complication, although most likely to occur under these circumstances, may also be developed in the course of easy natural labour.

Before proceeding further, let us see what light statistics throw on this formidable and very fatal accident. Dr. Burns says that it occurs about once in 940 cases. Dr. Churchill 1 in 1331 cases, or 85 cases in 113,138 patients. The following table shows in what pregnancies laceration of the uterus is most frequent. It is constructed from data furnished in Churchill's book on the Diseases of Women:—

Pregnancy	J. Clarke	Collins	McKeever	Ramsbotham.	Hooper	Kite	Partridge	Total	Selected from Trask's Collection.
1	..	7	..	..	..	..	..	7	24
2	1	6	4	2	..	1	..	14	18
3	1	6	5	..	..	..	..	12	17
4	2	2	..	1	4	..	..	9	21
5	..	2	..	..	..	..	..	2	18
6	..	5	4	..	..	..	..	9	16
7	1	..	2	3	..	..	1	7	9
8	1	1	2	..	..	..	..	4	5
9	1	1	1	..	..	..	..	3	5
10	..	2	..	..	..	..	..	2	9
11	..	2	..	..	..	..	..	2	8
	7	34	18	6	4	1	1	71	150

It may occur in what is called interstitial fœtation. It may arise from abscess, or from softening of the walls of the uterus, from thinning or other disease of the uterine fibrin, or from mechanical violence, or fatigue. Rigid os or occluded vagina may occasion it. With regard to the effect of the presentation Dr. Trask narrates that out of 303 cases there were only 16 presentations of the shoulder, arm, or side, and 2 of the breech, the remainder being head presentations.

The following narrative indicates the important fact that Nature, under circumstances different from those specified in Case 1, accomplishes delivery with safety to the mother, and this by a process on which the proper treatment of transverse presentation is founded, viz. spontaneous evolution.

Case 3.—In March, 1854, a young female, not a primipara, requested me to attend her at her confinement. She was a healthy female, of moderate stature, and had a well-formed pelvis. Labour came on about the seventh month. On being summoned, and making a vaginal examination, I ascertained that the shoulder was the presenting part. After some delay, to see what Nature would do under the circumstances, I administered chloroform freely, and made repeated but unsuccessful efforts to turn. These failed on account of the slipperiness of the child. Just as another effort was on the point of being made to effect delivery in this way, viz. by version, the immature fœtus doubled up, and came away feet first, of course dead. It just appeared to have put its shoulder against the walls of the pelvis, and, with the aid of uterine contraction, to have vaulted into the world. The mother made a good recovery.

The following case illustrates the treatment applicable to this presentation, and the conditions which favour a fortunate result to the mother.

Case 4.—In June, 1853, I was called to visit a Mrs. S., a patient of mine, in labour. She was about forty years of age, asthmatic, a moderately large well-made lady, the mother of several children. She had had nothing particular about her previous labours. On examination, the passages were well dilated, the pelvis of the mother capacious, the waters had not escaped, and the shoulder was the presenting part. After

ascertaining the state of the bladder and bowels, I introduced my hand into the uterus through the bag of waters, and changed the presentation to a footling case. A short time elapsed, and I extracted a fine mature fœtus, but it was dead. The mother made a rapid recovery. The only medicine prescribed for her was a dose or two of castor-oil, and a few draughts containing sulphuric ether, laudanum, and camphor mixture.

Version may be used with better fortune than indicated in the last case, viz. with safety to both child and mother. I attended a case of labour with a friend of mine in 1850, in which version was performed with perfect success, mother and child having been both saved.

It is my intention to occupy the remaining portion of this paper with the consideration of the Anatomy, Etiology, Statistics, and Treatment of Cross Presentations.

The ovoid of the fœtus is situated across the pelvis of the mother in cross presentations, and the parts that present under these conditions are, as might be *à priori* expected, the shoulders, arms, hands, neck, breast, back, and abdomen. Sometimes the occiput and back of the child look anteriorly, sometimes posteriorly.

The cases detailed appear to me to support the theory that reflex action governs the attitude of the fœtus *in utero*, and that the loss of sensibility consequent on the death of the fœtus, removes the fœtus from the usual vital laws, and leaves it under the influence of other physical laws.

The following figures, taken from "Churchill's Midwifery," expose the frequency of this class of presentations, as compared with others:—

Name of Author	Total Number of Cases	Head	Breech	Inferior Extremities	Superior Extremities
Madame Boivin	20,517	9,810	372	238	80
Madame Lachapelle	15,652	14,677	349	255	68
Dr. Joseph Clarke	10,387	9,748	61	184	48
Dr. Merriman	2,947	2,735	78	40	19
Dr. Granville	640	619	2	3	1
Edinburgh Hospital	2,452	2,225	17	8	4
Dr. Maunsell	839	786	..	21	4
Mr. Gregory	691	645	14	7	4
Dr. Collins	16,414	15,912	242	187	40
Dr. Beatty	1,182	1,105	28	15	4
Mr. Lever	4,666	4,266	59	29	12
Dr. Churchill	1,640	1,119	35	22	9

Dr. Davis, a recent authority on midwifery practice, gives statistical details of a minute character, which are worthy of reference here. His observations are taken from 7302 deliveries, of which 7233 were single births, and 69 twin births. The presentations among these births were as follow:—

7233 Single Births.

Head presented in	6698	or 1	in	1·079
Face	,, 110	,,		6·5574
Breech	,, 93	,,		77·774
Footling	,, 44	,,		164·386
Knee	,, 1	,,		7233·
*Shoulder	,, 5	,,		1446·600
*Arm	,, 10	,,		723·300
*Elbow	,, 3	,,		2411·
Placenta Prævia	10	,,		723·300
*Hand, one or both	6	,,		1205·500
Head and hand	6	,,		1205·500
Head and both hands	1	,,		7233·
Head and Foot	1	,,		7233·
Head and Funis	11	,,		657·545
Head, Funis, and Hand	1	,,		7233·
Shoulder and Funis	1	,,		7233·
Hand and Funis	1	,,		7233·
Breech and Funis	1	,,		7233·
Arm and Funis	1	,,		7233·
Foot, Hand, and Funis	1	,,		7233·
Foot and Funis	2	,,		3616·500
Hand and Placenta	1	,,		7233·
Not Specified	225			
	7,233			

69 Twin Deliveries.

Head and Head	34
Head and Feet	14
Head and Breech	11
Feet and Head	1
*Arm and Hand	1
Foot and Hand	1
Breech and Foot, with Funis	1
Breech and Breech	2
Head and Knee	1
Breech and Head	1
Vertex and Ear	1
Face and Breech	1
	69

The number of pure cross-presentations (indicated by asterisks) amounts to 25 in 7302 deliveries, of which the shoulder presented in 5 instances, the elbow in 3, the arm in 10, one or both hands in 7. The same gentleman remarks that of the above transverse children, 10 were born living, or 40 per cent. of cross births; and 15 still-born, or 60 per cent. of cross births. In 22 cases turning was performed, in 2 embryotomy was necessary, one was born at 6 months.

Dr. Davis states that version was performed 35 times under the following circumstances:—shoulder presentation, 4; elbow, 3; arm, 10; hand, one or both, 7; shoulder and funis, 1; arm and funis, 1; hand and funis, 1; hand and placenta, 1; placenta prævia, 5; accidental hæmorrhage, 2; 11 children were saved, or 31·429 per cent.; 24 children were still-born, or 68·571 per cent. in these 35 instances. The average loss of life to mothers under these circumstances is ordinarily considered to be 1 in 9. According to Dr. Ricker it is 1 in 14.

The elaborate researches of Dr. Ricker, of the Duchy of Nassau, give larger statistical information on this interesting topic. He gives the obstetric statistics of the Duchy from 1821 to 1842, inclusive. The population of the Duchy of Nassau is 429,341, and the births during the above period amount to 304,150, of which there were: forcep cases, 4233 or 1 in 72, $\frac{94}{233}$; head turning, 10; foot turning, 2473, or 1 in 123; perforation, 143, or 1 in 2126; embryotomy, 22, or 1 in 13,825; artificial premature labour, 3, or 1 in 101,383; Cæsarean section in living, 12, or 1 in 26,000; Cæsarean section in dead, 27.

The causes of turning in 530 of these 2473 cases of operation were in 388 instances cross presentations; 82, placenta prævia; 28, prolapsus of the umbilical cord; 18, contraction of the pelvis; 5, hæmorrhages; 4, various dangerous diseases of the mother; 2, face presentations; 2, oblique position of the head; 1, convulsions.

The results of 2473 cases of turning were that 176 mothers died, and 1431 children were either still-born or died shortly after birth; thus 1 mother in $14\frac{9}{176}$ was lost, and for every $1\frac{1042}{1431}$ child one was lost. Dr. Ricker attributes part of the mortality to the presentation not being detected till the membranes had burst, thus showing the necessity of early making out the presenting part, and consequently of having attendants conversant with the varied phases of disease, and skilled in the resources of Medical art.

In the preceding observations have thus been established the mortality attending the operation of turning to both mother and child. The frequency of podalic turning, as compared with other peculiarly obstetric operations, and with obstetric practice in general, and especially the frequency of cross presentation as a cause for turning. The above remarks, then, indicate that although version is the treatment adapted to meet the exigencies of cross presentation; yet, occasionally cases occur in which it is necessary to resort to embryotomy, when the diameters of the pelvis, or other cause, contraindicates version.

The rules to be observed in performing the usual operation of turning are, after rupturing the membranes near the os uteri, gently to insinuate the hand into the uterus, following the direction of the axes of the pelvis, then to advance the hand along the anterior surface of the child, seize one or both feet or knees, alter the position of the child to a footling case, and extract with a gently wavy motion. Sometimes the latter part of the operation is left to be completed by Nature. Such is the method adopted while the bag of waters is entire; but should these have been evacuated, the performance of the operation becomes much more difficult. Venesection, antimony, opium, and chloroform, are invaluable adjuncts in these as well as in many other cases requiring Surgical aid.

Seafield, Leith.

University of Dublin.—At the Winter Commencement held on Wednesday, the 14th inst., the following Degrees in Medicine and Surgery were conferred by the Right Hon. the Lord Justice of Appeal, Vice Chancellor of the University:—Doctores in Medicinâ—Ricardus Dane, Thomas Gulielmus Shea. Baccalaurei in Medicinâ—Edvardus Stamer O'Grady, Johannes Butler Hamilton, Philippus Crampton Smyly, Jacobus Robertus Gaussen. Magister in Chirugiâ—Edvardus Stamer O'Grady. At the same Commencement the honorary Degree of Doctor of Laws was conferred upon Captain Francis Leopold M'Clintock, R.N., the intrepid commander of the *Fox* yacht, and brother of the present Master of the Dublin Lying-in Hospital.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TWO REMARKABLE CASES OF FALSE ANEURISMAL TUMOURS IN WHICH OPERATIONS WERE PERFORMED.

(Under the care of Mr. STANLEY.)

THE two following cases both of them present features of unusual interest and rarity. We have given the notes of the first of them exactly as they had been written out for publication, before the doubt which surrounded the case had been cleared away by the operation. It was, perhaps, one of the most puzzling which could well be imagined, and we have endeavoured to preserve to our readers a clear transcript of the anomalous features which rendered it so. It will be seen that Mr. Stanley's conjecture that some lesion of the profunda must be the cause of the tumour, eventually proved to be the correct one.

In Mr. Skey's case there was much less doubt as to the nature of the tumour, though scarcely less difference of opinion as to the manner in which it should be dealt with.

Large tumour of doubtful nature in the inner part of the thigh lifting up the femoral artery—Slight pulsation and aneurismal whizz in the tumour—Ligature of the external iliac—Evacuation of the tumour—Death—Autopsy—Rupture of the profunda and false ansurism.

James D., aged 35, a carman, admitted November 18. He is a temperate well-nourished man of rather sallow complexion, but good general health. He states that before the 13th there was no appearance whatever of swelling, and that he was perfectly well; he then noticed a swelling the size of a walnut, hard and incompressible, at the upper and inner aspect of the thigh, which has since steadily increased in size, but without pain; the only inconvenience being from walking a long distance to his work. He does not remember to have had a blow or any injury. On admission, a rounded, firm, resistent tumour extended down the middle third of the thigh, causing the limb at that part to measure twenty and a-half inches in circumference. The femoral artery was felt pulsating forcibly, and could be traced from above, over, and to the outer side of the tumour, where the pulsation ceased. Pulsation in the popliteal artery was felt by some who examined it, but not by all. No pulsation could be detected in the posterior or anterior tibial arteries. The temperature of both limbs was pretty much alike. There was no tenderness or pain in the tumour, and there was no œdema of the lower extremities. Considerable doubt was felt as to the nature of the tumour; and it was carefully examined by nearly all the members of the Hospital staff. The possibility of its being a psoas abscess, an ordinary abscess, a morbid growth, a blood-tumour arising from the sudden rupture of small arteries, effusion of blood from the profunda, etc., was considered, but no positive opinion was given. The patient was directed to be kept quiet, and lotio plumbi was applied to the part.

On November 22, the following note was made of the case:—"Hitherto nothing of further importance has occurred; last night, however, he had shooting and pricking pains in the part, which have now left him. The tumour is much the same in volume, and the patient complains of no uneasiness. Pulsation can now be distinctly felt in the popliteal artery, but none in the anterior or posterior tibial arteries."

30th.—The tumour is to-day somewhat more rounded and softer, in parts communicating a sense of fluctuation to the finger. He complains of some throbbing pains. Mr. Wormald to-day examined him, and thought he could detect pulsation in the posterior tibial artery. He also traced pulsation in the femoral as low as the entrance into the sheath of the adductors. Mr. Stanley suggested that the absence of pulsation below this point might be due to the tendons of the muscle pressing on the artery, and thus impeding the circulation.

Dec. 1.—The patient has complained of greater pain and "shooting" in the thigh. The tumour appears more rounded and circumscribed, and there is more sense of fluctuation. The femoral artery beats more forcibly than usual, the popliteal also beats more strongly, and pulsation is now plainly felt in the posterior tibial. He was seen to-day by Mr. Lawrence and Mr. Wormald, in consultation with Mr. Stanley, and they pronounce the case to be as obscure as ever.

On Saturday, December 3, a consultation was again held; the tumour had increased in size, and had been attended with more pain; it was softer. There was, however, no œdema of the leg, and no enlargement of the veins. Opinions were divided as to its nature. It might have been an abscess, an aneurism, or a mass of encephaloid. A grooved needle was introduced to-day, in order to ascertain whether the tumour contained pus or blood. A small quantity of blood was obtained, and it was doubtful whether this was more than might have been expected, irrespective of the diseased mass. On the 4th, Mr. Stanley introduced a very small trocar, and having withdrawn the stilette, passed a probe through the canula. The probe passed readily into what appeared to be a cavity, moving freely about; some blood was again obtained, but it was not arterial. On Thursday, December 8, another consultation was held. The tumour had much increased during the two preceding days, and there was now some fluctuation. The case was still very obscure. Pulsations could be distinctly heard, and some thought that the whizz peculiar to aneurism could be heard also. There were, Mr. Stanley stated, apparently two things which it might be, viz., aneurism of the profunda, or one of those cases of blood-tumour arising from many small arteries—cases, he remarked, which had been described by Mr. Hodgson. After a full consideration of all the points of the case, Mr. Stanley determined to tie the external iliac, as, in his opinion, and that of the majority of experienced Surgeons consulted, it gave the man the best chance. The patient was removed to the operating-theatre, and when he was placed under the influence of chloroform, Mr. Stanley applied a ligature to the external iliac above Poupart's ligament. In reference to the site of ligature, Mr. Stanley remarked, that experience showed that ligature of the artery above Poupart's ligament was a more successful operation than ligature of the common femoral just below that ligament; as in the latter position the arterial branches given off interfered with the formation of clot, and subsequent obliteration of the artery.

Since the above was written, we regret to state that the man has died. The following is the further history of the case, the particulars of which we have obtained from the case-book of Mr. Rogers (House-Surgeon), and from remarks made at an excellent clinical lecture upon it by Mr. Stanley.

The following note was made of his condition on the evening of the day of operation, Thursday the 8th. "9.30. p.m.—The patient has been quiet since the operation; has not complained of any sickness or vomiting, The tumour is about the same size as before the operation. It can now be pressed without eliciting pain. He only complains of the soreness of the wound. The limb is warm, and he feels an inclination to sleep. His spirits are better, and he expresses himself as being more comfortable."

The next day (Friday) he was doing well. He had a quiet night. He continued to progress favourably until the 11th (Sunday), when he became much worse. "He has had more pain, and is at times delirious. His tongue is furred and dry. There is a kind of fermentive smell about the wound. The pulse continues sharp and jerking (128), though still feeble. There is more languor; eyes sunken; bowels confined. The tumour seems to have increased in size, especially on the outer side, and is more soft and fluctuating, and when pressed between the fingers gives rise to a splashing sound. To the touch, it seems as if air were mixed up with the fluid."

Under these circumstances, Mr. Stanley and Mr. Lawrence decided that an incision should be made into the mass, and the contents turned out. An incision, about four inches long, was made into the tumour; immediately gas escaped, and shreds of puriform matter, which were very fetid. The pus afterwards ceased to escape, being evidently quite superficial. Large masses of coagulated blood were now removed, scooped out by a tablespoon. About eighteen ounces were thus taken out. A large fist might easily have been introduced into the cavity. The bone was exposed in the upper part of

the hollow, though, at the lower part, the periosteum remained. He expressed himself as being much relieved by this operation, and at 10 p.m. it was noted,—"No delirium; no rigors; and the pulse, though still 128, is soft and compressible." A poultice was applied, and thirty drops of Battley's solution was given, and beef-tea and brandy were freely administered during the night. Delirium, however, returned; he was very restless and incoherent. The next morning (Monday, 12th) he was evidently much worse; his eyes dull and sunken; the features drawn; sordes collecting about the lips; tongue dry, and thickly furred; breathing laborious; deglutition difficult; pulse 132. There was also a putrid odour about the limb. The cavity was syringed out; the limb was enveloped in cotton-wool, and bags of charcoal were placed near the wound. Ammonia and chloric ether were administered; beef-tea, brandy, etc., were steadily and frequently given. In spite of the most assiduous treatment, he sank, and died at half-past four on the morning of the 13th.

Autopsy, twenty-one hours after Death.—An incision was made in the hypogastric region, on the left side of the wound, and another from Poupart's ligament to the knee. There was nothing of importance to note about the abdomen; there were a few old adhesions between the peritoneum and abdominal walls. The intestines appeared healthy. There was no mischief in the pelvic cavity. The external iliac artery was laid open, and following it down the femoral and profunda were also exposed. The notes made of the examination go on to state:—"The walls of the vessels were quite healthy; neither ossific nor atheromatous deposit were to be found. The coats were perfectly preserved." At the point of ligature there was no suppuration. On section and cutting open the artery, it was found that the two inner coats of the artery were divided, and the outer one entire. A conical clot, half-an-inch in length, extended upwards from the point of ligature, at which spot the sides of the vessel were already connected with lymph. It was found that the external iliac was tied about half-an-inch above the epigastric and circumflex ilii, and about an inch above Poupart's ligament. It was found that the profunda was given off from the common femoral only three-quarters of an inch below Poupart's ligament. On following this vessel, there was found, about four or five inches from its origin, a longitudinal rupture of the vessel about one-third of an inch long, over which was spread a fibrinous band; this opening led into the cavity from which had been taken the coagulated and putrid blood; two or three coagula still remained. The femoral and profunda, in the whole of their extent, appeared to be perfectly healthy. The middle third of the femur was removed; the upper part of which was bare, and presented some rough spiculæ, the result probably of irritation and inflammation consequent upon contact with the effused blood. The lungs were perfectly healthy. The tricuspid and pulmonary valves of the heart were normal. The mitral valves were the seat of disease. The aortic valves were fringed with indentations, and presented the appearance which, Mr. Stanley remarked, Corvisart the elder called "syphilitic vegetation." One of the valves was ulcerated. The left ventricle was hypertrophied, and contained fibrinous deposits. Mr. Callender subsequently re-examined the seat of rupture in the profunda, and found there calcareous deposit.

Mr. Stanley, at the clinical lecture alluded to, dwelt particularly on the question of the seat of ligature. He said that it was a fact pretty well established, that the profunda very rarely arose more than two inches below Poupart's ligament: but that it very frequently varied in its origin within those limits. In this case, as stated, it arose from the main artery, *one-third of an inch below Poupart's ligament;* and therefore ligature here would have been extremely dangerous. Mr. Stanley mentioned, *en passant*, that he had once dissected a case in which the profunda arose six inches below Poupart's ligament, and another in which it arose immediately beneath that structure.

On Monday last, December 19, Mr. Skey operated for an aneurismal tumour in the axilla. Its nature prior to the operation was extremely doubtful. The following short history of the case, and the features presented by it, were obtained from the remarks made by Mr. Skey after the operation. The subject of the tumour was a woman, aged 53. Three months ago she slipped and fell with the right arm extended. The head of the humerus was dislocated into the axilla. She suffered intense pain. It was not until forty-eight hours after the accident that she received attention. She was then sent by the overseers of the parish into the workhouse, but did not see a Surgeon for a day or two after that. The Surgeon who supplied Mr. Skey with the early history of the case, states that he reduced the dislocation, and that the patient did well for three or four weeks; she then began to perceive a swelling in the axilla, attended with pain. Mr. Skey here remarked, that in ninety-nine cases out of a hundred, no such swelling would follow, and that under such circumstances the Surgeon very naturally took it for an abscess. It was cut into on this supposition, and two or three ounces of blood escaped. When first seen by Mr. Skey, on Friday, the 9th instant, there was a swelling in the axilla, under the pectoral muscle, and the mark of a small puncture. The arm was œdematous, and the radial and ulnar arteries did not pulsate. On the Monday following, it was found that pressure on the subclavian artery reduced the size of the tumour. This was decided, and was noticed by several gentlemen. The tumour, as Mr. Skey observed, had many points in common with Mr. Stanley's case (see above). The blood was evidently effused into the cellular tissue, and it was therefore not a true aneurism. Great differences of opinion were expressed as to its nature, and as to the treatment to be adopted,—either to ligature the subclavian, or to cut down into the mass and find the wound in the artery. After balancing carefully the various opinions, Mr. Skey determined to cut into the tumour, turn out the clot, and find and secure the artery at its injured point. At the operation, the patient, a thin, delicate, cachectic-looking woman, was placed under the influence of chloroform. The subclavian artery being firmly compressed upon the clavicle, Mr. Skey made an incision in the tumour about three inches long, and then turned out a large quantity (nearly a pint) of coagulated blood. There was a slight rush of blood, but this was quickly and effectually controlled. Mr. Skey then, after a little cautious dissection, succeeded in finding the source of hæmorrhage, and so applying his ligatures that it was entirely controlled. Very little blood was lost during the operation. Mr. Skey remarked that the patient was (though placed under the best possible circumstances for recovery) still in a very doubtful state.

LIGATURE OF THE COMMON CAROTID FOR HÆMORRHAGE FROM THE TONSIL.—RECOVERY.

(Under the care of Mr. STANLEY.)

We are glad to be able to furnish further particulars in the history of the case of Ligature of the Carotid, the former particulars of which will be found in our pages for October 29, p. 429.

The case up to the morning following the operation is fully recorded, though it is in one particular erroneous. The hæmorrhage from the tonsil at the time of the puncture was very slight, and the great losses came on some time after at repeated intervals. The following details of the operation will also not be out of place. An incision, an inch and a-half in length, was made over the direction of the artery. The descendens noni nerve, where it lies on the carotid sheath, was seen, and turned aside. The artery was secured by a ligature of Glasgow twine, about three-quarters of an inch below the bifurcation.

Since the operation the man had no untoward symptoms; the hæmorrhage did not recur; the ligature fell on the fourteenth day. On November 18, the following note of his case was made by Mr. Rogers, House-Surgeon (to whose kindness we are indebted for the particulars of the case):—"The patient is going on quite well, and for the last few days has left his bed. December 2.—The man has steadily improved; the wound is nearly healed; no pulsation can yet be felt in the facial or temporal arteries of the affected side. He is so nearly well, that he is anxious to go out; but Mr. Stanley thinks it advisable that he should remain a litile longer. There does not appear to have been any cerebral symptom of any kind, except a little sleeplessness one night, which is referred to excitement from his anxiety, etc."

Cases in which bleeding after the puncture of an abscess in the tonsil is so profuse as to require further surgical interference are very rare. Excepting the one given above, and a second about to be recorded, we scarcely recollect a single instance of such in the whole of the London Hospitals during the last five years. It singularly happens that the two cases

occurred within a day or two of each other. In both the bleeding was profuse and occasioned serious anxiety as to the life of the patient. We append to Mr. Thompson's case a few remarks as to its probable source.

THE MARYLEBONE INFIRMARY.

HÆMORRHAGE FROM THE TONSIL AFTER INCISION.—ARREST BY THE PERCHLORIDE OF IRON.

(Under the care of Mr. HENRY THOMPSON.)

A charwoman, aged 35, was admitted into the Marylebone Infirmary at noon, October 22. It appeared that she had been suffering from acute tonsillitis, and that two days previously a Surgeon had punctured one tonsil in the hope of letting out pus, and on the following day its fellow with like object. As far as she knew, however, no matter was obtained on either occasion, but there was very free bleeding on both. She had at the time of her admission had no hæmorrhage since that immediately following the last puncture; but late in the evening of the day on which she was admitted the bleeding again set in. Thus, then, there had been an interval of twenty-four hours between the last puncture, and the recurrence of hæmorrhage. From about half-past ten, the time at which the recurred bleeding set in, her loss continued without intermission until twelve, when her symptoms had become such, that the House-Surgeon of the Infirmary deemed it neeessary without delay to summon Mr. Henry Thompson to see her.

Mr. Thompson on arrival found the woman in a most urgent condition from the effects of loss of blood. She was propped up in bed, pale, and almost pulseless, and unable to speak so as to be understood. A large vessel by her side contained coagulated blood, and by subsequent measurement it was ascertained that she could not have lost much less than four pints. On examining the throat with his finger, Mr. Thompson distinctly felt a small opening, as if from an incision in the front of the right gland, and from this blood was freely flowing. The mouth and fauces were so filled with coagula that it was impossible by candle-light to distinguish any arterial jet. The bleeding had not been a continuous oozing, but had been almost suspended at times, especially when the woman had become faint.

The woman's condition being such as to admit of no delay, Mr. Thompson at once prepared to place a ligature on the carotid, and the needful instruments were got in readiness. Before doing so, however, he determined, though without much hope of being successful, to make a trial of the perchloride of iron. This was done by carefully mopping the part dry by means of lint wrapped on the left forefinger, and then pushing a glass-brush dipped in the fluid into the incision. After a few applications the bleeding was entirely stopped; in about a quarter of an hour, however, a slight recurrence necessitated a repetition of them, which were again successful. No return took place afterwards. The woman slowly regained her strength, and made ultimately a complete recovery.

Mr. Thompson stated that, although he had on several previous occasions easily arrested very formidable hæmorrhages by resort to the perchloride solution, yet that on the present occasion he had not at all expected to be able to do so. He spoke most strongly as to the value of this agent when properly prepared according to the French codex.

REMARKS ON THE PROBABLE SOURCE OF THE HÆMORRHAGE IN THE ABOVE CASES.

A very important question will present itself to all readers of these two instructive cases, as to whence the bleeding probably proceeded. In neither Mr. Stanley's case nor the one last given was there any reason to suspect that the patient was of hæmorrhagic diathesis. In each instance the patient had two wounds (in Mr. Thompson's that of the other tonsil, in Mr. Stanley's that of the operation), whilst but one of them bled—a fact almost conclusive against any theory as to peculiar diathesis. In Mr. Thompson's, the mode of cure makes it all but certain that the carotid could not have been wounded; and in Mr. Stanley's there are some facts in the history not in keeping with such an hypothesis. Moreover in Mr. Stanley's the hæmorrhage had not been greater than in the one last reported. The position of the carotid is such as to make a wound, in an attempt to puncture the tonsil, an occurrence which could only take place under very unusual circumstances. The thrust must be very bold indeed and very awkwardly directed which could pass through a large and swollen tonsil and enter the main artery. It is very probable that in both these cases the wound was of some branch, perhaps abnormally large in the first instance, and still further increased by the inflammation of the part. The ascending pharyngeal is a vessel which might easily be divided under such circumstances.

GUY'S HOSPITAL.

SYMPTOMS OF FRACTURED BASE OF SKULL.—RECOVERY.

(Under the care of Mr. HILTON.)

Instances of recovery after fracture of the base of the skull, although proved to occur sometimes, are decidedly rare. We are, therefore, glad to place the following case on record, in addition to some of like nature, which will be found in our Hospital Reports on former occasions.

As far as hæmorrhage from the ears, continuing for a considerable period, and followed by the discharge of clear serous fluid, when occurring in conjunction with other head symptoms after a very violent concussion head downmost, can be held to establish a diagnosis of fractured base, we can in the present instance regard it as beyond doubt. Mr. Hilton, who repeatedly directed the attention of the students to these peculiar symptoms and their signification, stated that he felt no doubt as to the nature of the injury which the man had received.

Report of the case of a man who had received a blow upon the back of his head, which was followed by hæmorrhage from the nose, mouth, and ears; admitted in collapse, and with symptoms of concussion of brain.—Subsequent discharge of cerebro-spinal fluid from one ear.—Recovery.

[By William Thomas Salmon, Dresser.]

J. G., aged 22, an engineer, was admitted into Guy's Hospital, November 9, 1859, at five p.m., under the care of Mr. Hilton. While intoxicated by spirits, but not drunk, he had attempted to get out of a cab, going fast, and in doing so his feet were carried from under him, and he fell with great violence, striking the back of his head upon the stone pavement.

Symptoms when admitted (fifteen minutes after the accident).—He was in a collapse, and scarcely conscious; the pupils acted slightly; the pulse was slow, feeble, and very compressible; hæmorrhage proceeding from both ears, from the nose, and from the mouth; no paralysis observed. Three ounces of brandy were given.

Nine p.m. (four hours after admission).—Has had three attacks of vomiting of blood; the pupils answer freely to light; the hæmorrhage from the nose and mouth has stopped, but that from the ears continues, and is much more free from the left ear; skin cold; reaction as yet but slight; pulse 70; breathing natural; no stertor; slightly aroused by shaking; moves his arms and legs at will; respiration 20 per minute; refuses and spits out the medicines administered. Two ounces more brandy were now given.

Half-past twelve.—Has had no more attacks of vomiting since nine o'clock; speaks rather sensibly; desires to be left alone, and not disturbed. A dose of five grains of calomel given.

Nov. 10.—Seen at nine in the morning; perfect sensibility; complains of headache and thirst (pain especially over the temples and forehead); skin hot; pulse 78; sat up in bed, and passed his water. Ordered cold to head, and an effervescent mixture.

Three p.m.—Skin hot; pulse 75 to 80. Ordered pulv. hydrarg. cum cretâ, gr. v. nocte maneque; ice to head; milk diet.

Nov. 11th.—Complains of pain in the forehead, but none in the occiput. Pulse 60; bowels rather relaxed.

12th.—Symptoms the same; pulse 60; complains of great pain; ice kept to head; bowels well open.

13th.—Is quite conscious but by no means rational, inas-

much as he continually wishes to get up and go home; pulse 60, hardly any headache.

14th.—Slight pain in the ears, worse in the left one, and also slight hæmorrhage from them. He spits up small coagula of blood in his sputa; pulse 75; all pain in the head gone. Rep. pil. hydrarg. cum cretâ, carb. amm. gr. v. ex julep, amm. acet. ter die, to go on with the milk and water diet, and add a little beef-tea.

15th.—About the same; pulse 65.

16th.—Skin cool; pulse 60.

18th.—Skin moist; pulse 75. Complains that his left ear aches if he lies on it; bowels open.

19th.—Slight discharge of cerebro-spinal fluid from the right ear, but none from the left one, which was the one from which there was the greatest hæmorrhage. Pulse 75; feels comfortable, appears sensible, but is not at all rational in his wishes.

20th.—The discharge from the right ear is increased; no pain; slept well; temperature of the head normal; pulse 80.

21st.—The same; the discharge from right ear continues, enough to soak the piece of wool which is kept in it; pulse 80; bowels costive. A saline aperient was prescribed.

22nd.—Continues improving.

23rd.—Feels quite comfortable; the discharge from the ear nearly stopped; bowels open.

24th.—The same; put on middle diet (meat, ¼lb.; potatoes, 1lb.)

25th.—Improving; the discharge stopped.

26th.—Bowels open; quite rational and collected.

27th.—The same, and has continued to improve daily ever since.

December 10.—Discharged. He can now hear with either ear, but not accurately; the tick of a watch being as distinctly heard when the watch was placed upon the scalp, above the external ears, as when placed upon the ear itself. The patient was not allowed to leave his bed during the first three weeks after the accident; Mr. Hilton not considering it safe for him to do so.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 397.—Who Anatomised George II.?

A reply is requested to the following query,—Where may I find an account of the post-mortem examination of the body of King George the Second? I find the following in Wishart's translation of Scarpa on Aneurism:—"Morgagni and Nichols had occasion to observe the commencement of an aneurism under the appearance of ecchymosis. In the history which the latter has given on the dissection of the body of George II., late King of England, he says he found a fissure in the internal surface of the aorta," etc.

London. Inquirer.

No. 398.—Barber-Surgeons.

"Formerly the business of a Surgeon was united to that of barber, and he was denominated a barber-surgeon. A company was formed under this name in 1308, and the London company was incorporated 1st Edward IV., 1461. This union of profession was dissolved by a statute of Henry VIII."—*Haydn's "Dictionary of Dates."*

"It was in the early part of the professional career of the celebrated Mr. Pott, that the Surgeons separated themselves from the Company of Barbers."—"*Professional Anecdotes*," London: 1825.

No. 399.—The Pure Empiric.

"The Pure Empiric is the intelligent Practitioner, who applies himself especially to the strict study of facts, taking observation for his principal guide. Despairing of finding truth in the systems, which he has well or ill studied, he renounces every system, setting no value either on books or theories, and gaining all his medical knowledge at the bedside of the patient. This common-sense Medicine, as it has been called, reckons amongst its adepts men distinguished for their learning. Less rigid than the Empirics of antiquity, they bestow some attention on sciences from which they pretend that they are not able to obtain any immediate help. Many of them, no doubt frightened at the apparent or real contradiction of the doctrines, the fictions, and the hypotheses of systems, shelter themselves behind the facts of observation and experience, in a methodical or reasonable empiricism, which is, in fact, nothing more than a commodious means of escape either from Medical pyrrhonism or eclectism."—*Revue des Deux Mondes.*

No. 400.—Dr. Johnson's Chair.

"The favourite easy chair of my illustrious kinsman, Samuel Johnson, referred to by Mr. Paternoster in *Notes and Queries* July 23, is now (together with the crimson velvet cushion on which Mary Queen of Scots kneeled at her execution) in my possession. I have purchased them of Mr. Paternoster. His fears lest the chair should 'pass into unworthy hands,' were not altogether groundless. It has fallen into mine. I 'would they were worthier.' J. H. Shorthouse, M.D., LL.D. Carshalton."—*Notes and Queries.*

No. 401.—A Query as to Hay-Asthma.

Several English authors, Bostock, Gordon, Elliotson, Prater, King, Mackenzie, etc., have described—under the denominations of summer catarrh, summer bronchitis, hay-fever, or hay-asthma—a catarrh, which, in some persons disposed to it, returns annually, and for the most part, during the whole of life, at the end of May or the beginning of June, lasting some weeks or even two months. The symptoms are mostly coryza with frequent sneezing, inflammation of the conjunctiva of the throat, cough, asthma, slight fever, or similar symptoms.

Occupied with studies on this disease, which occurs also in Germany, France, etc., I would feel highly obliged if English, Scotch, or Irish Physicians would be so kind as to give me notices on the following questions:—

1. Does this disease occur also in Scotland or Ireland? Does it affect natives of these countries, or merely strangers?

2. Does it occur more in towns, or in the country?

3. Does it occur more frequently in those countries where a greater amount of grain is cultivated, or where there is more meadow-land?

4. Is it true that it appears almost exclusively among the higher ranks of society, or has it only been overlooked among the poorer classes?

Any other notices tending to increase our knowledge of the disease, or cases, would extremely oblige me. Even the mere communication of the number of cases, which a colleague has observed, with indication of the sex of the patients, and in what age the disease has firstly appeared, would aid me for a statistical survey.

I offer my sincere thanks beforehand for this trouble, and am ever ready to afford reciprocal services. I will also name gratefully in the preface of a treatise which I shall publish on this affection within about two months, those physicians who will be kind enough to assist me by communications. I beg to that purpose that the honoured colleagues may write their proper names and dwelling-places very legibly.

Letters may be addressed "To the care of Dr. James Hunt, 4, St. Martin's-place, Charing Cross, London."

P. Phoebus, M.D.
Professor of Medicine at the Medical Faculty.
Giessen, December, 1859.

ANSWERS.

No. 389.—Marat as a Scientific Author.

Marat, who was a Doctor of Medicine, and Physician to the *gardes du corps* of the Comte d'Artois, afterwards Charles X., before he adopted revolutionary politics, was the author of several scientific works, which in their day had some repute. Some of these treated of certain discoveries in light and electricity, and Newton's "Optics" had him for its translator. His work of greatest importance was published in French at Amsterdam, and in English, in London, in 1773, bearing the title, "A Philosophical Essay on Man; being an attempt to investigate the Principles and Laws of the Reciprocal Influence of the Soul on the Body." A copy is in the library of the Royal College of Surgeons. J. C.

M. Brown-Séquard announces that he has distinctly observed the existence of epileptiform seizures in many of the young guinea-pigs which were produced by parents who had been rendered epileptic artificially by him.

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Medical Times and Gazette.

SATURDAY, DECEMBER 24.

CLAUDE BERNARD'S LECTURES.

In the first number of our first volume for 1860, we shall commence the publication of a Course of Lectures by M. Claude Bernard, on

EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY.

Everyone will, we are certain, be gratified to see in an English dress a course of Lectures by this distinguished Physiologist. His name is familiar to all of us; and the reason is, that there is scarcely any part of the deeply interesting study of the laws of life and of organization which has not been investigated by M. Bernard. He has especially investigated the functions of the body in the direction which has rendered his studies particularly valuable to the Practitioner of Medicine; and has thus demonstrated how clearly and distinctly connected is the practice of our Art with a knowledge of the laws of life. His labours teach us that it is impossible for anyone to study successfully the pathological physiology of the human body who has not made himself acquainted with its normal and healthy physiological actions. To understand and value —to a useful end, and as Medical men—a perverted action or function of the animal economy, we must first have made ourselves masters of its natural processes.

Certainly, we may say, that no living physiologist has done more than M. Bernard in thus giving to Medicine its proper and scientific direction. If we were to run through the history of his most numerous experiments, we should find at every step how usefully his investigations have subserved the purposes of the practical Physician. And if his discoveries and the results of his experiments have not taught us the *essence* of diseases, still they have shown us how to avoid numerous errors of the past, and have cleared the way most materially for the path of the future discoverer. For example, his discovery of the glucogenic power of the liver (whether it does or does not maintain its ground as a positive fact in physiology) has totally altered the ideas which previously were held by the Profession concerning the nature and treatment of diabetes. So, again, his experiments on the Pancreas and Salivary Glands, have certainly altered our notions and practice in reference to the treatment of certain diseases of the digestive organs. There is, indeed, no part of the lengthy and complicated process which is comprised under the term Digestion, upon which the researches of this gentleman have not thrown light and illustration. And it is, perhaps, chiefly to this portion of his works that attention has been mostly directed in this country. We shall find, however, that into the recondite and mysterious region of the Nervous System, M. Bernard has also opened a path of his own—developing, if not discovering, some most interesting natural laws of the nervous forces. There are, indeed, scarcely any of the great regions of Animal Physiology, which have not been visited, and usefully cultivated by this industrious philosopher; and it is for the purpose of bringing before our own countrymen all that M. Bernard has thus so well drawn, and from a conviction of the great practical utility of his investigations, of their immediate bearing on the daily practice of Medicine—the treatment of disease—that we are about to publish the Course of Lectures he will deliver during the present Winter Session, on Experimental Pathology and Operative Physiology. In order to ensure the greatest accuracy, M. Bernard has afforded us every assistance in obtaining correct reports of the Lectures, and has promised to revise the reports himself, so that they will appear in this Journal authorised by himself, as accurate accounts of his views and researches.

THE MEDICAL ACT AND SPECIAL DIPLOMAS.

The Medical Council, and the Profession generally, are beginning to feel that certain difficulties attend the working of the Medical Act which few persons were clear-sighted enough to foresee at the outset, and which now that they are forced upon the attention by the gradual development of events, do not admit of easy remedy. The discussions in our columns, and in those of our contemporaries, have borne witness to the diversity of opinion entertained on knotty points undetermined by the wording of the Act; and the Medical Council, perhaps wisely, declares in reference to these disputes, that its function is strictly confined by law to carrying out the purposes of the Act, and that it is not endowed, as some seem to suppose, with the powers of a legal tribunal, to decide upon points of law. Among the topics which have given rise to warm debate, and which have been attended with some demonstration of feeling, is the question as to who has the right to call himself "Doctor." A matter of more importance, however, inasmuch as it affects the interests of a larger portion of the Profession, seems to have received less attention; and yet it is probable that ere long it will be felt to be of the greatest moment to have it definitively settled. We allude to the question involved in Clause XXXI. of the Medical Act, which runs as follows:— "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions," etc.

What, it may be asked,—and is already beginning to be asked,—is the meaning of the phrase, "according to his qualification or qualifications"? Can a University Medical Graduate, for instance, claim fees for Surgical attendance, or to be able to do so must he necessarily join a College of Surgeons? To charge for medicines, must he willingly or unwillingly join the Society of Apothecaries? and to recover fees for an obstetric attendance, does the Act compel him to possess himself of a Midwifery diploma? The construction put upon the Clause has hitherto varied with the idiosyncrasy of the person reading it, and according as his sympathies have been enlisted in one or other direction. Some persons hold the literal meaning of the Clause to be, that every Practitioner must possess a diploma distinctly specifying his qualification for that branch of Medical art which he seeks to practise. Others, professing to look not only to the wording of the Act, but also to its spirit and intention, believe Clause XXXI. may be interpreted to mean, that whatever subjects a candidate has been educated for, and carefully examined in, he may legally practise. Thus, although a Doctor in Medicine simply holds a diploma authorising him to practise Medicine, yet Medicine is a generic term; and since a candidate for the degree has been examined equally in Medicine, Surgery, and

Midwifery, he is entitled to practise all these branches of the healing art, which constitute his qualification or qualifications.

We cannot pretend to judge between these opinions, and we much question if the Medical Council feels competent to decide the matter. Strictly speaking, it can be settled only by a decision in the courts of law, or by some amendment of the Medical Act. There is thus much reason to complain of the dilemma in which such ambiguous language places the Medical Practitioner. He is uncertain whether the qualifications he possesses are sufficient for the purposes of his practice; and the future aspirant to the honours of the Profession, in his efforts to secure the most serviceable qualification, and the one which will confer upon him the most extensive privileges, finds a "confusion worse confounded." In reviewing these difficulties, we are thrown back upon the conviction, freely expressed in this Journal during "the Battle of the Bills," that the simplest scheme for meeting all the difficulties besetting the path of Medical legislation, would have been to establish a uniform State-examination for all grades of the Profession, which should have embraced all Medical subjects; and, having taken this guarantee of the capacity of candidates, they should have been entitled to registration, and might safely have been left to join any College subsequently, according to their predilections. The present Act was drawn up as a concession to the existing examining bodies; yet, as might have been anticipated, it failed to please, and at last passed in spite of them. The Select Committee's Bill was most in unison with the principles of sound legislation, and would scarcely have interfered with the welfare of Universities or Royal Colleges, while it would have secured uniformity of education, at least up to a certain point, and created none of the cavils and disputes which have arisen out of the cumbrous machinery of the present Act.

Meanwhile, every inducement is held out to the examining bodies to multiply the number of qualifications and diplomas. An examination in a special department, and the after presentation of a diploma, of course implies the payment of an additional fee, and increases the revenues of the College adopting it. Thus the corporate bodies gain an advantage at the expense of the commonwealth. The ambiguous wording of Clause XXXI., and the many-sided interpretations it admits of, directly foster this multiplication of qualifications; and it is manifestly the interest of bodies conferring special diplomas to construe the Act as rendering these essential to the legal practice of the branch specified. We understand that the late Solicitor-General, Sir Hugh Cairns, when referred to in a dispute between the Dublin Colleges of Physicians and Surgeons and the Medical Council, as to whether it was lawful to insert the Dublin Midwifery licence in the Medical Register (the Dublin licence not being in Schedule A. of the Medical Act), gave it as his decided opinion that the Council were bound to register any qualification bestowed by the bodies named in Schedule A., if they could establish a legal claim to confer such qualification, whether it appears in the Schedule or not. Should the accuracy of this opinion be confirmed, we may have this or that College laying claim to confer special diplomas, and to have them inserted on the Register, until we are deluged with partial qualifications, and until the mere fact of a person being registered is no proof of his having undergone any sound and general education at all.

The institution of a special licence in Midwifery is looked upon with unfeigned regret by many who take a deep interest in the progress of Medical education. Not only does it subject candidates who imagine it may be an advantage to possess a Midwifery diploma to the inconvenience of a separate examination, and the payment of an additional fee apart from that required for the membership, but indirectly it connives at partial and imperfect Medical education. Indeed, every examination which does not embrace all the practical branches of Medicine, Surgery, and Midwifery, may be charged with this. It is well known, for instance, that candidates for the membership of the College of Surgeons, are examined exclusively on Anatomy, Physiology, and Surgery. Yet the diploma for membership qualifies for registration under the Medical Act; and numbers of men have rested satisfied, and probably will rest satisfied in future, with the single qualification, undertaking all the responsibilities of general practice without having submitted to any examination in Medicine and Midwifery whatever. True it may be urged that no one can sue for Medical attendance and Medicines without a Medical qualification, but who shall draw the line between Medicine and Surgery? There are ways and means of meeting such difficulties; once upon the Register, the Practitioner is in a measure safe, and the Medical Council and Colleges may depend upon it that the contradictions involved in Clauses XXXI. and XXXIV. will be turned to account; for while the former states that "every person registered shall be entitled to practise according to his qualifications," the latter most explicitly affirms that "the word legally-qualified *Medical* Practitioner, or duly qualified *Medical* Practitioner, etc., shall be construed to mean a person registered under this Act."

But the Midwifery licence of the College of Surgeons is considered by some of the most eminent Obstetrical Practitioners to be particularly obnoxious. The Council of the Obstetrical Society, in a memorial to the General Medical Council, has expressed its disapproval in forcible and distinct terms. The memorial says:—"This special licence in Midwifery is derogatory to the position of the Obstetric Practitioner, as tending to revive his supposed inferiority to the Practitioner of Medicine and Surgery, which inferiority it has been the province of progressive science to remove. The social effect of the Midwifery licence is felt the more severely, since it has been proposed by the College of Surgeons to institute a special licence in Dentistry, with which it would in future be associated as apart from regular Medical qualifications." Then it is further shown that the possession of the Midwifery licence being entirely voluntary and apart from the membership, any member of the College may practise Midwifery without having passed any examination on the subject. Moreover, it appears that the Midwifery licence may be granted to persons not members of the College, or to those who have no other qualification whatever, and the possessor of a Midwifery diploma has a distinct title to appear on the register as a Medical Practitioner. That as yet no such persons have been found competent to pass is nothing to the purpose; the very existence of such a regulation is a disgrace alike to the College and the Profession; and gives rise to a suspicion that it is one of those back-doors kept as a convenience to certain persons whom it may answer the purpose of the College to admit within its portals.

What the College of Surgeons can have to do with the examination of Dentists passes our comprehension. That Dentists may possibly be better for a Surgical examination, we do not deny; but Dentistry is essentially a mechanical art, with which Surgeons are not conversant, and the Odontological Society and College of Dentists are much more competent to test the qualifications of Dentists than any College of Surgeons. The contemplated admission of Dentists to the College has produced great discontent among the members, and it seems evident that in the face of this, no pecuniary advantage promised to the College should have induced it to accede to such a proposal. There is no necessity for the College of Surgeons to make use of the power conferred by the forty-eighth clause of the Medical Act, and the sooner it gives up the idea of doing so the better. These piece-meal examinations remind one forcibly of Dutch auctions, and place the bodies which adopt them altogether in

an inferior position, which the public cannot fail eventually to discover. Properly they can only be allowable for the higher grades of the Profession, and for those who have already given evidence of general qualifications; as a means of getting admission to the Register they are faulty in the extreme, and deserve reprobation. Let the members of the Profession by all means use their influence to have Midwifery incorporated in the general examination, and allow the Dentists to manage their own affairs.

THE WEEK.

We regret to announce the death of Dr. Montgomery, the eminent ex-Professor of Midwifery in the King and Queen's College of Physicians in Ireland. Dr. Montgomery expired at his residence in Merrion-square, Dublin, on Wednesday morning, the 21st inst. We shall next week give a short biographical sketch of this distinguished Physician.

In another column will be found an abstract of the Report of the Diphtheria Sub-Committee of the Epidemiological Society. A series of questions was extensively circulated, asking for replies as to matters of fact. After ten months just *thirteen* (!) reports were received in accordance with the circular, and twenty-three general replies. Most of those gentlemen who made excuses explained that they had not made a note as to the facts required at the time of their occurrence. Men in active practice are too busy for accurate note-taking; but, surely, if our Societies would follow the example of the Epidemiological, and extensively circulate memorandums suggestive of the direction of an inquiry upon subjects of interest which require the efforts of numerous scattered observers, the Profession generally would be moulded into the habit of combined and concentrated observation.

Death in the Pot is still daily awaiting us in this favoured Isle. We are told by the *Times* that the trade of this country is becoming notorious for great and disgraceful sophistications; and true it is, that almost everything which we eat and drink is tainted, falsified, and poisoned. Here is a new style,—chromate of lead in buns to save eggs!

"A case occurred at Clifton, on Friday, which might have been attended with fatal consequences had not prompt measures been taken to counteract the effects of some poisonous matter used in the composition of Bath buns, and which nearly cost the lives of six young gentlemen, pupils in one of the first boarding-schools in the place. The circumstances of the case were as follow:—Three of the youths had been walking at Redland, and purchased some Bath buns at the shop of a confectioner named Farr. In the course of the afternoon three other lads from the school went to the same place and bought some more buns. In the evening all six were seized with violent sickness, and presented the symptoms of having partaken of some poisonous substance. Mr. Cross, Surgeon, of Clifton, was called in, and prescribed the necessary remedies, but the patients continued so ill during the night that two of them were not expected to survive. Fortunately, however, but after great suffering, they all recovered. Some of the buns which had not been consumed were subjected to analysis, when it was found that each of them contained seven grains of chromate of lead, which was used as a cheap substitute for eggs, for the purpose of colouring the buns."

In all prosecutions under the Medical Act it should be remembered that the only ground on which a conviction can be obtained, is proof that the accused has falsely pretended to possess a Medical title. A penalty is imposed for obtaining registration by false pretences, or for wilfully and falsely pretending, 1. To be, or take, or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary. 2. To take or use any name, title, addition, or description implying that he is registered under the Act. 3. To take or use any name, &c., implying that he is recognised by law as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or an Apothecary. The question comes "Who is to prosecute?" The General Council refuse, and the duty has devolved in England upon the Registration Associations. It was supposed that in Scotland and Ireland that duty would devolve upon the public prosecutor; but we now learn from the *Daily Scotsman* that as the Act declares the penalties may be recovered "in Scotland by the Procurator-Fiscal of the country, *or by any other person*," and as in all cases where Acts of Parliament provide that prosecutions may be undertaken by the Procurator-Fiscal, "or by any other person," that functionary is instructed not to prosecute; he will not institute prosecutions under the Medical Act. On receiving this information, a deputation of the Scottish Branch of the Medical Council waited on the Lord Advocate, to ascertain whether any modification of this rule could be obtained. The reply they received was unfavourable, and there the matter terminated. Under these circumstances, if the penal clauses of the Act are to be enforced at all in Scotland, the Medical Practitioners in that country must follow the example of their brethren in England, and form Registration Associations in Scotland. We understand that a movement in this direction has already commenced, both in Edinburgh and Glasgow, and that almost all the leading Practitioners in both cities have expressed their willingness to assist in furnishing the funds required for the prosecution of flagrant offences under the Act. We wish them every success, and trust that the Public will aid the subscription-list, as they are far more interested than the Profession in being protected from pseudo-Medical impostors.

M. Babinet asserts that rivers are made to deviate in some degree from their straight course by the rotation of the earth. The points of the surface of the earth revolve more rapidly near the equator than at the pole. Now the molecules of a stream running from north to south in one hemisphere, like the Rhone, are continually meeting with the banks which have a rotation towards the east, a rotation which is most rapid at the mouth of the stream. But the contrary occurs in streams running from south to north. The Nile, for instance, has a rotation less at its mouth than at its source. So that both in the Nile and Rhone the right bank of streams ought to be worn away; and that of the Nile should be deposited on the Palestine side, and those of the Rhone on the Spain side. And this is, according to Babinet, what happens. In the Rhone the bed of the river revolves more rapidly than the water, whilst in the Nile the water revolves more rapidly than its bed.

The following remarks, made by the *Gazette Médicale* apropos of a famous trial, are worthy noting:—

"Our *confrères* over the water are justly occupied with a consideration of the scandal offered every assizes by the organised struggle which takes place between the accusation and the defence. The prosecution produces an *expert*, and immediately the defence replies by producing another; then the first brings another champion to his help—one, two, three reinforcements; and just the same does the defence. Sometimes, thus, we find ten on one side, and seven on the other, and all of them obliged by custom and passion to devour each other scientifically. One can readily understand how the opinion of such scientific men—reduced to the position of suspected witnesses—must lose in authority and respect, debating a question which may be controverted, and in reference to which law and usuage assign them the character of advocate, and not of judge, which they ought to hold. The English Medical press is unanimous in calling for

a reform in this matter; and this time our neighbours may, without reservation, point to the French system as a desirable introduction among them. But how long an abuse may cry out before anyone will listen! long enough every way, indeed! but in England *for ever*."

Colica Pictonum—the colic of Poitou, say our classical authorities. In defence of such an origin of the term, we find in the *Union Médicale* a paper by M. Gouriet, who details cases of poisoning by lead in Poitou. The peasants ferment their grapes in earthen vessels, which are glazed with a leaden preparation; acetate of lead is formed, and then they who drink the liquid catch a colic. Snuff-takers, we may add, also occasionally take a lead-colic *viâ* their nose. The snuff, it appears, after long keeping, corrodes the lead in which it is enclosed. Hence, M. Chevallier recommends that the snuff should be folded up in gutta percha.

Our attention has been recently directed to a case of drowning, in which the coroner and jury agreed that a Medical man who was called to the case and attempted to restore suspended animation, ought to be remunerated for his attention. The newspaper report says:—

"The learned Coroner said that if it was the wish of the jury he would send for Mr. Higgins. For his evidence, one guinea would have to be paid, which of course would come out of their rates. He (the Coroner) had no wish not to call the surgeon; but in his official capacity he considered, after the length of time, three quarters of an hour, the deceased had been in the water, Mr. Higgins could not assist them in coming to a conclusion.

"Another juryman said there could be no doubt that the learned Coroner had acted according to the law, but he considered that Mr. Higgins ought to get some remuneration for his trouble.

"The Coroner said that the father would be liable to pay Mr. Higgins if he was able to pay; but if not, the overseers of the parish were liable. On the other hand, he was perfectly willing, with the concurrence of the jury, to send for that gentleman.

"The jury having expressed a wish that Mr. Higgins should be sent for, the Coroner's officer was despatched to obtain his attendance, and he arrived in a few minutes, but merely stated that he was called to see the deceased, and, after using artificial respiration, found there was no hope of recovering the unfortunate man.

"A juryman said that many such accidents occurred almost daily, and if Medical men were not remunerated in some way, they would very likely not attend when called upon.

"The Coroner said his only wish was to give satisfaction to the jury, and if they considered that any good would hereafter ensue from the Medical gentleman being sent for, he could only express his gratification that it had been done, for if they erred it was certainly on the right side."

We have been requested upon this statement to give an opinion whether in cases of drowning and other street accidents, the parish overseers are liable for the Medical expenses. Knowing this to be rather a question of law than of justice, we submitted it to a legal friend, who has favoured us with the following opinion:—

"Doubtless the Coroner has the power of ordering the attendance of Medical men, who may be called upon to act in cases of accidental death, and to award the usual remuneration allowed to all Medical witnesses. But unless death ensue, this mode of compensation cannot be exercised. No doubt, the Medical attendant at an accident may, by subsequent services rendered to his patient, recover his fees for this attendance, as the law would imply a promise of payment; but unless such a state of circumstances should arise, no remuneration can be enforced."

Another death from Chloroform has been announced in the journals as occurring at La Charité in the practice of M. Manec.

QUESTIONS AT THE WRITTEN

EXAMINATION FOR HER MAJESTY'S INDIAN MEDICAL SERVICE.

DECEMBER, 1859.

In determining the relative merits of the candidates, so far as they can be ascertained from answers to printed questions, regard will be had both to the number of questions answered and to the accuracy and completeness of each answer. But it is not expected that all the questions will be fully answered by every candidate. For they are not only intended for ascertaining whether each candidate is qualified for an appointment, but for testing, by both their number and their difficulty, the relative abilities of the best candidates,—a design which is essential to a competitive examination, and which cannot be fulfilled unless some questions are asked to which only the best candidates can give good and complete answers.

NATURAL HISTORY.

Monday, December 12, 1859.—10 *to* 1 *o'clock.*

Dr. Hooker.

ANSWER FIVE OR MORE OF THE FOLLOWING QUESTIONS.

1. Enumerate the vegetable anthelmintics, their scientific names, natural orders, and the countries whence they are obtained.
2. What are the principal substitutes for tea? Give their respective qualities and properties.
3. Enumerate the principal plants from which fermented drinks are prepared in various parts of the world.
4. What are the medical properties of the officinal plants in the natural order Compositæ? Give their names, and the tribes to which they belong.
5. What are the chief modifications of the flowers of grasses?
6. What natural orders of plants are characterised by an irregular monopetalous corona with two to four epipetalous stamens?
7. Enumerate the integuments and contents of a dicotyledonous seed; and describe the process of germination.
8. What is meant by rotation of crops? and upon what physiological principles is it based?
9. What are the tribes of the class Aves? and how do they differ in structure and habits?
10. Describe the poison-apparatus of the adder, bee, wasp, and scorpion, and their mode of action.
11. Enumerate the orders of Mollusca, giving an example of each.
12. What is chalk, chemically, structurally, and geologically?
13. Define tersely and accurately the terms fracture, articulation, intussusception, introversion, extrusion, adnate, polyhedral, elliptical, parabolic,—giving the derivation of each.
14. Give briefly the character and properties of proteine, fibrine, gluten, starch, caseine, elaine, stearine, and legumine.
15. What gases are given off from urinals and water-closets? and how should the evils dependent on them be avoided in Hospitals?

SURGERY.

Monday, December 12, 1859.—2 *to* 5 *o'clock.*

Mr. Paget.

1. Describe the states named respectively "Shock" and "Reaction," as seen in such a case as that of a crushed limb.
2. Enumerate the chief varieties of inflammation of the testicle; and state the distinctive characters of each.
3. Give an account of secondary hæmorrhages, such as may occur after amputation, and of the best modes of treating them.
4. What ill consequences may follow dissection-wounds? and what are the best means of treatment, preventive, and curative?
5. What are the chief means by which, in the reduction of herniæ, the "Taxis" may be assisted? and in what conditions is each of them most useful?

6. Describe the process of repair of a tendon after subcutaneous section.

7. Describe the several diseases of the eye that are connected with syphilis and gonorrhœa.

8. A man, fifty-three years old, while under treatment for slight stricture of the urethra, was exposed to cold damp weather, and next day had a severe rigor, followed by heat and sweating, and completely lost the power of passing urine. On each of the next two days he had similar rigors; and on the third day he was not only still unable to pass urine, but had constant straining and extreme pain in his attempts to do so. During three days more, these symptoms continued, with rigors; and there were gradually added to them, pain in the perineum and about the anus, tenderness on deep pressure in front of the anus, and heavy boring pain referred to the lower part of the rectum. The bladder was regularly emptied with a catheter, and was not painful on pressure; the urine was generally healthy. What would you suspect to be the disease in this case? and how would you prove and treat it?

ANATOMY AND PHYSIOLOGY.

Tuesday, December 13, 1859.—10 *to* 1 *o'clock.*

MR. BUSK.

1. Give a general description of the spinal column, and of the course of its ossification.

2. Describe the mode of development of a vertebra in general, indicating the exceptional cases (exclusive of the sacrum and coccyx).

3. Enumerate the various muscles, and describe their respective actions by which the deformity witnessed in the following fractures is probably caused:—

(1) Fracture of the neck of the femur.
(2) Fracture of the lower end of the femur immediately above the condyles.
(3) Fracture of the lower end of the radius (Colles's fracture).

4. Describe the arch of the aorta, the relations of its various portions, and the dissection necessary to examine it; mention also the principal variations in the position of its branches.

5. Describe the parts contained in the space bounded in front by the posterior border of the sterno-mastoid, behind by the anterior border of the trapezius, and below by the clavicle.

6. Give a general account of the lymphatic and lacteal system, including the minute structure of the lymphatic vessels and glands.

7. Describe the physiological effects of the division of the vagi nerves.

8. Mention the parts in other vertebrate animals which are homologous with the human hand, or parts of it.

MEDICINE.

Tuesday, December 13, 1859.—2 *to* 5 *o'clock.*

DR. PARKES.

1. Describe the symptoms and post-mortem appearances of tubercular meningitis in children under five years of age.

2. Describe the alterations to which the cerebral arteries are liable; and state the possible consequences of such alterations.

3. What is the treatment of extensive double capillary bronchitis in children and adults?

4. What are the symptoms, anatomical appearances, and treatment of cirrhosis of the liver?

5. A woman, aged 56, was admitted into Hospital with great œdema of the face and the upper extremities, and with immense turgescence of the cervical veins. The body and legs were entirely free from anasarca, and there was no evidence of renal disease. The heart's sounds were feeble but without murmur. There was very decided dulness, with slight pulsation, without murmur, under the first bone of the sternum. The pulsations of the radial arteries were equal in both wrists.

Comment on these symptoms, and state what diseases would afford a reasonable explanation of them. Mention also any symptoms (not given above) which you suppose may have been present.

6. Describe the various forms of polypus of the uterus, their diagnosis and treatment.

REVIEWS.

The Nature and Treatment of Gout and Rheumatic Gout. By A. B. GARROD, M.D., F.R.S. London: 1859. 8vo. Pp. 601.

Dr. Garrod's name will ever fill an honourable page in the history of Medicine as the demonstrator of the fact—only surmised before his researches—that the blood of gouty patients is contaminated by an abnormal amount of uric acid. Other contributions of less, though considerable, importance which he has made to our knowledge of the morbid anatomy and pathology of gout, and has brought forward at different times before the Royal Medical and Chirurgical Society have prepared the Profession to look forward with some impatience to the work now before us, which embodies, in an extended and connected form, the results of "a series of investigations on Gout and Rheumatism carried on for the last twelve years."

Our space does not permit us to enter upon anything like a critical analysis of so important a work; and we must be content with pointing out to our readers the subjects of the greatest interest in its successive chapters.

The first chapter contains some Introductory Remarks as to the knowledge of gout possessed by ancient writers. These need not detain us. The classification of the varieties of gout adopted by different authors is then considered; the author adopting the simple divisions of 1. Regular, including acute and chronic; and 2. Irregular.

In the second chapter an attack of Acute Gout is described. This we can also pass over as the author adds little or nothing to the descriptions of previous writers; indeed his account falls far short of Watson's in graphic power, and of the oft-quoted classical picture of Sydenham.

In the chapter on Chronic Gout the author adds to the account of previous observers a very correct description of the microscopical appearance and chemical characters of the whitish chalk-like deposits, which are truly pathognomonic of the disease, confirming the belief long entertained that urate of soda is the most essential substance in the composition of these deposits. He also gives us a newer and more original addition to our knowledge in the following observations respecting gouty deposits upon the cartilage of the ears. He says:—

"In one or two works it is mentioned that small concretions are now and then seen even upon the cartilages of the ears, but no particular notice is taken of the fact. Within the last few years I have specially investigated this point, and find that instead of such deposits being occasionally present on the ear, they are more frequently found there than in any other situation; and that where they are visible upon any other part, they are usually, but not invariably, seen on the ears also.

"In thirty-seven gouty patients who were examined to ascertain the presence or absence of concretions of urate of soda upon the surface, or in such situations as to be undoubtedly recognised, it was noted that they were present in seventeen cases, absent in twenty; and in the above seventeen they occurred in the ears alone in seven cases, in the ears and around the joints in nine, and in one case only could they be recognised in other parts of the body, without being present in the ears also.

"In the ears they vary much both in number and size, sometimes only one exists, at others as many as eight or ten; in size they occasionally equal a split pea, often they are not larger than a pin's head, and now and then even much less, a mere point only. They have the appearance of little pearls, and are generally situated about the fold of the helix; sometimes they possess a gritty hardness, but often are soft, and when punctured give exit to a milky or cream-like fluid. Further examination shows that when hardened they become firmly attached to the cartilage of the ear, and enlarged blood-vessels are often seen in their neighbourhood, and extending some distance from them."

The fourth chapter is on the "Blood in Gout," and is one which will especially attract the reader. The altered condition assumed by previous writers was first defined and demonstrated by Dr. Garrod. In 1847 he made observations which were brought before the Medico-Chirurgical Society in 1848,

and the following conclusion drawn—"The blood in gout always contains uric acid in the form of urate of soda, which salt can be obtained from it in a crystalline state." The author says he is now disposed to "append the words, 'in abnormal quantities,' as I have found that in health the merest traces both of uric acid and urea can usually be detected by very great care in manipulation."—Page 109. The process now adopted by the author is so simple that it can be employed by any Medical man. He has named it the "Uric Acid Thread Experiment," and we quote his own account of how it is performed :—

"Take from one to two fluid-drachms of the serum of blood, and put it into a flattened glass dish or capsule; those I prefer are about three inches in diameter, and one-third of an inch in depth, which can be readily procured at any glass-house; to this add ordinary strong acetic acid, in the proportion of six minims to each fluid-drachm of serum, which usually causes the evolution of a few bubbles of gas. When the fluids are well mixed, introduce a very fine thread, consisting of from one to three ultimate fibres, about an inch in length, from a piece of unwashed huckaback or other linen fabric, which should be depressed by means of a small rod, as a probe or point of a pencil. The glass should then be put aside in a moderately warm place, until the serum is quite set and almost dry; the mantel-piece in a room of the ordinary temperature, or a book-case, answers very well, the time varying from twenty-four to forty-eight hours, depending on the warmth and dryness of the atmosphere.

"Should uric acid be present in the serum in quantities above a certain small amount noticed below, it will crystallise, and during its crystallisation will be attracted to the thread, and assume forms not unlike that presented by sugar-candy upon a string."

Dr. Garrod appends notes of several precautions which must be observed to secure perfect success in this experiment, and then goes on to show that—

"An amount of uric acid, equal to at least 0·025 grain in the 1000 grains of serum, in addition to the trace existing in health, is required before the 'thread experiment' gives indication of its presence, and hence the appearance of uric acid on the thread is complete evidence of an abnormal or morbid quantity in the blood. In several experiments on the blood in gout and albuminuria, where quantitative determinations were made, the amount of uric acid in the 1000 grains of serum was found to vary from 0·045 to 0·175 grain."

Some very interesting facts are then related upon a matter which requires much further investigation; the strong probability, however, being made out, that "oxalic acid is formed in the animal body, not, as formerly supposed, from the oxidation of saccharine matters, but from the decomposition of uric acid."—Page 117. Dr. Garrod seems to regard this as new; but Liebig and Wöhler made out the main fact long ago.

Another of Dr. Garrod's discoveries was made known in 1854. He showed, as one might expect, that when the blood is rich in uric acid, the secretions from the blood also contain the acid. This led to his finding it in the serum effused beneath the cuticle after the application of a blister, and to the curious observation that—

"The application of the blister should not be made to an inflamed surface, for the existence of inflammation, at least of a gouty character, has the power of destroying the uric acid in the blood of the part, and hence prevents its appearance in the serum."

The facts that an excess of urea is present in the blood in many cases of gout, and that oxalic acid is frequently detected in it, are suggestive of further inquiries. Dr. Garrod questions the accuracy of previous statements as to the presence of urate of soda in the perspiration of gouty patients. He has found oxalate of lime in it, but he says :—

"Considering the nature of the excretion from the skin, it would hardly seem probable that a body possessing the properties of uric acid should be thrown out with it, either in its free state, or in the form of a salt. I could easily imagine that the fluid from eczema, or, in fact, from any other cutaneous eruption, when occurring in patients whose blood is rich in uric acid, would contain this principle, because such secretions are alkaline, and bear a close resemblance to the serum effused by the application of a blister."

We have given up so much space to this important chapter, that we can only offer the above extracts as a sample of the valuable information contained in the following chapters on "Urine in Gout," "The Morbid Anatomy of Gout," "The Causes of Gout," "The Pathology or Nature of Gout," "The Treatment of Gout," "Irregular Forms of Gout," and "Rheumatic Gout." There are many points in these chapters which well deserve discussion. With regard to the last chapter we may explain that the author seems to have been driven to the use of a term he has objected to when used by others. He admits that the term "Rheumatic Gout" is not inappropriate if we agree to name a disease simply from its external characters; but if we "have regard to more intimate pathology, then," he adds, "I deny the propriety of the name," and suggests *Rheumatoid Arthritis*, as implying "an inflammatory affection of the joints, not unlike rheumatism in some of its characters, but differing materially from it."

We have now simply to perform the grateful task of recommending this work most heartily to our readers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE INFLUENCE OF SEX ON THE DISEASES OF CHILDREN.

By Dr. R. KÜTTNER.

The materials for this essay are derived from the consideration of 10,000 cases of disease, which have been observed at the Children's Hospital at Dresden. The following are the conclusions Dr. Küttner arrives at.

1. Male infants are far more frequently, and especially during the first year, the subjects of disease of the digestive organs than female infants. It is a well-known fact that they are more difficult to bring up by hand, being much more liable to have the digestive apparatus disordered by defective or erroneous diet. In a relatively equal mortality of the two sexes, a much absolutely greater number of males die of this class of diseases. 2. So also diseases of the nervous system, particularly brain affections, and especially within the five first years of life, are almost twice as frequent in boys as in girls. 3. Finally, boys are far more disposed to hernia (of 116 cases, 75 occurred in them) than girls, and that with regard to both umbilical and inguinal hernia. 4. On the other hand, girls suffer more than boys from affections of the respiratory organs, especially catarrhal affections; for while the former presented 1128 cases, the latter presented but 988. But the difference becomes especially obvious during the fifth year; as the difference, insignificant (873 girls 843 boys) prior to that age, then mounted up to 255 as compared to 145. Of 498 cases of pertussis, 281 occurred in girls and 217 in boys. Of 17 cases of croup, 9 occurred in boys, and 8 in girls. 5. In organic disease of the heart, a preponderance of females existed, viz. 13 out of 19 cases. 6. In acute blood-diseases, as exanthematous and typhus fevers, sex seems to exert no influence; but such influence is remarkable in the chronic blood-diseases and dyscrases, especially in anæmia, and scorbutus-like depravation of the blood. Of 144 cases of this class of disease, only 26 occurred in males, and 118 in females. The difference becomes more marked with the advance of life: for while under 7 years of age, 17 boys and 30 girls belonged to this group, between the years of 8 and 13, there were but 8 boys to 88 girls. Scrofula and tubercle exhibited themselves in the proportion of 305 in girls to 269 in boys. Until the course of the second year, there was a preponderance in the males (86 boys to 69 girls); but after the fifth year there were, owing to the greater frequency of pulmonary phthisis among them, 121 girls to 72 boys. Rickets were observed in 577 boys and 610 girls, the disease being later developed and more enduring in girls than in boys. Congenital syphilis was observed in 36 boys and 49 girls. 7. Chronic diseases of the skin occurred in 903 of the 10,000 cases of disease; but no marked difference from sex was observed prior to the ninth year, after which period girls were found much oftener subject (88 to 31), and especially to diseases of the scalp, than boys. 8. Enlarged thyroid gland was met with in 15 male and 35 female children,—25 of the

latter having passed the ninth year.—*Journal für Kinderk*, Band xxxii. p. 11.

ON ANGINA PHARYNGEA ŒDEMATOSA IN CHILDREN.

By Dr. WERTHEIMER.

Dr. Wertheimer desires to call attention to a variety of common angina, characterised by serous infiltration of the submucous tissue of the pharynx. The four cases which he has met with occurred in children of the respective ages of seven weeks, three months, eighteen weeks, and ten months. In all of these difficult and "rattling" respiration first calls attention to the malady, and, on examining the throat, large accumulations of loose, foamy mucus are observed attached to the isthmus and pharynx; and on the removal of this, all those parts possessed of a loose submucous tissue, are found to be excessively swollen—especially the uvula and tonsils. The mucous membrane is pale, smooth, and to the touch soft and sticky. The mucous membrane itself, and especially the glandular apparatus, plays the chief part in the affection. The dyspnœa, although considerable, does not become so urgent as in various other affections, such as œdema of the glottis, croup, etc. The respiration is very noisy, and accompanied by an expiratory snoring sound. The voice undergoes some change, and the cry of the child is less clear, but it is never hoarse as in affections of the larynx, or suffocative as in severe inflammatory affections of the lungs. Swallowing and sucking are difficult, but not painful; but the child chokes frequently, and at last refuses all nourishment. There is not usually any fever present. In two of the author's cases the course of the disease was acute (five and nine days), and in the other two, chronic; and they all recovered. The prognosis of the affection is, therefore, favourable; the prolongation of the disturbance of nutrition being the most unfavourable feature.

Œdematous angina is, in many respects, nearly related to catarrhal angina, but is distinguished by the almost suddenness with which exudation takes place, while, besides the tumefaction of the mucous membrane and the accompanying excessive secretion of mucus, there is also deposited a watery exudation, partly on the surface and partly within the cellular substance. From this result the looseness and fluidity of the secretion, and the peculiarly loose kind of intumescence of the structures implicated. This disease, like catarrhal angina, doubtless in some cases requires an active therapeutical agent; but in other cases assistance is called for. Emetics are then especially useful, the author preferring infusion of ipecacuanha with oxymel of squill; and sinapisms applied to the neck for a few minutes are sometimes desirable. When the affection assumes a chronic form, pencilling the parts with a solution of nitrate of silver is of use.—*Ibid.*, Band xxxii. pp. 12—18.

EXCERPTA MINORA.

Employment of Sambucus Nigra in Dropsy.—M. Reyssie, a Belgian practitioner, states that he has long employed the juice of the root of the sambucus as an excellent purgative in dropsy. The bark of the fresh root must be detached by scraping, and the juice is extracted from the scrapings by pressure. The dose is a tea-spoonful for an ordinary purgative; but as it does not cause colic or any other inconvenience, the quantity may, in the case of dropsy, be increased to a table-spoonful, which will often induce from twenty to thirty stools. It is a curious fact, that the process of boiling, as in the preparation of a syrup, converts this purgative into a diuretic, which may also be of great use in dropsy.—*Revue Méd.*, November, p. 560.

Borax in Diphtheritis.—M. Leriche, having derived great advantage from the employment of large doses of borax in croup and the various pultaceous affections of the buccal mucous membrane, determined upon giving it in diphtheritis, which was prevailing in his locality. He relates two cases, occurring in adults wherein its employment was quite satisfactory, in one of which twenty-six drachms were given in four days, and in the other fifty drachms in six days.—*Ibid.*, p. 535.

Phosphorus in Paralysis of the Muscles of the Eye.—M. Tavignot, in localised paralysis of the muscles of the eye, employs with success the following liniment:—Walnut-oil, ʒxxv.; naphtha, ʒxiij.; phosphorus, gr. iij. Frictions are performed in the evening by means of a piece of flannel, this remaining also fastened around the forehead all night. M. Tavignot also administers the following emulsion internally:—Oil of almonds, ʒij.ss.; phosphorus, gr. j.ss.; gum-syrup, ʒxxij.ss.; powdered gum, ʒ½. To be well shaken when administered, the dose being at first one, and then two and three teaspoonfuls per diem.—*Bull. de Thérap.*, tome lvii., p. 456.

Collyrium in the Ophthalmia of New-born Infants.—M. Foucher employs the following collyrium:—Glycerine, ʒviij.; nit. of silver, gr. 1½ ad gr. iij. The eye is first washed by injecting a very weak solution of chloride of sodium, and then a drop of the above collyrium is deposited on the internal surface of the eyelids by means of a small camel's-hair pencil.—*Ibid.*, p. 457.

GENERAL CORRESPONDENCE.

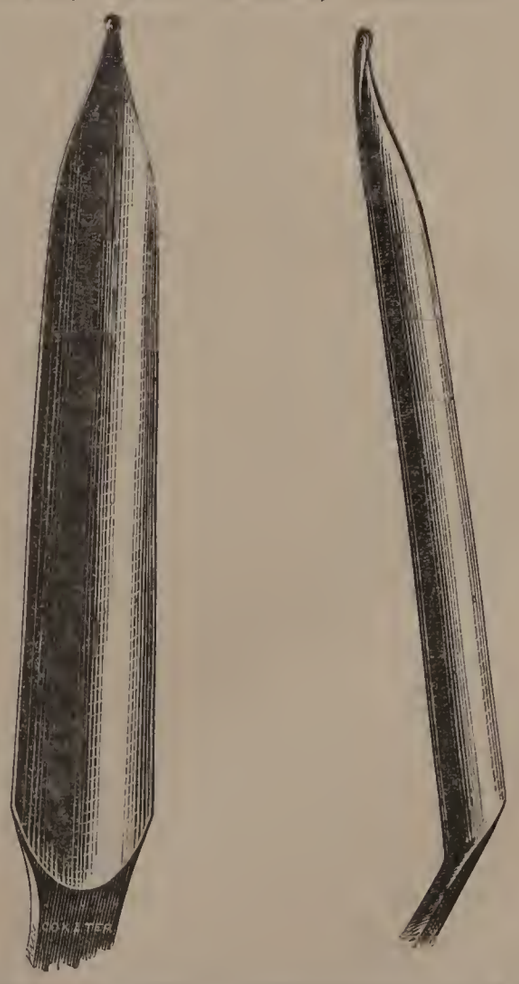
MEDIAN LITHOTOMY.

Letter from Mr. Henry Thompson.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced to follow up the interesting communications which have appeared in the last two numbers of the *Medical Times* relative to the operation of Median Lithotomy, with a description of an instrument which appeared to facilitate the proceeding in the case of a child, upon whom I performed that operation at University College Hospital on Wednesday last.

The patient was only three and a-half years old; and anticipating, therefore, that without some special means of carrying the finger along the staff from the membranous portion of the urethra into the bladder, considerable difficulty might be encountered, I had a director made for the purpose. The idea was suggested by the director which I have employed in circumstances somewhat similar—viz., for the pupose of facilitating the passing of a large catheter into the bladder after Symes's operation for stricture of the urethra, and figured in my work on "Stricture," Second Edition, p. 295.



In the present case I added a probe point to run along the staff, and made the whole sufficiently wide to meet the

necessity of the case—viz., about half-an-inch at the extreme breadth, but gradually tapering to the probe point aforesaid. The concavity is also considerable, to receive and direct the forefinger. The adjacent figure represents the instrument of the natural size. It now more resembles a gorget, but is taper throughout and thicker, so as to prevent the possibility of its edges cutting the tissues by which it passes.

Having made the incisions strictly in the manner recommended by Mr. Allarton, I introduced the director with the concavity upwards into the groove of the staff, and pushed it gently on into the bladder. I had now no difficulty in sliding the left forefinger along into the cavity and feeling the stone which was then extracted with very little difficulty. It was perfectly spherical and about the size of a marble. The child is doing admirably well. I should say that Mr. Bowman kindly lent me the instrument which was depicted in last week's Journal, and that I should have used it had not the other appeared to accomplish fully the desired object.

Perhaps I may be permitted to add, that when reviewing this subject at length in the Medical and Chirurgical Review four years ago, in connexion with the works of Mr. Allarton and others on lithotomy and lithotrity, I expressed an opinion in favour of the median operation, and a belief that it was well adapted to many cases in which the lateral operation, and to some in which lithotrity were then applied. All I have seen since that time tends to confirm that opinion, and the experience which Mr. Teale has so admirably expounded in his recent paper, must be considered as most important evidence in behalf of median lithotomy, and to warrant the increasing favour with which it appears to be regarded by many members of the Profession.

I am, &c. Henry Thompson.

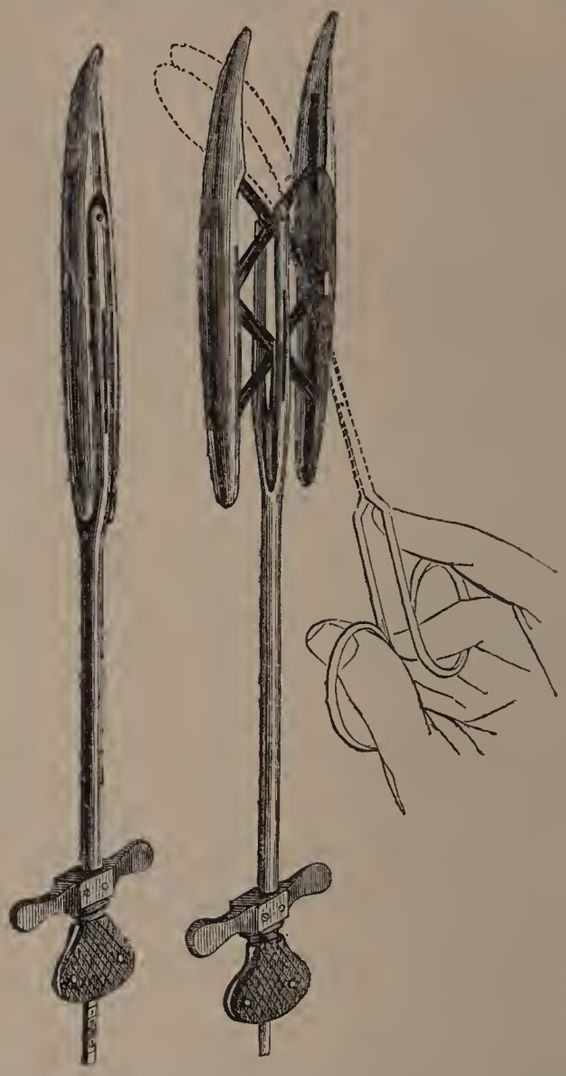
16, Wimpole-street, Cavendish-square.
December 19, 1859.

Letter from Mr. Armstrong Todd.

[To the Editor of the Medical Times and Gazette.]

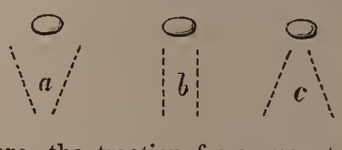
Sir,—The able paper in your Journal of the 10th of this month by Mr. Teale, of Leeds, on Stone in the Bladder, seems to have roused the Surgical Profession to consider the various modes of operating in such cases; and especially to bring under its observation the median method, in contrast with the lateral. From these observations of Mr. Teale and the letters from Mr. Bowman and Dr. Arnott in your last number, it is evident that the preference would be given to the median dilating method, if a proper instrument for this process could be constructed. In a letter which you did me the honour to publish in your Journal of November 19, 1859, I promised to offer to the Profession a dilator for this operation as soon as the woodcut could be made. I should have done so before this, but the instrument was to have been used in a case, the operation upon which has been unavoidably delayed, and I was anxious to report upon its practical use; however, as the subject is now under Professional consideration, I think I may follow in the steps of Mr. Bowman, and offer for that consideration an untried instrument; at the same time I believe, that when tried it will be found useful. I subjoin a woodcut of this dilator, it is made on the same principle as that published in your Journal for August 6, 1859, for dilating strictures of the rectum. The blades, of course, are small and turned up at the extremity in the form of a beak so as to run in the groove of the staff. Mr. Ferguson, of Gilt-spur-street, has made them of various sizes so as to suit the child or adult. For the mechanical description I must refer your readers to the number of your Journal above mentioned; the only difference which exists between the two instruments is the shape and size of the blades,—in fact its adaptation to the urethra, instead of the rectum, being made suitable for introduction through an artificial opening of small dimensions guided by a grooved staff. The principal benefit which I anticipate will be found from the use of this instrument is that the neck of the bladder and prostatic portion of the urethra are permanently kept dilated during the operation, permitting the introduction of the forceps and their free movement in the bladder, enabling the Surgeon to search for and grasp the stone. The parallel dilatation, also afforded by this instrument, I think, will be considered of great advantage.

In cases where the stone is so soft as to crumble under the forceps, it becomes a difficult matter in median lithotomy



to wash out the bladder, owing to the power of recontraction possessed by the neck of the bladder and prostatic urethra. It is, therefore, here very necessary to have an instrument which, while it keeps the parts dilated, permits of the introduction of the syringe, and allows of free exit to the washed-out particles of stone. A case of this kind occurred to my friend Mr. Lloyd, not long ago, at St. Bartholomew's Hospital; and he found it was impossible to wash out the bladder owing to the cause above stated. The stone was so soft that but small portions could be removed at a time, appearing like mortar upon the blades of the forceps.

Mr. Bowman's instrument, which appeared in your last number, can hardly be called a dilator; it is evidently but a guide for the finger, which is in reality the dilator. Its great use, and perhaps its only use, is to obviate the danger of displacing the parts, and to prevent the production of intussusception of the neck of the bladder, which might occur by using the naked finger. This form of instrument appears to me to have one great disadvantage—which is, that it dilates the superficial parts more than the neck of the bladder; in fact, the dilatation is of a conical form,—the base externally, and the apex internally, at the neck of the bladder, which obviously is the most dilatable portion of the canal through which we have to pass. Now, it is evident that it is more difficult to draw a body such as a stone through a flexible conical canal, from apex towards the base, than from base towards the apex, as may be seen by the adjoining woodcut. Nay, more, the traction from apex to base in this case is likely to produce displacement and intussusception, quite as dangerous as, although in the opposite direction to, that feared from the introduction of the finger without a guide. With the dilator which I propose, the movement is parallel, as I said before, but it could easily be



made to dilate the neck of the bladder more than the superficial parts, so as to make the base of the cone internal, and the apex external, if such should be deemed necessary.

The mode of using this instrument appears to me to be simple:—When the urethra is opened upon the staff, the dilator is passed along the groove, and the staff being withdrawn, it is properly adjusted, and the blades made to separate by means of the thumbscrew. When sufficient dilatation is obtained, the forceps are passed along between the blades, and dipped down in front of the crossbars into the bladder, moved about until the stone is felt and firmly grasped; the thumbscrew of the dilator should be then turned, so as to approximate the blades a little, and the instrument withdrawn, leaving the forceps and stone to follow in its track.

I am, &c. Armstrong Todd.

16, Old Burlington-street, Dec. 21, 1859.

TRACHEOTOMY IN CROUP.

Letter from Mr. Price.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your impression of last week contains an interesting communication from Mr. Henry Smith, commenting on Dr. Richardson's theory regarding the formation of fibrous clots in the right side of the heart as the frequent cause of the fatal issue of croup, even after the performance of tracheotomy. As Mr. Smith's letter is mainly based on a short discussion which took place at the Medical Society of London, on the occasion of my alluding to a case of croup for the relief of which I opened the windpipe, I trust the particulars I then stated will not be uninteresting to your numerous readers.

On the afternoon of November 21st, I was requested by my friend, Dr. Maurice Davis, of Brunswick-square, to see an infant about twenty months old, who had been attacked with croup two days previously. All the symptoms of tracheitis were well marked. The difficulty of breathing was great, the pulse hurried and jerking, the accompanying fever high, the veins about the neck and face dilated, the eyelids wide open, and the eyes fixed and staring, while the anxiety of countenance plainly indicated the very great distress which the child suffered.

Dr. Davis had treated the case by blisters to the side of the neck, the warm bath, and small, but frequent doses of antimony. Finding, however, on the third day, that the disease was progressing, he sought my opinion regarding the propriety of making an artificial opening into the windpipe. The case appeared, in many respects, one in which the proceeding would be of value, as the disease did not seem to have made much advance down the tracheal tube, and the child was not so exhausted as to preclude the hope of immediate benefit resulting. The base of the right lung appeared slightly congested. Having resolved on performing an operation, I suggested that the infant should be placed under my care in the Great Northern Hospital, which was close at hand, so that the after treatment might be well attended to. To this, however, the mother objected, and about an hour after first seeing the little patient I divided three or four rings of the trachea, and inserted a silver tube. There was little or no bleeding, and the operation was easily performed. Before inserting the tube, I cut from either side of the windpipe a small elliptical portion, so that, should the canula become disengaged, the patency of the opening might be preserved. I know an instance in which such a proceeding saved the life of an infant, for during the first night after the operation the tube was ejected while the attendant was asleep, but respiration was unobstructedly continued through the enlarged opening that had been judiciously made.

The operation was attended with immediate relief to the breathing. Dr. Gibb, who was present, suggested that repeated doses of the decoction of senega, containing a small quantity of sesquicarbonate of ammonia, should be administered, in addition to beef-tea and brandy. In this plan, both Dr. Davis and myself acquiesced. After five or six doses of senega had been given vomitting occurred, so that it became advisable to give it by the lower bowel. The senega was administered with the view to its acting as an expectorant and stimulant, and to prevent the further formation of false membrane, although when pushed it exerted its emetic and purgative properties.

The child passed the first night in comparative ease, and slept slightly; indeed, the improvement had been most marked. The pulse had fallen, and possessed greater vitality. The anxious expression had also fled, and, in all respects, the disease appeared to be abating. During the next day and night extra strength seemed to have been acquired; the breathing through the tube was quiet and regular; the pulse 98, and the respiration varied from 24 to 28. On the afternoon of the 23rd, forty-six hours after the operation, the child suddenly expired, without any apparent cause. The tube remained to the last pervious to air, so that no neglect on the part of the mother—the ever-anxious watcher on this occasion—had tended towards the unfortunate result. Previous to death, the little patient had exhibited great vivacity, and had actually stood up on the couch on which he had been lying, amusing himself with his playthings. The sudden termination to life in an infant which, at the time of my last visit, some few hours before, appeared certainly in no very critical position, caused me considerable doubting as to the cause of death. I saw the body about ten minutes after death; the lips were nearly of their natural colour; the countenance was not anxious, nor did the child seem to have suffered from any increased difficulty of breathing prior to dissolution.

Feeling at a loss how to account for the unfortunate result Dr. Davis kindly offered to make an examination of the parts concerned in the disease. He found the bases of both lungs congested, and the specific inflammation of the larynx extended down the trachea below the opening that had been made, but there was no appearance of false membrane. Scattered through the lungs were a few miliary tubercles. Unfortunately, the heart was not examined, so that I cannot be positive as to the existence of a clot in the right side of that organ. From my own suspicions, however, and the absence of any considerable lesion about the lungs and trachea, I am induced to accept the explanation offered by Dr. Richardson, that the formation of an *ante-mortem* clot was probably the cause of death.

The administration of senega and ammonia, I am sure, was of great advantage. Dr. Gibb informs me that he has often administered the former of these medicines with the best results in cases of croup; and from what I know myself of the action of senega on the bronchial and tracheal lining in checking inflammatory exudation, I shall for the future feel bound to give it a fair and extended trial.

I am, &c. P. C. Price.

7, Green-street, Grosvenor-square,
December 19, 1859.

Rupture of Chordæ Tendineæ of Mitral Valve.—"A prostitute, twenty-five years old, of plethoric constitution, while in the exercise of her profession, suddenly lost her senses, her breathing became embarassed, and the skin of the face blue, and she was convulsed. She called out that she was being stifled; the pulse small and rapid; the heart's beats confused, tumultuous, and irregular; its sounds could not be distinguished; a distinct *frémissement* was felt over the præcordia. In a short time, cold sweats, complete loss of sensibility, and death from asphyxia. At the autopsy was found hypertrophy of left ventricle of heart; traces of chronic endocarditis; rupture of the tendinous chords which attach one papillary muscle to the anterior flap of the mitral valve."—*Journal de Méd. de Bruxelles.*

A Heavy-weighted Family.—The old gentleman is a native of Maryland, and in his seventieth year; was brought to the State of Kentucky when quite young, and has raised his family in the above county, consisting of six sons and three daughters. In the following table the height and entire weight of the family are given:—Father 6ft. 4in., 200lb.; mother, 6ft. 4in., 286lb.; Thomas, 6ft. 4in., 286lb.; James, 6ft. 6in., 215lb.; Sarah, 6ft. 6in., 165lb.; John, 6ft. 11in., 296lb.; Mary, 6ft. 2in., 150lb.; Elijah, 6ft. 2in., 210lb.; Matthew, 6ft. 2in., 220lb.; Eli, 6ft. 4in., 197lb.; daughter, 6ft. 3in., 160lb. Height, 70ft.; weight, 2329lb. The family are all living except the youngest daughter, are all wealthy, and of the first families of Kentucky. I might add, several grandchildren are over 6½ft., and are still growing.—*New York Tribune.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 13, 1859.

F. C. SKEY, Esq., President, in the Chair.

A paper, by DR. HABERSHON, was read

ON THE ETIOLOGY AND TREATMENT OF PERITONITIS.

The author of the communication first alluded to the value of a knowledge of the causes of disease as a guide to right treatment, and to the importance of considering local disease as connected with a constitutional or general origin. In reference to peritonitis, he remarked that although written and spoken of as an idiopathic disease, we did not find any proof that the malady really existed in that character. An analysis of the records of 3752 inspections after death at Guy's Hospital, and extending over a period of 25 years, was brought forward as confirming this statement, and as an indication of the general plans of treatment. 501 were instances of peritonitis, and they were divided—First, into those in which the disease is set up by mischief extending to the peritoneum from without, as from adjoining viscera, injury, or perforation; secondly, those which might be called blood-diseases, connected with albuminuria, with pyæmia, or puerperal fever or erysipelas; and thirdly, those in which general nutritive change in the system is followed by acute or chronic peritonitis, as in struma or cancer, or after continued hyperæmia of the capillaries of the serous membrane, as in disease of the liver or heart, where very slight exciting cause suffices to produce acute mischief. Of the *first* division, there were 266 instances, and 102 of these arose from internal or external hernia, or mechanical obstructions, and in 19 of the internal kind. Reference was made to the mode in which the extreme tension of the intestine leads to intense congestion of the mucous membrane, diphtheritic inflammation, and ulceration in the direction of greatest tension, leading to perforation in many cases. Different modes of treatment that have been used were referred to, and the use of opium alone advocated; the addition of calomel, as tending to increase the changes of the mucous membrane just mentioned, without any corresponding benefit should preclude its use. 35 were injuries or operations directly affecting the serous membrane, and in 14 had followed tapping; many injuries of the abdominal viscera, proving fatal in a very short time; this number was lower than might be expected. The value of rest and of opium in all these cases as recommended by Dr. Stokes and Dr. Graves in the treatment of perforation, was dwelt upon, as well as the injury that would result from mercury in tending to prevent localisation of the mischief and increased depression. 56 were perforation of the intestine; 10 from hernia, 9 from the appendix cœci, 2 from the cæcum, 4 from cancerous disease of the colon, 9 from disease of the stomach, 15 from typhoid disease of the ileum, 4 from struma, 2 from ovarian adhesions, and 1 from cancerous disease of the vagina. In 5 other cases of fever, peritonitis had resulted, in two of which the perforation was not complete; 1 was of doubtful character, for the ulceration of the ileum was slight, and phthisis was also present. In 19 cases, fæcal abscess had taken place. In 42 cases the peritonitis was caused by extension of disease from the bladder, uterus, or pelvic viscera: thus, 10 from lithotomy, 6 from ovarian disease, and 14 from calculus in the bladder, cystitis, or stricture. In 11 cases, disease of the liver or gall-bladder had led to direct extension of disease to the serous membrane, and in 3 other cases it followed acute inflammatory disease of the colon, and from disease of the cæcum, not previously mentioned, in three instances. Thus 261 cases from the 501 were produced by disease not commencing in the serous membrane, but propagated to it from adjoining parts; and the author stated that in each of these instances, as far as medicinal treatment could be of service, he believed that the plan suggested by Drs. Stokes and Graves in instances of perforation of the stomach was of the greatest value, in promoting rest to the intestines, the localisation of the mischief, and the acceleration of reparative changes; in many instances that local depletion and the external application of anodyne remedies might be combined with advantage; but that mercury, in the form of grey powder or calomel with opium, was injurious rather than otherwise, as tending to prevent adhesions, exciting action from the bowels, or rendering their contents more fluid, and increasing the depressing effects of the disease on the nervous system. The *second* class of cases consisted of those in which peritonitis was set up by a changed condition of the blood, as in albuminuria, pyæmia, etc. Sixty-three instances were connected with Bright's disease, and in nearly all of an acute kind. It was stated that the peritoneum was rarely the only serous membrane affected. The treatment of the general disease was regarded as best calculated to remove the local affection, assisted sometimes by counter-irritants; but that the ready salivation produced by mercurials did not afford corresponding benefits. Ten were puerperal in their origin; in 13 pyæmia following operations, local suppuration; and 5 others were with erysipelas. Instances were alluded to in which serous membranes became simultaneously affected, perhaps pyæmic, or rheumatic, or from renal disease; and 3 of these were mentioned, one where peritonitis was connected with pericarditis and pleurisy, a second with pneumonia and dysentery, and a third with pericarditis, pleuro-pneumonia, and obscure renal mischief. As to the treatment of these cases, it was regarded that the local affection must be almost lost sight of in the general treatment, and that local depletion and mercurial preparations would not promote the cure in such instances. The *third* class of peritonitis were those connected with general nutritive changes, as cancer, struma, etc., or where, with continued hyperæmia of the peritoneal capillaries in cirrhosis, or heart disease, a very slight exciting cause suffices to produce acute disease. 70 cases rose with struma, 22 acute and 48 chronic and acute. The varieties of the strumous form of disease were mentioned, leading sometimes to serous effusions, to general adhesions, to perforation, or fæcal abscess. The ages were stated not to be limited to early life, many occurring between 30 and 40 years of age. It was urged that in all these cases the same general rules of treatment should be observed as in ordinary strumous disease, sometimes assisted by counter-irritants, very cautious local depletion, anodyne applications and opium; but the avoidance of purgatives and of mercurial preparations was recommended. 40 instances of peritonitis with cancer, besides those already mentioned, were next referred to, 9 in males, and 31 in females. In men, glandular organs were generally affected; and, in women, the ovaries or uterus; but, in 20 instances, the disease consisted of tubercles upon the peritoneum, generally with dropsical effusion: 19 of these were women, and 1 a man; the average age of the former 52, and evidently coming on after the cessation of ovarian functional activity. The inutility of diuretics, and the inadvisability of depressing measures, as mercurials, were spoken of; and it was stated, that paracentesis was often followed by increased effusion of lymph, and the best treatment consisted in sustaining the ebbing powers of life by every means in our power. The *last* cases were those of peritonitis associated with hepatic or heart disease. In 32 of this hepatic complication, 14 were chronic, 12 acute, and 6 acute and chronic. 5 had been previously referred to as rendered acute by tapping. In some instances pneumonia was present, and slight exposures to cold and wet evidently sufficed to induce acute changes. The degenerative arterial changes often found with cirrhosis were mentioned, and that this chronic state sould be borne in mind in the treatment of the acute disease. It was stated that, in early cirrhosis, the usual treatment of peritonitis by calomel and opium was more serviceable than in any other form of peritoneal disease, on account of the stimulating effect of mercurials on the glandular organs of the abdomen; but that even here it was not necessary to produce salivation to ensure the beneficial effects. 9 cases were connected with heart disease. The general causes of peritonitis were:—

From hernia (19 being internal)	102
,, injuries; operations, as tapping, etc.	35
,, perforations of stomach, ileum, cæcum, appendix, colon, etc. (other 13 included under hernia, etc.)	43
And leading to fæcal abscess (2 otherwise mentioned)	17

From ulceration, with *fever*, without perforation ..	5
,, disease of the bladder or pelvic viscera; operations, as lithotomy, etc.	42
,, abscess of the liver, gall stone, etc.	11
,, acute disease of the colon	3
,, other disease of the cæcum	3
	261
From Bright's disease	63
,, pyæmia, puerperal fever, etc.	31
,, strumous disease	70
,, cancer (12 before mentioned)	40
,, hepatic disease (and 5 acute, from tapping) ..	27
,, heart disease	9
	240

The author concluded with the following propositions:—1st. That peritonitis is never idiopathic in its origin, and that we do not find any such instance as acute disease of the peritoneum coming on from mere exposure to cold; in such case, the cold tends to render acute an already existing morbid state. 2nd. That the consideration of the origin of the disease, either in a local or general source, is the best guide to treatment; whether—first, from extension of disease from adjoining viscera, as the ovaries, bladder, intestines, perforations, or injuries; secondly, from blood changes, as occur in albuminuria, pyæmia, or erysipelas; and thirdly, from almost imperceptible changes, or deficiencies, in general health, as in struma, or cancer, or climacteric changes, or as a consequence of the hyperæmia of cirrhosis, or heart disease. 3rd. That, in the first form, perfect rest, the avoidance of food as far as possible, and the mode of treatment recommended by Dr. Stokes, in producing rest to the intestinal canal and peristaltic action, and diminishing the collapse and prostration consequent on the disease—constitute the best mode of treatment; using, as far as need be, other means, as anodyne applications, local depletion; and, in many instances, also seeking to remove the exciting cause, as in cystic disease, etc. 4th. That where peritonitis is a symptom of blood change, as Bright's disease, pyæmia, etc., it may be best relieved by the treatment of the primary disease; but that here opium is sometimes of great value, and more effective without mercurial combination. 5th. That in the treatment of the third class, the consideration of the cause is also our best guide; that strumous and cancerous disease should be regarded in their general relations; and in those connected with hepatic disease, the remembrance of the condition prior to the supervention of the peritonitis should prevent us from using means calculated to increase the primary mischief; and that any benefit due to mercurial action may be attained without mercurial salivation. 6th. That, in general, the benefit ascribed to mercury in the treatment of peritonitis is not established, and may, perhaps, be correctly attributed to the opium with which it is combined.

Dr. Copland said that the statement of Dr. Habershon could not be disputed, that in ninety-nine cases out of a hundred peritonitis, whether acute or chronic, was a consecutive, and not an idiopathic disease. In many cases, however, met with in children, it was difficult to determine what was the more immediate disease. It often arose from disorder of the digestive mucous membrane, from consecutive disease of the glands, especially the lacteal glands. In many of these instances the peritonitis was coexistent with tubercular inflammation of other serous membranes, as of the brain and pleura. The author's treatment appeared to be correct as far as it went. In the majority of cases salivation should be avoided, but there were some cases in which it was required. The author had overlooked a variety of medicines which were useful in cases of peritonitis consequent upon blood-contamination, especially the external application of turpentine by stupes or embrocations, which might go hand-in-hand with the opium treatment. In puerperal diseases scarcely a case could be successfully treated without the use of opium and the external application of turpentine. The most valuable portion of the paper were the statistics; as to the causation of the disease there was nothing new developed; and in regard to treatment the paper was very deficient.

Mr. Pollock said that most Surgeons would agree with Dr. Habershon that, in cases of actual rupture of the intestine, mercury was worse than useless, and opium was the only treatment that could be adopted. In cases, however, where slight bruises of the abdominal wall were followed by peritoneal inflammation, producing constipation, mercury, with the addition of local or general depletion, was often the Surgeon's sheet-anchor. He remembered the case of an old gentleman who was accidentally bruised in the abdomen while in bed, and who found his bowels in a state of discomfort for a few days. About a fortnight after constipation had set in he (Mr. Pollock) saw the patient. There was distinct tenderness, and a solid mass on one side of the umbilicus extending towards the pelvis, and it was concluded that there was a portion of intestine fastened together by the effects of inflammation, and not from any rupture. On the twenty-eighth day the symptoms had very much subsided, and the pain in the abdomen had almost entirely disappeared. During the whole period he had been taking mercury to a small extent, and on the twenty-ninth day the bowels acted for the first time. That, he thought, was a well-marked instance of success resulting from mercurial treatment with very little opium. In another case, occurring in a boy who was kicked by a companion, the mercury did not produce any marked effect till the boy was fully under its influence. He thought the author had not sufficiently distinguished the cases where mercury was injurious and where it was beneficial. He would ask whether Dr. Habershon, in cases of obstruction of the bowel, particularly the large intestine, had found the peritoneal coat of the intestines give way before the mucous coat? It was, he thought, of importance not to delay too long the opening of the large bowel when constipation had taken place from any cause situated in the ascending or descending colon. He had sometimes seen rupture of the peritoneum before the mucous membrane had given way.

Dr. Habershon said it was not his object to establish any new fact, so much as to draw the attention of the Society to peritonitis in its general aspect, rather than as a local and idiopathic disease. He had not referred to the remedy mentioned by Dr. Copland, nor to many others which might doubtless be beneficial. He had not had much experience in the use of turpentine; it sometimes produced intense pain when applied externally, and perhaps equal benefit might be obtained from other means of counter-irritation. He should be glad to know whether, in an undoubted, well-marked case of peritonitis, Dr. Copland would administer turpentine and castor-oil. In the case mentioned by Mr. Pollock, he was disposed to think the bowels would have acted as well without the mercury as with it. In many cases of obstruction, the opium, instead of confining the bowels, might really be regarded as a purgative.

Dr. Copland said he had employed turpentine externally and internally in inflammatory peritonitis, and in peritonitis consequent upon blood-contamination; and he knew of no medicine which, aided by other judicious means, proved more successful. In many cases, the doses of opium should be very large, given frequently, and combined with calomel and camphor. Camphor was especially beneficial where there was much blood-contamination. In cases of peritonitis arising from the impaction of calculi in the ducts, the employment of calomel with opium in large doses was often beneficial. He had lately been called to two such cases, arising from gall-stones in the gall-ducts, which were treated in that manner. One had recovered, and the other was proceeding satisfactorily.

Dr. Ballard asked whether there were any precise data as to the relative cure of peritonitis with and without mercurial treatment. He was disposed to agree with the author as to the extreme value of the sole opium treatment, and should be content to trust to that treatment in almost any cases of acute peritonitis that presented itself. He had occasionally employed mercury externally. The general opinion of the Profession was in favour of a combination of calomel and opium, and the opinion was entitled to respect, and should lead them to retain the use of mercury, if not internally, in some other form.

Dr. Hare said, the treatment of peritonitis by opium or calomel, or by a combination of both, would depend very much upon the view taken of the cause of the disease. In cases of blood-disease, albuminuria, etc., opium would be given to cure the primary disease, and allay the pain; but where the inflammatory action was of a much more acute character, mercury, combined with opium would be found useful, together with local or general depletion. He had seen a case of very acute peritonitis coincident with pneumonia,—

a case as nearly idiopathic as any that could be conceived—in which mercury and opium, with local and general depletion, brought about a complete recovery.

Dr. Schuloff never used mercury in peritonitis. He had been lately called to a case of traumatic peritonitis, which was treated in the usual way without much benefit. He withdrew the mercury, and the effect was most marked. In such cases constipation appeared to him the result of Nature's own effort, which ought not to be counteracted.

Dr. Habershon said the records were taken from Guy's Hospital, and in nearly every case more or less calomel had been used. He had no doubt that in many cases depletion was of great value; but in such a case as that mentioned by Dr. Hare, which probably arose from struma, the administration of calomel to produce salivation, would, he thought, be detrimental, even though applied only externally. In the last class of cases which he had mentioned, the use of mercury tended very much to relieve that engorged state of the portal system which perpetuated the congested state of the peritoneum; but the beneficial results of mercury might be obtained without continuing it so as to produce salivation. In many of the best text-books, peritonitis was regarded as idiopathic in its origin, but he had failed to discover a single case of that character.

Dr. Copland thought that Dr. Habershon had confounded the use of mercury with salivation, which were two distinct things. The preparations of mercury acted most beneficially when no salivation was produced.

Dr. Habershon said he should be sorry to confound the two things; but in the best text-books mercurial salivation was spoken of as the best treatment for peritonitis.

The Society then adjourned.

THE EPIDEMIOLOGICAL SOCIETY.

Monday, December 5.

Dr. Babington, President, in the Chair.

The Report of the Diphtheria Sub-committee of this Society was read by Mr. J. N. Radcliffe.

The report stated that although in February last upwards of 200 circulars, asking for information and containing suggestions for observation, had been distributed among the members of the Society and others in various parts of the Kingdom; and, notwithstanding that the aid of the Profession generally in the inquiry had been sought, through the Medical Journals, the Committee had received, during a period of ten months, only thirteen specific reports and twenty-three general replies. Hence the results of the inquiry were entirely insufficient to form a basis for a general history of the rise and progress of diphtheria in the Kingdom. Nevertheless, the information which has been received respecting the disease was not without value,—1. From the additional light which is thrown, in several respects, upon the development of the epidemic; and, 2. as showing the highly important knowledge which might be obtained respecting epidemic diseases from an inquiry such as that conducted by the committee, if it were generally supported by the members (particularly the non-resident members) of the Society. The facts of chief importance which have been ascertained by this inquiry, may be summed up thus:—1. The positive occurrence of sporadic diphtheria in the counties of Kent and Essex in the years 1853 and 1854; also in different parts of the kingdom, at intervals within the last twenty years. 2. The unusual prevalence of throat affections of all kinds, and not unfrequently of a peculiar kind which might be described as of a *quasi* diphtheric character, prior to, or contemporaneously with the present epidemic of diphtheria. 3. The concurrent or intercurrent prevalence in the same locality, of epidemic diphtheria with epidemic scarlet fever, and the occasional occurrence of a diphtheric affection of the fauces in scarlet fever. The whole of these facts have an important bearing upon the history of the development of the present epidemic of diphtheria.—1. In reference to the introduction of the disease into the Kingdom from without. 2. In reference to the causes which have led to the development of the epidemic. 3. In reference to the relations of the disease to cognate affections, and to scarlet fever. Upon all these points the foregoing facts are valuable, as suggestive of further inquiry, and as indicating the direction in which that inquiry should tend, as well in those districts in which the epidemic has prevailed as in those in which it now prevails. 4. The doubtful contagiousness of the disease, in some districts; its undoubted contagiousness, in others. 5. The insanitary state of the majority of the localities in which the disease occurred. 6. The greater liability to the disease being in the first decennium, or, to narrow the question, the second quinquennium of life. 7. The proportion of males in 100 cases being 42·3; of females, 58·2. 8. The nature of the treatment indicated.—1. The application of more or less stimulating or caustic applications to the diseased parts. 2. The regulation of the excretions. 3. The sustentation of the powers of the system. In concluding their report, the Committee remarked that although the information obtained by them in the present inquiry was exceedingly imperfect, yet it was sufficient to show that if the inquiry had been supported by the members of the Society to the extent that the Committee had hoped it would have been, a large amount of most valuable information respecting diphtheria would have been obtained; information of a character that could be obtained in no other manner than by the systematic co-operation of many and widely separated observers to one and the same end. The Committee suggested that the Society should take into consideration the propriety of adopting other and additional means, if such could be devised, for promoting or ensuring the more satisfactory co-operation of its members in such inquiries as the Society may set on foot; for the Committee felt assured that the present inquiry had proved in a great measure abortive, not so much from indisposition of the members to aid, as from an erroneous estimate of the value of the information which they possessed relative to the subject of inquiry. Thus, it was stated that, in the majority of letters with which the Committee had been favoured in answer to their circular, the writers had contented themselves simply with stating that diphtheria had not appeared in their neighbourhood, or that they had seen but one or two cases of the disease, and consequently their experience would be of no value to the Committee; yet the Committee had specifically asked for particular information respecting the prevailing character of throat-affections where the disease had not manifested itself, and for many items of information where it had, even if it were but in a solitary instance. The Committee further suggested, in respect to the present inquiry, that additional information should be specially sought concerning, 1. The date of the first case or cases of diphtheria which occurred in any district. 2. The occurrence of diphtheria in a sporadic or epidemic form prior to the present outbreak. 3. The character of the throat-affection which occurred contemporary with diphtheria; or that disease being absent, the character of the throat affections which had been observed immediately prior to its appearance in 1857, and subsequently. 4. The relationship existing between diphtheria and scarlet fever. If the suggestions of the Committee respecting further inquiry were adopted by them, the Committee expressed a willingness to continue their duties some time longer, notwithstanding the disheartening result which had attended them hitherto.

A discussion followed, in which Drs. Milroy, Camps, Babington, Sanderson, Greenhow, and Dr. McWilliam took part.

Mr. Radcliffe having replied, the meeting adjourned at ten o'clock.

"I once," writes Montaigne, "asked a very old man at Lucca, if he ever took the baths. He answered, that it was with him as it was with those who lived near Nôtre Dame de Loretto, and never made a pilgrimage to it; and that he never knew the baths of any use except to strangers and those who came from a distance. He added, that he noticed with much sorrow that for some years these baths were more hurtful than useful to those who took them; and that this arose from the circumstance, that in former days there was not a single apothecary in the country, and that Physicians were rarely met with; whilst at present the very contrary was the case. The manifest effect followed—that at these baths more persons died than were cured; and the end will be that they will fall altogether into discredit."—*Montaigne's Journal.*

OBITUARY.

MR. RICHARD SANDFORD, OF WOLVERHAMPTON.

The remains of this respected gentleman were consigned to their final resting-place on the 8th inst. The principal Medical Practitioners of the town, and a number of the deceased's friends, anxious to pay a last tribute of respect to the deceased, followed his remains to the grave. At the cemetery the Rev. W. Dalton, B.D., vicar of St. Paul's, Wolverhampton, officiated, and after reading a portion of the funeral service, and before proceeding to the grave, he made a few appropriate remarks on Mr. Sandford's character as a Medical Practitioner and a Christian man. Mr. Dalton observed that he had known Mr. Sandford for a long time, as he had served his apprenticeship to the Surgical Profession in Wolverhampton. Mr. Sandford went out to Jerusalem to help in the mission there established, and had acted as Surgeon to the excellent Hospital opened there for the benefit of the Jews. On returning to this country, such was the estimation in which he was held, that he not only received many presents from the members of the mission; but the Jews, who had experienced his skill and sympathy, presented him with a silver inkstand, a suitable inscription in Hebrew having been engraved upon it. Mr. Sandford commenced practice in Wolverhampton on his return from Palestine, and was appointed Surgeon to St. Paul's Provident Society at an early period of his residence. In this Institution he took a lively interest, and ministered to the sick members with great care and skill. For some years Mr. Sandford acted as one of the Surgeons at the South Staffordshire Hospital, and took a more than ordinary interest in the cases. He was so earnest in following out cases committed to his care, that even his private practice seemed to be secondary in his eyes.—The above is an extract from an address that was listened to with the most solemn attention, and which, a local paper says, "impressed all that this town had lost a most skilful Surgeon and a most useful member of society."

MR. THOMAS ELLIOT, OF CARLISLE.

We gave a short notice of the death of this esteemed Surgeon soon after the event, which took place at Leeds, on the 18th of October last, the deceased gentleman being then 42 years of age. We now append the following particulars from the *Carlisle Journal*:—

"Having completed his studies in Edinburgh, Mr. Elliot repaired to Paris, where, for two sessions, he diligently availed himself of every opportunity of perfecting his Professional knowledge. He devoted himself in particular to anatomical pursuits, and to the acquirement of a thorough knowledge of operative surgery, availing himself assiduously of the unrivalled advantages which the French capital affords. In 1839, Mr. Elliot obtained the diploma of the College of Surgeons of England, and at once settled down in practice in Carlisle, with his brother, the late Dr. William Elliot. Mr. Elliot from the first devoted himself especially to the practice of surgery; and having directed especial attention to the subject of squinting, his published observations upon that subject excited much attention, and attracted to him many persons labouring under that deformity. From that time Mr. Elliot took the place which he maintained till his death, of the leading surgeon of the county. Nor was his reputation confined to Cumberland; Mr. Elliot was highly esteemed and frequently consulted by Practitioners in the adjoining counties of Northumberland and Westmoreland, and in the south of Scotland. Some years ago Mr. Elliot while excising the elbow-joint of a man of a very depraved constitution, received an injury by the results of which his health for a long time was seriously impaired. He was compelled to retire from practice for many months, and at this period visited Egypt and the East. On his return his health appeared to be re-established, but he was never so strong as previously; yet he laboured most assiduously, and we believe went through an amount of bodily and mental exertion which few could have maintained. Mr. Elliot has left behind him a name, which will be long remembered in the North of England as a distinguished surgeon, and an amiable and philanthropic citizen."

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen were admitted Members at a meeting of the Court of Examiners on Friday, the 9th of December:—

Barnes, Thomas B., Thaxted
Battye, Richard F., Pimlico
Buller, W. B., Sutton, Ely
Bunch, J. J., Wolverhampton
Cocker, J., Blackpool, Preston
Cooper, Thomas R., Oldbury, Birmingham
Culham, James, Drummond-street, Euston-square
Hampton, Edward, Southwark
Johnson, Walter, Colchester
Jones, John, Ilfracombe
Large, Joseph, Oswestry
Ling, J. M., Saxmundham
Parsons, Charles H., Shelton, Coventry
Phillips, E. B., Hales Owen
Sadler, P. L., Warrington
Sedgwick, C., Hollingbourne
Storrow, John, Newbottle, Durham
Winterbotham, J., Castleton

[The preceding gentlemen had previously been in practice as Licentiates of the Society of Apothecaries.]

Hicks, Charles, Smethwick, Birmingham
Meredith, R., Netherton
Sanders, Thomas, Cheshunt

Erratum.—In the List of Members of the College admitted to the Fellowship by election, the following were omitted:—

Cowen, Henry Lionel, Ceylon Rifles
Nugent, Richard, Wolverhampton

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 15th of December:—

Andrew, Augustus Littlewood, Manchester
Bate, Henry Francis, Somersetshire
Dunn, Frederick, Wolverhampton
Hawkins, Thomas Henry, Reading
Hodgson, Henry Frederick (as an Assistant), Cradley-heath, Stafford
Hughes, Robert, Trefriw, North Wales
Michell, Thomas, Redruth, Cornwall
Murray, William, Chele-le-street, Durham
Tacey, William Green, Louth, Lincolnshire
Thompson, John, Snaith

The following gentlemen also on the same day passed their First Examination:—

Griffith, Alfred L., Old Kent-road.
Macnamara, James, Great Ealing, Middlesex
Tofto, Henry, Cambridge

APPOINTMENTS.

Nayler.—Assistant-Surgeon G. Nayler, Bombay Army, has been appointed by Sir C. Wood, to the Warley Dépôt, *vice* Assistant-Surgeon Williams, resigned.

Sanderson.—Dr. Sanderson, of Gloucester-place, Hyde-park, was elected last week Assistant-Physician to the Hospital for Consumption, Brompton.

Smith.—At a General Meeting of the Governors of the City Dispensary, held on Monday, December 19, Dr. William Abbotts Smith was elected to fill the office of Physician to that Institution, rendered vacant by the resignation of Dr. T. W. Jones.

DEATHS.

Coar.—December 12, at Oxford, Thomas Tennant Coar, Surgeon.

Croker.—December 16, at Cross Cottage, Bovey Tracey, John Gifford Croker, M.D. aged 71.

Davidson.—December 19, at Dhufield, Gourock, N.B., William Davidson, M.D.

Dunlop.—December 14, at Whitmuir Hall, near Selkirk, Dr. Walter Dunlop, late of Rochdale.

Elliot.—December 9, at Haltwhistle, Robert Elliot, M.R.C.S. Eng., aged forty-one.

Fulford.—December 18, at Brighton, William Fulford, Resident Medical Officer for thirteen years of the Public Dispensary, Carey-street, Lincoln's-inn, aged 43.

Fulton.—December 12, at his residence, Clonmore, Stillorgan, Henry Fulton, M.D., aged sixty-one.

Graham.—December 12, at his residence, Eden Brow, Carlisle, Robert Hay Graham, M.D., aged sixty-nine.

Hegeman.—Recently, at Mannings ville, United States, Adrian Hegeman, M.D., formerly of New York, aged 40.

Spry.—December 5, Joseph Hume Spry, M.D., of Bath, aged eighty-four.

Wilson.—December 2, at No. 56, King-street, Stirling, North Britain, John Wilson, M.D., Surgeon R.N.

A Barcelona Gentleman advises incorrigible smokers to use potato-leaves instead of tobacco; they will then get a solanaceous plant not virulently poisonous.

Dr. Burdel, of Vierzon, informs the Academy of Medicine, through the mouth of M. Bernard, that intermittent fevers are always accompanied with glucosuria. This is an assertion whose truth may be readily ascertained at all events.

Expenses of a few Royal Commissions. — Lunacy Commission (Scotland), 1741*l.*; Dublin Hospital Commission, 824*l.*; Irish Lunatic Asylums Commission, 3100*l.*; Army Sanitary Commission, 1756*l.*

Medical Students in Lisbon have of late years diminished in numbers. In the Medical year 1838-39, 271 *inscriptions* were noted; but in 1848-49, 62; and, in 1858-59, only 30. In 1844-45, 54 theses were defended; and in 1858-59, only 8.

Foreign Medical Students in Paris.—Besides the 988 *Inscriptions* of the Paris Medical Students for 1859-60, there are 48 of Foreign Medical Students entered in a special register under the title *Elèves bénévoles*. The number last year was 34.

M. Courty, of Montpellier, has, he says, cured a lady of an attack of asthma, on whom for four years all the usual remedies had been tried in vain. His remedial agent was injecting six drops of solution of sulphate of atropine under the skin, as near as possible to the pneumo-gastric nerve. The lady has been well for two months.

Sudden Deaths in Russia during 1857.—These are returned as amounting to 14,755. Among the proximate causes poisoning is returned in 168, crushing (running-over?) in 948, asphyxia in 1089, wounds in 201, freezing in 48, excessive intoxication in 1793, various forms of injury in 3223, and different diseases in 6177.

Morgagni so firmly believed in the contagion of phthisis, that he admits, in his letters, to have scarcely ever made an autopsy of a tuberculous person. "When I was young," he says, "this was for my own preservation; and now I am old, it is for the sake of the youthful students who surround me."

Laennec inoculated himself with tuberculous matter and Alibert and Biett inoculated themselves with cancerous matter; and all the three concluded, from the absence of any local results, that these morbid products were not inoculable. It is a curious fact, nevertheless, that Laennec should have died phthisical; and Alibert and Biett of carcinomatous affections.

La Société d'Acclimation proposes to offer a prize of a thousand francs to any one who will invent a means of destroying an animal, inhabitant of Martinique, called *Bothrops Lancéolé*, or in vulgar tongue *fer de lance*. A great many persons are mutilated by the bite of the animal; and about fifty persons per annum, out of a population of 125,000, fall victims to it. M. Cloquet recommends the introduction of the African stork as a way of destroying it.

Lord Bacon's Skull.—Quaint Thomas Fuller, in his "Worthies," article "Westminster," after relating the burial of Sir Francis Bacon by his express desire in St. Michael's church, St. Albans, adds:—"Since I have read that his grave being occasionally opened, his skull (the relique of civil veneration) was by one King, a Doctor of Physic, made the object of scorn and contempt; but he who then derided the dead has since become the laughing-stock of the living."

"So self-sustaining is the configuration of the limbs that an elephant shot in the brain by Major Rogers in 1836 was killed so instantaneously that it died literally on its knees, and remained resting on them. About the year 1826 Captain Dawson, the engineer of the great road to Kandy, over the Kadaganava-pass, shot an elephant at Hangwélle, on the banks of the Kalawy Ganga; it remained on its feet, but so motionless, that after discharging a few more balls, he was induced to go close to it, and found it dead."—*Sir E. Tennent's "Ceylon,"* Vol. ii. p. 298.

The Russians, not to be outdone in the present extensive mineral-water movement, which is now going on in France, Germany, and England, have, through the mouth of M. Grabowsky, called attention to the lake of Golaïà Pristane, whose muddy waters possess, *on dit*, remarkable curative properties. This village of Golaïà is situated on the Dnieper. A Kherson Doctor has analysed the mud, and has found in it iodine and bromine. It appears that this salt lake yielded salt up to 1845, but that since that year of inundation the manufacture has been stopped.—*L'Union Méd.*

A Work of Charity.—The wife and nine children of a Medical man, formerly in practice in Middlesex, sailed on the 30th November to join him in New Zealand. They had been supported for four years by subscriptions obtained from the Profession. The passage-money amounted to £126, which was also paid, with the exception of £35. Efforts to pay the balance are now being made, as also to send a few pounds to the family in New Zealand. Donations are received by Messrs. Coutts in favour of "*The Doctor's Family.*" The name is not given from motives which are easily understood.

What a seaman can do in the way of travelling, and carrying, and dragging, was ascertained during the Arctic voyages in search of Sir J. Franklin. The maximum weight proper per man was ascertained to be 220 lbs.; and of that weight, 3 lbs. per diem was consumed by each man for food and fuel—viz., 1 lb. of bread and 1 lb. of meat, while the other pound comprised his spirits, tea, cocoa, sugar, tobacco, and fuel for cooking. Upon this estimate it was found that, for a hundred days' journey, they could march ten miles per diem, and endure a temperature with impunity of 50 or 60 degrees below the freezing point.—*Once a Week.*

Swallows' nests have long been objects of commerce amongst the people of Eastern countries, who consider them as nutritive and aphrodisiac. The weight of these nests annually exported from the great Indian Archipelago is reckoned at about 242,000lbs.—the value being about 150 francs per lb. for the first quality, 100 francs for the second quality, and 70 francs for the third. These nests are also sold in Paris in small quantities at about 6½ francs per nest weighing 8 grammes (two drachms). The researches of M. Payen show that a glutinous and alimentary substance forms generally the greatest part of these nests, and is a peculiar secretion nitrogenous and analogous to animal mucus, admitting sulphur into its composition, without any organisation, swelling under the action of cold and especially of hot water, which dissolves the greater part, and is incapable of producing a coagulable solution when cold. M. Payen proposes to call this matter "cubilose" (cubile).

Remarkable Longevity.—A correspondent, Mr. Arthur Bowes, of Upper Clapton, informs us that the following remarkable instances of longevity occurred in the obituary of the *Times* of the 8th inst.—viz., nine deaths at the respective ages of 94, 79, 81, 96, 77, 84, 87, 91, and 76, making a grand total of 765, or an average of 85 years each. Similar instances of longevity may frequently be noticed by studious examiners of the column in which we record the mortality of the day. For example, in the list of deaths in the *Times* of December 19, we find that one-third of the number (eight) took place at the following advanced ages—viz., 78, 83, 80, 87, 70, 74, 85, and 68, giving the high average of 78⅛ years to each person. The *Times* of Wednesday recorded the deaths of eight elderly people, whose ages were respectively 80, 85, 84, 80, 75, 86, 83, and 76, giving the high average of 81⅛ years for each life. Six of the deceased were gentlemen, the two old ladies having attained the respective ages of 86 and 83. One of the octogenarians was a dignitary of the Church.

Operations under Hypnotism in Paris.—M. Azam, a Physician of Bordeaux, has recently come to Paris full of a discovery of a new mode of performing Surgical operations during insensibility. New it is not, for he was first led to its investigation by Mr. Braid's writings on "Hypnotism;" but he has performed various additional experiments respecting it. The subject sitting or lying down, the operator places a mirror a few inches from his eyes, and in such a manner, that the eyes are directed strongly upwards by the superior recti muscles kept at their extremest point of contraction. In this attitude convergent strabismus is produced, together with considerable fatigue of the eyes. After scarcely two or three minutes the pupils first contract and then dilate, the eyelids first rapidly oscillating and then closing—the patient soon, in act, being asleep. Now are observed two symptoms which are in a greater or less degree almost constantly present—viz, *catalepsy*—in all points resembling the affection so named—and *anæsthesia*, which lasts from three to fifteen minutes, and which is followed by very marked hyperæsthesia. Any of these phenomena may be cut short during their manifestation by friction of the eyelids or by directing on them a current of very cold air. MM. Broca and Follin have repeated this

experiment with the same results; and in a case under their care a perineal abscess has been opened during hypnotism without any pain whatever.

Dr. Hammond has undertaken experiments to test the theory of Frerichs concerning uræmia. Frerichs regards the symptoms of poisoning of the blood so often observed in Bright's disease, not as the direct effect of urea in the blood, but as the result of the conversion of the urea into carbonate of ammonia. He performs two series of experiments; one on healthy animals, and another on animals without kidneys. The substances injected were urea, urea and vesical mucus, carbonate of ammonia, nitrate of potass, and sulphate of soda. His experiments do not confirm Frerichs' theory. In no case in which urea was injected into the blood was ammonia discovered in the respired air, in the matters vomited, or contained in the stomach. It follows, in short, from his experiments, that urea alone, or combined with vesical mucus, or carbonate of ammonia, and sulphate of potass, injected into the blood of animals, will not cause death; that nitrate of potass, introduced in a similar manner, is rapidly fatal; that death follows the injection of each of these substances when the kidneys are removed. In no case is urea introduced directly into the circulation changed into carbonate of ammonia.—*Gaz. Méd.*

Prize Questions proposed by the Academie de Médecine for 1860 and 1861.—The Academy Prize of 1000 francs for 1860: "What means are there of preventing the accidents which the employment of ether or chloroform may give rise to; and what are the means of remedying them?" for 1861, "Disinfectants and their therapeutical applications." The Portal Prize of 700 francs for 1860: "The vascular obstructions of the circulatory system of the lungs, and the practical applications which may be thence deduced, *i.e.* examine by means of positive observations the various species of sanguineous concretions which may obstruct the vessels of the pulmonary circulation, appreciating the causes, the immediate effects, and the ulterior consequences; also seek for the mechanism of cure of these morbid conditions, determine the signs which permit their recognition, and lay down the treatment they demand." The Prize of 1000 francs for 1861: "Purulent inflammation of the lymphatic vessels, and its influence on the economy." Madame Bernard de Civrieux' Prize of 2000 francs for 1860: "Appreciate the influence of Chloro-anæmia on excessive excitement of the nervous system, both as relates to diagnosis and treatment. With respect to diagnosis, the cases must be especially dwelt upon in which the nervous excitement has been mistaken for acute or chronic affections of the part in which such excitement has been seated." The Prize for 1861: "Angina Pectoris." The Capuron Prizes for 1860, each of 1000 francs:—1st. "Puerperal paralysis;" 2nd. "Determine by medical observation the physiological and therapeutical action of natural sulphurous mineral waters; and specify the pathological conditions in which one spring should be preferred to another." The two Prizes for 1861: 1st. "The influence which the diseases of the mother during pregnancy may exert on the constitution and health of her offspring;" 2nd. "For the best work recently published on mineral waters." The Barbier Prizes for 1860 and 1861, the former of 2000, and the latter of 4000 francs, to be decreed to the person who shall have discovered a complete means of cure for diseases reputed incurable, as hydrophobia, cancer, epilepsy, scrofula, typhus, cholera, etc. The Amussat Prize of 1000 francs for 1861, to be decreed to the author of the work or researches, based both on anatomy and experience, which has realised or prepared the way for the most important improvement in surgical therapeutics. (This prize has been adjudged this year to M. Ollier, for his researches on transplantation of periosteum.) The Orfila Prize of 2000 francs for 1860, for "Researches on poisonous mushrooms, in their chemical, physiological, pathological, and especially their toxological relations." The Itard Prize of 3000 francs for 1861, to be adjudged to the author of the best book or memoir on practical medicine, as applied to therapeutics, such work having been published at least two years. The competing essays to be written in French or Latin, and delivered at the Academie by the 1st of March of the respective years.

St. Luke's Hospital, New York.—This Hospital, which has been recently added to the Medical institutions of New York, is a commanding edifice of brick, with brown stone trimmings, built in the Norman style of architecture. In the centre is a handsome chapel; right and left of it a lofty square tower, from which on either side the Hospital wings extend, three stories in height. The entire frontage of the building is 280 feet. The wards are 100 feet in length by 30 in breadth, and along either side are ranged the white-curtained beds, each furnished with a table and small carpet. There are a few smaller wards for cases which require seclusion. The wards terminate in the central chapel, whose acoustic properties are such, as to render the services audible to the extremities of the building. The ventilation is most perfect; for there is but a single range of wards between the external walls, and these bounded again by broad and airy corridors; while, to avoid the possibility of contamination, a large revolving fan in an adjoining building, connected with a steam-engine, is able to drive a current of fresh air into the Hospital, and change the entire atmosphere of the house in a very few minutes. The Hospital is intended to accommodate 200 patients, and is under the charge of a staff of four consulting, and four attending Physicians, the same number of Surgeons, a Pathological Chemist, an Admitting Physician, and a Resident. Each ward is under the superintendence of a sister, who sees that each prescription is administered, and each order of the Medical attendants carried out; while the menial offices are performed by nurses, male or female, under her supervision. One main feature of the Hospital is, that it is not intended for the destitute only, but for the sick of all ranks, whose domestic arrangements do not enable them to be well nursed at home. A bed in one of the general wards may be had for a few dollars a-week by those who are able to pay, while those who cannot pay, are accommodated gratuitously. Moreover, there are comfortable private rooms, with baths and other conveniences, for the reception of strangers taken sick in the city, and others who wish to combine the precision of Hospital attendance with the luxuries of home. In fact, the leading feature of St. Luke's is, that it is a home for those who enter its walls; where no one is treated as a pauper, or tended by hirelings, but where all the arrangements are under the personal care of a sisterhood of Christian women, refined and educated ladies who have given their lives to the work. This Hospital was projected, and mainly carried out, by the Rev. Dr. Mechlenberg, Rector of the Church of the Holy Communion at New York, who visited England a few years ago, and inspected the leading Hospitals here, and on the Continent. It is supported by that vigorous offshoot of the English Established Church, which flourishes, although a non-established church, among our American kinsmen; yet it gives its benefits unsparingly to all alike, without distinction of creed. We can only express our fervent hope that St. Luke's may, by its ventilation, be exempted from those Hospital diseases, pyæmia and the like, which so often here render the highest exertions of Surgical skill useless.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 17, 1859.

BIRTHS.

Births of Boys, 952; Girls, 879; Total, 1831.
Average of 10 corresponding weeks, 1849–58, 1598·1

DEATHS.

	Males.	Females.	Total.
Deaths during the week	676	613	1289
Average of the ten years 1849–58	623·1	594·4	1217·5
Average corrected to increased population	..	..	1339
Deaths of people above 90	..	..	5
Deaths in 15 General Hospitals	37	19	56

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	7	3	15	1	9	1	3
North	490,396	13	3	23	1	7	1	7
Central	393,256	6	12	8	1	5	2	4
East	485,522	11	14	18	1	3	2	7
South	616,635	8	4	19	2	8	2	2
Total	2,362,236	45	36	83	6	32	8	23

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·940 in.
Mean temperature	28·6
Highest point of thermometer	40·4
Lowest point of thermometer	15·5
Mean dew-point temperature	23·7
General direction of wind	N.
Whole amount of rain in the week	0·01
Amount of horizontal movement of air in the week	973 miles.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

DR. SIMPSON'S

CLINICAL LECTURES ON THE DISEASES OF WOMEN

WILL BE CONTINUED, INCLUDING

OCCASIONAL CLINICAL LECTURES ON CASES IN OBSTETRIC SURGERY.

CRANIOCLASM—A NEW FORM OF CRANIOTOMY.

FIBROID TUMOURS AND POLYPI OF THE UTERUS.

INFLAMMATORY AFFECTIONS OF THE UTERUS AND VAGINA.

DISPLACEMENTS OF THE UTERUS.

DISEASES OF MENSTRUATION.

PHYSICAL DIAGNOSIS OF DISEASES OF THE UTERUS, OVARIES, ETC.

SURGICAL OPERATIONS ON THE VAGINA AND PERINEUM.

ALSO, A COURSE OF LECTURES

ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED DURING THE PRESENT WINTER SESSION,

(Specially reported for this Journal, and corrected by the Lecturer,)

BY PROFESSOR CLAUDE BERNARD,

Member of the Institute of France, Professor of General Physiology at the Faculty of Sciences.

AND OCCASIONAL LECTURES

BY

EMINENT LONDON TEACHERS.

In the same Volume,

A SERIES OF PAPERS WILL APPEAR

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL;

AND

II. CONSULTATIONS.

Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES.

Mr. Leeming's case of Bronzed Skin shall appear in an early number.

Mr. Griffith's letter on Scarification of the Epiglottis shall appear next week.

Staff Surgeon Rennie's Case of Secondary Hæmorrhage shall appear in an early number.

Dr. H.—We do not think the publication of the letter on the Association of Foreign Graduates would assist the objects of the Association.

Mr. Charles.—We cannot publish the list of successful candidates for the East India appointments until Sir Charles Wood's approval has been made known.

A Subscriber in advance.—It is entirely a matter of local arrangement. In many districts the Union Medical Officer attends the master and mistress of the workhouse as a part of his contract. In others they are looked on as private patients.

Argentis.—The Act does not prevent Foreign Graduates from using their academical titles; but those graduates who are not registered cannot claim the privilege of registered persons laid down in Clauses 31, 32, 33, 34, and 35; and it is distinctly laid down in clauses 36 and 37, that unregistered persons cannot hold certain appointments, or sign valid certificates required by any Act of Parliament.

A Protesting Member.—Several protests will probably be sent in this week to the Council of the College. It is high time that the present "sale of indulgences" should be stopped. We are informed that, not satisfied with inflicting Messrs. Horton and Meredith upon the Dudley Practitioners, the Dispenser at the Dispensary is also to obtain the College diploma on equally easy terms. If this be true, it is quite clear that the Council are pursuing a course which will utterly destroy the College.

English and French Names.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The remarks made by some of your correspondents on the English spelling of French names and *vice versâ*, bring to my recollection a curious mistake I observed some months ago in a paper in a French Journal. The writer of the article I allude to quoted a "M. Bart." On investigation I found that the author he referred to was Sir Henry Marsh, Bart. Disregarding the punctuation, the French writer had, after all perhaps not very unnaturally, mistaken what appeared to him to be the last word for the essential part of the name. I am, &c.

Dublin, December 16, 1859. A Constant Reader.

Alcohol in the Blood.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I see a communication in your last number, in reference to the entrance of alcohol into the blood. There is nothing new in this fact. When I was at College in Dublin, in the winter of 1833, a drunken man had a scuffle with the watchman in one of the streets near the Mercer's Hospital. The man fell in the scuffle, and died during the night. Of course it was necessary to have a post-mortem examination to ascertain whether the man died from drunkenness, or from injury at the hands of the watchman. I was permitted to see the dissection of the brain, which was taken to the Anatomical Theatre of the Digges-street school. There was a small quantity of fluid in the ventricles. It smelled very strongly of whiskey, and when a lighted candle was applied to it it burned away with a blue flame I am, &c. James C. L. Carson, M.D.

Coleraine, Ireland, December 19, 1859.

COMMUNICATIONS have been received from —

Professor Simpson; Dr. Conolly; Mr. Teale; Dr. M'Cormack; Dr. Richardson; Dr. Barclay; Dr. Halford; Dr. Leared; Dr. Peacock; Mr. Griffin; Mr. Leeming; Dr. Phœbus, Giessen; Mr. Griffith; Mr. Parker; Dr. Hitchman; Mr. Cust; Dr. Cregeen; Mr. Crookes; Mr. Parrock; Mr. Bridges; Mr. Hughes; Mr. Naylor; Dr. Smith; Mr. Vincent; Dr. Appleton; Dr. Thorn; Mr. Dunstan; Dr. Macadam; Mr. Bosisto; Mr. Davidson.

APPOINTMENTS FOR THE WEEK.

December 24. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

26. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

27. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

28. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

29. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

30. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Removal of Tumour from Leg.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXVI.

ON OVARIAN DROPSY.—ITS SURGICAL TREATMENT.

Gentlemen,—Great diversities of opinion have prevailed with respect to the proper principles on which the Surgical treatment of cystic or dropsical tumours of the ovary ought to be conducted; many methods of Surgical treatment have been proposed; and some authorities have doubted the propriety of all Surgical interference whatever. It would be almost an endless, and, withal, a very profitless task, were I to dwell upon all the details of the different modes of Surgical practice that have been resorted to in the treatment of ovarian dropsies. You will be better able to undertake the management of a case when it comes under your own observation, if I now endeavour to point out and illustrate the general principles which must be followed in the treatment of the malady. But let me premise a hope that in the course of a few years—especially as the attention of the Profession is now strongly directed to the subject—we may yet see all the means of its Surgical treatment still more systematised and reduced to order than they have ever yet been, for then only shall we be able duly to appreciate each, and to know in what case to adopt or in what to reject it.

Of all the Surgical means, then, by which it has been attempted to reduce and keep reduced, an ovarian tumour, perhaps the simplest is

I. The Application of Pressure.

Mr. Benjamin Bell, and Dr. Hamilton, of this city, tried, long ago, to dispel ovarian tumours by means of pressure; and in later years this plan of treatment has been revived by Mr. Baker Brown, who has carried it out much more perseveringly and systematically, and, it is reported, with better success. On what principle, some of you may ask, could we ever hope to arrest the growth, or bring about the resorption of cystic ovarian tumours by the application of pressure? I have already tried to show you that such tumours tend to develope themselves chiefly in the direction in which they meet with least resistance to their increase and growth, and it was supposed that by presenting an adequate obstacle to the growth of the tumour towards the abdominal cavity as persistent and effectual as that which it naturally meets with in the hard-walled cavity of the pelvis, the further progress of the growth might be stayed, and, perhaps, even a certain degree of diminution produced in the size of the tumour. The same principle of treatment has been applied to other forms of morbid growths also, by Recamier, Arnott, Young, and others. It has been attempted in this way, for example, to check the growth of cancerous tumours, and to bring about their destruction, by subjecting them to such a degree of pressure as would hinder the further development of the individual component cells of the compressed mass, or lead to their speedy dissolution and decay. This kind of treatment was carried out long and perseveringly, and in many different ways; but all hope of curing cancer in this way has now, I believe, been given up; and, I believe, that for the cure of ovarian tumours, too, such treatment is almost equally hopeless. Compression of ovarian tumours was effected by means of books, metallic presses, or folds of lint and linen cloth, laced and tied over the abdomen by all kinds of bandages. The application of the compressing agent was sometimes preceded by a preliminary tapping, with the view of preventing a re-accumulation of the fluid in the interior of an evacuated cyst, and, with some hope also, of producing the cohesion of its collapsed walls. I have known cases where this treatment has been tried, and have been told by the patients subjected to it that the amount of pain and distress produced by it was almost intolerable. If you inquire with what degree of success this plan of treatment has been attended, I think you will find it but very slight; and I believe the very few and isolated cases of cure that have been reported as probably or possibly resulting from it will hardly induce you to submit any of your patients to such an irksome and painful process.

II. Paracentesis.

The oldest practice, and that which is still most frequently had recourse to in the treatment of cystic tumours of the ovary, is the removal of the fluid from the largest and most prominent cyst or cysts by tapping them with a trocar and canula, or even by means of a simple knife or lancet. Various questions at once present themselves in connection with this mode of treatment. Let us see, first of all, under what circumstances we ought to puncture an ovarian cyst—or, in other words, let us study

1. *The Cases requiring the Operation.*—In Britain the operation of paracentesis abdominis is, as a rule, almost never had recourse to, till the ovarian tumour has attained such a size that it compresses injuriously the abdominal organs, and interferes with their function, or even impedes the action of the diaphragm, and renders respiration difficult, so that the patient is subjected to much discomfort and suffering, her health, perhaps already damaged and impaired, and, it may be, even her life itself is endangered by the distension to which she is subjected. Some writers have attempted to determine and define in what particular cases and conditions the operation should be performed; but, whatever rules you may find laid down regarding it, I repeat, that when you come to practice you will usually find that the degree of distress which the patient is suffering, or the degree of danger to which her health or life is exposed, are the indications that guide and impel you to the performance of the operations. Having decided as to the necessity of the operation in any particular case, you have next to determine where the tapping should be made; or

2. *The Place of Puncture.*—The puncturing instrument is usually introduced in the linea alba a few inches below the umbilicus, at about the upper third of the distance between the umbilicus and the symphysis pubis, because in most cases the cyst is in this locality sufficiently prominent to be easily pierced, and there are no vessels of any consequence in the abdominal wall which are likely to be a source of hæmorrhage, if they should happen to be injured by the trocar or lancet. I don't very well know for what reason, some Surgeons have proposed to evacuate ovarian cysts by puncturing them through the bladder. I can easily see that there might be a good deal of danger attendant on such a proceeding, but what advantage it could have over other and safer forms of the operation I do not understand. I have sometimes tapped ovarian dropsies at other points of the abdominal walls, as in the middle line above the umbilicus, or in one of the lineæ semicirculares below it; and we are obliged to select these or other spots in those exceptional cases where the cystic mass is too dense at the usual site for abdominal paracentesis, or where the trocar and canula have failed to draw off any sufficient amount of fluid when introduced in the usual position of the linea alba. If the subcutaneous veins are much increased in size,—as they often are vicariouslsy in ovarian dropsies which are large enough to compress the vena cava inferior,—be very careful and choose for the insertion of your trocar a spot which presents no enlarged veins beneath the skin. But in tapping ovarian dropsies the abdominal parietes have not always been selected as the seat of puncture. Sometimes they have been tapped through the vagina and the bladder; and I have read of the proposition of tapping also ovarian cysts through the rectum. The primary objection to performing the operation, as a common rule, through any such dependent localities is simply this,—the denser portion of multilocular ovarian tumours is, as I have already explained to you, almost always placed inferiorly in the cavity or at the brim of the pelvis, and we cannot usually easily or at all reach the larger cyst or cysts of the tumour by entering the canula from below. In some exceptional cases, however, we can readily enough empty the tumour in this way; and if we can there is no valid objection to performing paracentesis, as Nonat, Naumann, Watson, Arnott, Ogden, and others have done, by puncturing the dropsical collection through the roof of the vagina.

3. *Results of the Operation.*—If you ask What results are to be expected from this operation, and with what hope of cure may it be undertaken? I must at once tell you that the hopes of an ultimate and complete cure by means of it are very faint and slight indeed; and that it is usually had recourse to only as a means of temporary palliation. It has happened comparatively but very rarely that the simple tapping of a cystic ovarian tumour has been followed by a final cure of the disease. In ninety-nine cases out of a hundred, where the patient survives the first tapping, the operation requires to be repeated again and again; and every time it is had recourse to the interval, as a general law, becomes shorter and shorter between every two successive tappings. Sometimes women have survived for many years a series of tappings, and enormous quantities of fluid have, in such cases, been drawn off from the cysts, as the following table shows:—

Table of Ovarian Tappings, etc.

Cases.	Number of Tappings, etc.	Quantity of Contents.
Lady Paget (Dr. Mead)	67 in 5 years.	240 gallons.
Mr. Ford's case	49.	350 ,,
Ramsbotham's	129 in 8 years.	461 ,,
Morand	in 10 months.	427 ,,
Martineau, of Norwich.....	80 in 25 years.	729 ,,

The table shows you, I repeat, the frequency with which the operation of tapping has been repeated in a few of the more rare and remarkable cases that have been put on record, and the large quantity of fluid that has been abstracted in each case in the course of these oft-repeated evacuations. Sometimes you may possibly meet with a case where the patient does not succumb until after the lapse of many years, and after the operation has been very frequently repeated. But that is certainly not at all the history of the ordinary run of instances of ovarian dropsy, for the patient usually dies after the operation has been only a few times performed. Let us ask, then,

Is Tapping a Dangerous Operation?

I believe it is by no means free from danger, more especially when performed for the first time. I have just told you that in some instances the operation has been repeated a great many times upon the same woman with the most perfect impunity, and the observation of cases of this kind where patients have been thus frequently tapped, may have led to the conviction impressed on many Professional minds that the operation is as safe as it is simple and easy of performance. But that the operation is not so simple and harmless as it appears, some of you have had an opportunity of seeing in the case of a patient who died in the Hospital in the early part of the year. I doubt not some of you will be able to recal to memory the patient I refer to. She was suffering from a large encysted tumour of the ovary, the great bulk of the disease being produced by the excessive development of a single cyst, which I tapped with the ordinary trocar and canula. The operation must have appeared to you a very simple one; there was no kind of complication or peculiarity about it; and certainly we were but little apprehensive of danger at the time. But in a day or two, inflammation sprang up in the interior of the evacuated cyst, and the patient died of a form of Surgical fever. About the time when that fatal case occurred in the Hospital, I saw, along with Dr. Coldstream, another instance of the disease in the person of a young unmarried lady, who had, when in England, consulted Dr. Clay as to the propriety of ovariotomy. Before, however, finally determining on that point, or on the injection of iodine, or other special measure, we agreed to make one preliminary tapping, to see what might be the nature of the contained fluid; whether there were any adhesions, and what, in short, were the exact characters, relations, and conditions of the tumour, as far as they could be ascertained, after the evacuation of the principal cyst. A quantity of pale bland-looking fluid escaped, and there was nothing noticed at the time in connection with the case to make us apprehensive of the result. But, as in the other case, the lining membrane of the cyst inflamed, and the patient died. Two cases of this kind, occurring so nearly at the same time, serve to remind us very forcibly of what we so readily forget in the midst of the ordinary run of successful—or, at least, innocuous—cases of the operation, viz., that simple tapping of a cystic ovarian tumour may sometimes be fatal. In these two instances, the patients were both operated on for the first time; and I mention this circumstance in order to impress it more emphatically upon you, that the operation is chiefly dangerous when the cyst is for the first time evacuated. When once a patient has been subjected to the operation successfully, or, at least, without undergoing any special hazard, she is comparatively safe, and the operation may be repeated as often as the urgency of her symptoms require it without the same degree of fear of a fatal issue. When a tapping is performed for the second, third, or fourth time, it seldom by itself proves fatal; for when the patient survives the first operation, it is not until she has become exhausted by the successive accumulations and repeated evacuations of the fluid that she finally sinks from gradual exhaustion and irritative fever which succeeds the series of operations. Thus, I have before me a preparation of encysted dropsy of the ovary, taken a short time ago from the body of a patient who died of that disease. The tumour had been growing for about three years, and in the month of July, of last year, it had attained such a size, and interfered so much with the patient's health, that I was obliged to tap her then, for the first time, in order to relieve her of her urgent symptoms. She got over the operation remarkably well, and enjoyed tolerable health for three or four months; but in the end of November the tapping had to be repeated, because of the great re-accumulation of the fluid and the recurrence of the symptoms. She thus again procured a temporary relief, but now of shorter duration, for in two months the tapping had to be again performed. Her recovery on this occasion was not so perfect, and when, in a few weeks afterwards, the fluid was again drawn off, it was found to be mixed with pus. From this time her health and strength rapidly declined; the paracentesis had again to be repeated three different times, and after each renewal of the operation she was found weaker than before, till at last she sank and died in rather less than a year from the time the operation had been first performed. Such a history is the common sad history of many a case of ovarian dropsy and ovarian tapping; though there are many where the progress of the disease is less rapid, and where the evacuation of the fluid requires to be effected much more frequently ere the patient finally succumbs. But all of them alike show that when the first tapping has been safely and successfully got over, the operation may usually be repeated often with less immediate danger. Why is it—you may ask,—that the operation is so much more dangerous when it is performed for the first time? It is usually supposed, and it has often been said, that tapping an ovarian cyst is a very simple operation. But in first cases, at least, it is really not so. After the operation has been once performed, you may often expect some adhesion to have taken place between the surface of the tumour and the abdominal parietes, so that the puncturing trocar most probably only penetrates these fibrous masses in future operations; while in first tappings, or in cases where no adhesions have been formed between the tumour and the abdominal wall, the peritoneum is wounded at two points, in one or both of which inflammation may readily be set up, and whence it would speedily spread over a large extent of surface. The fluid escapes usually to some degree into the peritoneum, and all may go on safely enough if this fluid be healthy in character, and unmixed with inflammatory products. But in first cases, with the operation usually postponed as long as possible, you will not unfrequently find that the fluid that flows out is mingled with inflammatory products; and should any of this deteriorated and morbific matter escape past the canula, or through the unclosed aperture of the cyst-wall into the cavity of the peritoneum, it would be sure to light up a degree of inflammation there which might soon prove fatal. We have not very many statistics relating to this subject, but I show you here a Table, from which you can learn both how frequently ovarian tapping proves fatal after its first performance, and how very speedily in the majority of cases the disease hurries on to a fatal termination after the practice of tapping the cyst is once begun. The table is drawn from an Essay by Dr. Fock, published at Berlin in 1856. Several of the patients were tapped many times. The Table shows merely the

DATE OF DEATH OF THE PATIENTS AFTER FIRST TAPPING IN 132 CASES OF OVARIAN DROPSY.

25	died	within some hours or a few days,	
24	,,	,,	six months,
22	,,	,,	the first year,
21	,,	,,	the second year,
11	,,	,,	the third year.
29	only were alive at end of last date.		
132			

The mortality from first tappings, or, in other words, the proportion of the 132 patients that died within a few hours, or a few days at most, after the operation was performed for the first time, was 1 in every 6. Professor Kiwisch, of Wurzburg, lost 9 patients out of 64, or about 1 in every 7, within twenty-four hours after their first tapping for ovarian dropsy. Several years ago Mr. Southam, of Manchester, published a table from different sources of the results of 20 cases of ovarian dropsy treated by paracentesis. Of these 20, 4 died within a few hours after the first tapping; 3 within the first month; 14 in all within nine months. Of the remaining 6, 2 died in eighteen months, and 4 lived from periods varying from four to nine years. Dr. Meigs, of Philadelphia, speaks of his impression being that among the first tappings of ovarian dropsy which he has witnessed during his long and useful Professional life, nearly one-half have been speedily followed by the death of the subject from peritonitis, developed soon after the performance of the operation. This mortality is certainly much larger than the average. But I have said enough to make you cautious and careful in regard to your prognosis in reference to tapping an ovary for the first time. In short, all experience and all statistical records go to show that the operation of tapping for cystic disease of the ovary is not always a safe operation, that it is not usually a satisfactory one, and that it very seldom proves successful. It is very rarely, indeed, that it ever produces a cure; at the best it is usually only a temporary palliative, relieving the patient from symptoms very distressing and immediately dangerous. But after a longer or shorter period the symptoms of distress and danger thus abated and averted are almost sure to return and call for a renewal of the operation; and so the case goes on with intervals of relief following the repeatedly-performed operation, but growing always shorter and shorter till finally the patient gets worn out and dies.

I shall continue my remarks on the Surgical Treatment of Ovarian Disease in my next lecture.

ORIGINAL COMMUNICATIONS.

THE

ANTIPHLOGISTIC POWERS OF MORPHIA

ILLUSTRATED BY ITS USE IN THE TREATMENT OF ACUTE INFLAMMATIONS OF THE SCLEROTIC AND IRIS.

By J. ZACHARIAH LAURENCE, F.R.C.S., M.B. Lond.
Surgeon to the South London Ophthalmic Hospital.

PERHAPS the most (therapeutically) important distinction in the Ophthalmiæ is, whether the conjunctiva or the sclerotic is the part principally affected. It would be foreign to my purpose to enter into the diagnosis of these two classes of inflammations. The most practical difference is in the nature of the pain. While in the conjunctival inflammation the pain is generally less severe ("pricking or scalding"), more superficial, and referred by the patient to the eye-lids; on the other hand, the sclerotic inflammation is characterised by a generally very severe (occasionally agonising), often nocturnal pain (rendering the patient quite sleepless), of a deep-seated throbbing or dead character, and referred to the eye-ball, eye-brow, temple, and head generally. Now the acknowledged and accepted treatment of the day of these cases of sclerotitis and iritis consists in a selection or combination of bleeding, leeching, cupping, blistering, and mercurialisation.

I was first induced to try the effect of the morphia (in Case 1) rather with a view of relieving the excessive pain, than from the hope of any further result; but finding, to my great surprise, that not only was the pain relieved, but the disease itself on the decline, I continued the morphia then with a view of really testing its antiphlogistic powers; and, meeting with success, have administered the same remedy in other cases with good results. Some of these cases I now submit as the evidence of the antiphlogistic powers of morphia; and, the plan of treatment being different from that generally employed, have given them with a detail I should, under other circumstances, not have entered into.

Case 1.—*Acute Sclerotitis—Morphia Treatment—Decline of the Disease in about Four-and-twenty Hours.*—S. S., a middle-aged woman, was admitted to the South London Ophthalmic Hospital on November 3, 1858. The sclerotic was intensely injected, the conjunctiva slightly; the "sclerotic zone" well marked. She suffered such severe shooting pain in the eye-ball, eye-brow, and infra-orbital region, as to render her quite sleepless.

November 3.—℞ Morph. hydrochlor. gr. ¼, every third hour. Warm water fomentations to the eye.

6th.—Took the morphia regularly up to four p.m. yesterday, when she took the last powder. Towards the evening of the 4th the pain in the eye began to abate; now she feels but a slight aching in the eye on exposure to light. The sclerotic vascularity has considerably diminished. She now recovered rapidly under the treatment of a slight conjunctivitis.

Case 2.—*Acute Sclerotitis—Morphia Treatment—Decline of the Disease in less than Twelve Hours.*—H. B., an elderly, but strong man, admitted to the St. Marylebone Dispensary, July 27, 1859. Sclerotitis of a week's duration characterised by intense vascularity of the sclerotic, and a "sharp, burning" pain in the eye-ball and forehead, with nocturnal exacerbation, rendering the patient sleepless. Suffering simultaneously from gout in the great toe. Has done nothing but foment the eye.

℞ Morph. hydrochlor. gr. ½, 3tia. quaque horâ. Warm water fomentations to the eye.

July 29.—Has taken the medicine as prescribed. Slept well, but not heavily, on the night of the 27th after midnight, when the hitherto severe pain in the eye left him. To-day, the vascularity of the tunics greatly diminished; the pain in the eye-ball, brow, and forehead gone, leaving but a trifling pain at the side of the nose. Bowels have not acted since the 27th. To leave off the morphia and take an ounce of castor-oil.

August 1.—Perfectly recovered.

Case 3.—*Double Acute Iritis—Failure of Leeching and Mercurialisation—Morphia Treatment—Decline of Disease within Four-and-twenty Hours.*—E. P. was admitted to the South London Ophthalmic Hospital on August 27, 1859, during my absence from town, and up to September 10, when I first saw her, had been treated by leeching, blistering, mercurialisation and belladonna lotion for the previous three weeks.

September 10.—Iris discoloured; sclerotic deeply injected; pupils dilated (from the belladonna lotion); humours muddy; complains of pain in the eye-balls and eye-brows, "like a rheumatic pain, of an overwhelming weight, of the light causing her great agony;" eye-sight very dim.

℞ Morph. hydrochlor. gr. ½, 4ta. quaque horâ. Warm water fomentations to the eyes.

14th.—Took the first dose of medicine on the night of the 10th. The pain abated, and she expressly stated "very suddenly." She slept that night. On the following morning she could face the light much better. The medicine has made her feel very sick and drowsy. To-day she complains only of a little "pricking and shooting pain." Her eyes are still dim and weak, but the sclerotic injection is nearly gone.

28th.—Since the last report has been taking the morphia in diminished doses, and subsequently a grain of quinine three times a-day. Her eyes are to all appearances perfectly sound; nothing remains of her disease but a slight haziness of vision.

Case 4.—*Acute Sclerotitis—Morphia Treatment—Decline of the Disease in about Seven Hours.*—B. L., aged 40, a working engineer, was admitted to the South London Ophthalmic Hospital on September 24, 1859. Five or six years ago he was struck on the now inflamed eye by something from a forge-fire. He recovered from the accident in about a month. The eye has been inflamed, as it is now, for the last three

weeks. It presents all the usual signs of acute sclerotitis; great sclerotic vascularity (the "sclerotic zone" well marked), excessive lacrymation, great pain (especially at night, rendering him sleepless) referred to the eyeball, eyebrow, and temple, and compared by the patient to the sensation of "a weight hanging from his forehead, and pulling him down;" eyesight "foggy;" over inner part of the cornea a rust-coloured opaque speck, with a minute depression in its centre, evidenced the accident of five years back, but the most careful examination failed to detect any foreign body in the anterior chamber.

September 24.—℞ Morph. hydrochlor., gr. ½, every third hour, watching its effects; warm water fomentations to the eye. Took the first dose about four p.m., felt sleepy about six p,m.; second dose about seven p.m.; the pain began then gradually to "die away;" the third dose about eleven p.m.—slept for three or four hours. The following day (Sunday) at noon but trifling pain was felt, and he slept soundly that night.

28th.—The case was reduced to one of slight conjunctivitis; all pain has left him; found his bowels confined from the medicine. To leave off the morphia, and take a purgative dose of calomel and coloeynth, which completed the cure.

Case 5.—Traumatic Acute Sclerotitis—Morphia Treatment—Decline of the Disease in less than Four-and-twenty Hours.—C. H., aged 46, was on a Thursday evening engaged in Messrs. M——'s factory, pouring some molten iron into a sand mould, when a quantity of hot sand flew into his eye. He came to the South London Ophthalmic Hospital on Saturday, Oct. 1, 1859. With the exception of two minute particles of sand, which I removed with a spill of blotting-paper, all the sand had been removed by one of his fellow-workmen. I found him suffering from intense sclerotitis, marked by universal and high vascularity of the sclerotic and conjunctiva, great lacrymation and excessive pain in the eyeball, compared by the patient to the "prodding of a knife," and rendering him quite sleepless.

October 1.—℞ Morph. hydrochlor., gr. ½, every third hour. Warm-water fomentations.

Took the first dose of morphia about three p.m., and then regularly every three hours. It made him feel very drowsy, and that (Saturday) night he slept soundly. The violent pain was entirely gone on the following morning.

3rd.—The case reduced to one of a simple conjunctivitis, and treated by a purgative dose of calomel, which completed the cure.

Case 6.—Acute Sclerotitis—Failure of the Morphia Treatment—Recovery under Depletion and Mercurialisation.—E. S., aged 48, applied at the South London Ophthalmic Hospital on January 12, 1859. About twelve months before she lost the sight of the now-inflamed eye by a cork from a soda-water bottle. The consequent inflammation of the eye lasted for only a few days; but three or four months afterwards her eyesight began gradually to fade, and she can now only distinguish the outlines (but not the colours) of objects with the injured eye. About three weeks before applying to the Hospital she caught cold in the eye, which now presents the following signs:—Intense sclerotic and conjunctival vascularity ("sclerotic zone" well marked); pupil central of medium size, angular, destitute of contractility. Pain intense, referred to the right eyeball and right side of the head, proceeding from the vertex downwards to the level of the ala nasi.

January 12.—℞ Morph. hydrochl., gr. ⅓, every fourth hour. Warm-water fomentations to the eye.

15th.—Pain and other symptoms unabated. She recovered slowly under leeching, blistering, and mercurialisation.

Whether in this case the deeply diseased state of the eye, or the (too) small doses of the morphia, influenced the failure of the drug, must remain a matter of conjecture.

These cases I consider to establish an important practical fact, viz. that morphia is *per se* a powerful antiphlogistic (a) capable of curing these acute inflammations of the eye, in which up to the present time blood-letting, blistering, and mercurialisation have been considered necessary. As regards loss of blood, all will be agreed on the propriety of dispensing with it, where it can be done so with safety. Again how constant an occurrence is it to see paroxysms of acute inflammations for a time apparently relieved by blood-letting, till the subsequent vascular reaction sets in, but to recur again and again, and require as many repetitions of this same objectionable remedy. I would further ask Surgeons and Physicians, What evidence have they that in the combination of mercury and opium given with a view of "putting the patient under the influence of mercury," as it is termed, it is not really the *opium* which does the good and that the mercury and its action on the mouth may not be, to say the least, useless? (b) And I would finally ask the Physicians of this country to test the powers of morphia in the treatment of the acute inflammations of the internal organs of the body.

If we seek for an explanation of the above very remarkable action of morphia in reducing abnormal fulness of the vessels of the sclerotic, we may find it in the relations of pain to vascular congestion. Pain has generally been regarded rather as the effect, than as the cause of the repletion of blood-vessels; but it is quite an open question, whether or not in certain classes of cases the order of things may not be inverted? Such may be the case in the inflammations of the sclerotic we have just been discussing. That, on the other hand, vascular congestion may react as a cause of pain, is not improbable. The theory I would submit is that the action of morphia in these cases depends on its known power of reducing nervous irritability, which may be viewed as the primary cause of the inflammation. In these deep-seated inflammations of the eye this view is very much borne out by the seat of the pain; this will be found to follow strictly the branches of the fifth nerve; indeed, the precision with which the patients themselves localise the pain is very remarkable, whilst we have further evidence of the nervous nature of these cases in the intense watering of the eye (dependent on irritation of the lachrymal branch of the fifth nerve). In this way I conceive the irritation is propagated to the vessels through the intervention of the connexions existing between the fifth and sympathetic nerves.

Devonshire-street, Portland-place.

(a) In all the cases mentioned, the patients had been using warm fomentations to the eyes before applying at the Hospital.

(b) Again, mercury is presumed to have an "absorbing power" over plastic effusions, such as occur in acute iritis: here too it is a fair question whether the absorption of the inflammatory exudations is not rather a natural process, supervening on the cessation of the inflammation (such as we daily see in the absorption of divided cataracts after the operation by solution, as soon as the inflammatory consequences of the operation have passed off,) than any, if I may be allowed the expression, "mercurial" process?

THE IRON-WIRE SETON IN HYDROCELE.

By THOMAS DAVIDSON, L.R.C.P., L.R.C.S.E.

The iron-wire seton having been suggested in the treatment of hydrocele by high authority, and carried into effect by Dr. Young, of Edinburgh, who reported so favourably of its efficacy in the *Medical Times and Gazette*, I felt disposed to give it a trial in an obstinate case which had resisted the usual treatment.

As the result of the treatment was for a length of time doubtful and unsatisfactory, I am induced to lay the case before the Profession.

Case.—R. R., aged 67, the subject of hydrocele of the right testis for ten years, consulted me about three years ago. I at that time drew off by the trocar and canula twenty-two ounces of serum, and afterwards injected half-an-ounce of dilute tincture of iodine into the tunica vaginalis. In about twelve months the fluid reaccumulated, which I evacuated to the extent of thirty-three ounces; but he would not permit me to inject, in consequence, he said, of the pain it occasioned him in the first operation. He was tapped about twelve months subsequently by a Surgeon in a neighbouring town, who, also, was prevented using the iodine injection.

In August last, the hydrocele being of such a magnitude that it prevented the man from following his usual employment, that of a carpenter, I resolved to give him the chance of a permanent cure by employing the wire seton. On the 22nd of August I introduced six threads of the proper wire from below upwards, with a curved needle suitable for the purpose. The fluid, which would measure at the least forty ounces, speedily escaped. I allowed the seton to remain thirty-six hours, when I removed it gently. At this time,

everything seemed favourable, there being no pain or uneasiness; but in the course of twenty-four hours intense inflammatory action was lighted up in the tunica vaginalis and testis, and distending by effusion the scrotum to an immense extent. It was only by the most assiduous attention, and after using every available means for reducing the inflammation, that its course was ultimately checked. On perceiving fluctuation, I made a free incision into the centre of the tumour, and gave exit to a considerable quantity of fetid pus. In about ten days all discharge ceased and the wound healed; suppuration, however, repeatedly recurred, obliging me from time to time to open the abscesses. The patient was now in the most critical situation, being reduced to a state of great debility, and but for a liberal supply of port wine, beef-tea, etc., the man must have sunk.

The discharge still continuing fetid, I injected into the cavity a solution of chloride of lime morning and evening, keeping the wounds open for many weeks together, and by this means I fortunately succeeded at last in effecting a cure.

By the 10th of November, the wounds were healed, all inflammation had ceased, and the testicle was reduced to its natural size, so that the hydrocele might be pronounced perfectly cured.

The man has not up to the present date regained his strength sufficiently to enable him to resume work, although I expect that in a week or two he will be able to do so. From the extent of the suppuration, and constitutional suffering which occurred in this case, I am apprehensive that without some modification of the operation, the employment of this method of cure will be rather unsafe as a general practice, as we see from the case published in the *Medical Times and Gazette*, for December 10, by Mr. J. B. Thomson, and from another reported by Dr. Gillespie some months ago, that the same constitutional disturbance and excessive suppuration takes place in the young and robust subject, as well as in those more advanced in life.

Belford Villa.

CASE OF HYDROCELE TREATED BY THE METALLIC SETON.

By T. SYMPSON, M.R.C.S.E.

Surgeon to the Lincoln County Hospital.

G. H., aged 4 years, son of a farm labourer, for several weeks attended the Lincoln County Hospital as an out-patient, suffering from a hydrocele the size of a hen's egg. During this time various discutient lotions were applied, and the swelling was twice punctured with a fine trocar without permanent benefit accruing, so on March 14 of the present year he was admitted into the Hospital. On the 15th, by means of a hæmorrhoidal needle, a single silver wire was passed through the sac, and secured by twisting together the two cut extremities. This was allowed to remain in twenty-four hours, by which time the scrotum had become greatly tumefied, and very tender, red, and painful. The constitutional symptoms ran high, and on the 18th, it being plain that suppuration had occurred, an incision was made, which gave exit to about an ounce of pus. After this another abscess formed in the lower part of the scrotum, which required opening on the 25th. Pressure, by means of strapping, was applied on April 10, and on May 16 he was discharged with a scarred and roughened scrotum, but without trace of the hydrocele.

Remarks.—At first I was inclined to ascribe the ill-effects produced by the wire in this case to its having been left in too long; but I now think them more likely to have arisen from some peculiarity of constitution: such results occasionally occurring after other methods of treatment. To all appearance the boy was in excellent health when he entered the Hospital, and there seemed no reason why so simple a procedure as the passing of a silver wire through the tunica vaginalis should occasion so large an amount of irritation; but, probably, had any other operation been substituted, it might have been attended with a similar result.

As the treatment of hydrocele by metallic seton is still *sub judice*, I have thought it right to place this case on record.

Lincoln.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

CLINICAL REPORT ON FAVUS.

(Concluded from page 579.)

Definition and Description.

Favus may be defined as follows:—

A disease of the skin, generally met with on the scalp, characterised by the formation of thick sulphur-yellow crusts resembling dryish putty, which crusts consist almost solely of the thalli and sporules of a fungus.

We are sanguine in the belief that no modification or variety of any disease except Favus ever presents conditions which at all approach to those given in the above short definition.

To describe it we must take considerably more space.

Favus is a disease of the skin of rare occurrence, much more frequent in children than in adults, and seldom or never met with in any excepting the poor. It is characterised by the presence of crusts of a sulphur or canary-yellow colour, which are seldom less, and often more than the sixth of an inch in thickness, which are coherent, but may be made to crumble somewhat like dryish putty, and which are not in the least viscid. These crusts exhale an odour like that of mice, which is often so pungent that a case may be recognised by it alone the moment the patient enters the room. Its crusts when placed under the microscope are seen to consist wholly of cryptogamic elements, sporules and thalli. It is usually met with on the scalp, the interior of the hair-sacs being the favourite habitat of the fungus. It occurs in the most healthy individuals, as well as in the feeble and scrofulous. It almost invariably commences in childhood, and when its subject approaches adult life he usually gets rid of his complaint, though in a few instances the latter may be prolonged to middle age. It never commences *de novo* in adults, except when inoculated. It is communicable by contagion, but does not spread readily, its fungus being difficult of transplantation.

Facts and Opinions as to the Accidental Inoculation (Contagion) of Favus.

For.

Mahon states that he purposely inoculated the scalp of a child, which was affected with "chronic eczema," with favus matter, and produced the eruption characteristic of the latter.

Remak succeeded in producing favus by inoculation on his own skin.

Dr. Hughes Bennett succeeded, after much difficulty, in producing a patch of characteristic favus on the arm of a student whom he inoculated. The experiment was only successful when a portion of favus crust was confined by plaster on an abraded surface.

Mahon relates that his brother-in-law contracted characteristic favus on his fingers whilst engaged in making a drawing from a case.

In eleven instances out of thirty cases in our table in which particulars on this point are recorded, the patients considered that they had derived the disease by contagion from others known to have it.

Against.

"Gruby inoculated with the substance of the favus crust, mammiferous animals, birds, reptiles, insects, and himself, but without any success."—*Quoted by Erasmus Wilson.*

Dr. Hughes Bennett failed to produce the disease after several attempts on his own person.

In twenty out of thirty(a) cases recorded in our tabular statement, patients suffering from favus had no reason to suspect that they had contracted the complaint from any one else.

In twenty-four out of twenty-nine cases in our table the patients, although they had been affected by favus for periods varying from a few months to eighteen years, and had in almost all instances freely exposed themselves to the risk of communicating it, had in no instance any reason to believe that others had caught it from them.

In not a few of the cases referred to in the above general

(a) We cannot employ the whole series of forty-four cases, because in a certain number the details required as to this point are not recorded. This omission does not, however, in any way vitiate the statement of statistical proportions.

For.	Against.
The subject of Case 3 was under Dr. Risdon Bennett's care in St. Thomas's for favus, and in the same ward was John N., the subject of Case 19. The boys were very intimate, and often played together. One day John N. presented a characteristic patch of favus on his shoulder.	statements the risks of contagion had been unusually great; thus the patients had in several cases slept with other children, had used the same brushes and combs, occupied the same ward in Hospitals, workhouses, etc.
Mary S., the subject of Case 5, stated that she had communicated the disease to her sister.	In Case 33 of the tabular series the patient is a woman who has been affected with favus of the scalp for eighteen years, and who still has large patches of crust. During the period she has married and nursed five children, but neither her husband nor any of her infants have ever caught the disease.
William C. and Elizabeth C. (Cases 14 and 15) were brother and sister, and the latter was believed to have contracted favus from the former; both had the disease in a severe form.	Alibert had doubts as to the contagious properties of favus.
Margaret C., the subject of Case 38, contracted favus while an inmate of the Edinburgh Infirmary, under the care of Dr. Hughes Bennett, in the same ward, as Isabella F., who was under treatment for that disease.	Dr. Corrigan writes, "I believe it is not contagious."
Biett writes, "Favus is evidently contagious, although in some instances the attempt to produce contagion has entirely failed."	Mr. E. Wilson states, "My own careful investigations have forced on my mind the conclusion that favus is not contagious."
Cazenave considers it "essentially contagious."	
Gibert writes, "The contagiousness of favus is an established fact."	
Mr. Erichsen avers, that "there cannot be the least doubt that it is very frequently and very readily communicated by contact."	
Rayer states that "favus is a contagious disease."	
Dr. Jenner (1853) considers that the fact "that tinca favosa (favus) is contagious was placed beyond doubt by Remak." (For Remak's experiment see above.)	
Dr. Neligan writes, "It is a contagious disease, the vegetable being propagated by the mycelia."	

We have entered at so much length into the statement of facts bearing upon the question of contagion, not because we consider that the question itself admits of any reasonable doubt, but in the hope of affording some estimate of the degree in which favus possesses this property. When three different and trustworthy experimenters (Mahon, Remak, and Bennett) tell us that they have succeeded in conveying the disease in a typical form by artificial inoculation, the possibility of its communication must surely be regarded as established. All that is requisite for its contagion, in the popular sense of that word, is, that the conditions under which these observers succeeded should occur by accident. Indeed, to admit the cryptogamic nature of the disease, which few now-a-days will be disposed to doubt, is to admit its contagious properties, since, without equivocal generation, the germs of the fungus must be obtained somewhere, and are likely to be easiest had from some one who possesses them. Regarding, however, the fact that favus can be communicated by contagion as an established fact, there still remains the important practical question as to whether it frequently is so—whether, indeed, it is contagious in such a sense that the subjects of it ought to be kept apart from others. In replying to this we must take into account the loathsome and inveterate nature of the disease itself. Although the probability of its spreading be but small, yet it would surely be imprudent in any Medical man to countenance the reckless exposure of healthy children to the risk of contracting such a disgusting malady.

The Cause and Mode of Communication of Favus.

Two schools of opinion exist with regard to the diseases of skin, which are attended by the development of parasitic fungi. The one asserts that these fungi are the sole causes of the eruptions which they attend, and the other that they are little more than an accidental growth upon a pabulum provided for them by a previously-existing morbid condition. With regard to Favus a large majority of authors have adopted the latter view; and having regard to its inveteracy, and its occurrence among the poor only, have taken for granted that it must be associated with a predisposing constitutional condition. Let us examine how far the evidence we have adduced in the present report supports one or the other view.

The following facts have been conclusively established:—1. That it is communicable by inoculation, and sometimes spreads by contagion. 2. That it is of very infrequent occurrence, but is scattered pretty evenly over the British population, and probably with nearly the same degree of frequency over that of the Continent. 3. That it prevails among the poor only. 4. That it is not, excepting in a few instances, met with in association with marked debility, or tendency to scrofula. Now, when a disease, known to be contagious, is met with very rarely, and at the same time occurs in scattered instances widely spread over large communities, two inferences are suggested,—1. That the sources of its contagion must exist very widely; and 2. That the conditions under which contagion can be effected must be very peculiar and unusual. With regard to the second of these we have shown that no evidence whatever exists in favour of the belief that peculiarity in the state of the recipient's health constitutes the element which favours contagion, and we must therefore seek it in the plant itself. That the favus plant needs no previously-existing morbid pabulum for its growth is placed beyond a doubt by the fact that it will develope luxuriantly when introduced intentionally into the skin of a healthy person. The only conclusion left open to us is, therefore, that favus does not become a common disease because its fungus is difficult of transplantation. Granted the possibility of its transplantation, and at the same time its difficulty, and all the facts of the disease are explained, excepting that of wide dissemination. To account for the latter, as first said, we must suppose its seeds to be very generally prevalent. It is extremely improbable that the human subject is the only source from whence its germs are obtained. The lower animals (and mice in particular, since the favus fungus has been proved to infest them) (b) are probably in many instances its communicators. Accepting this hypothesis, it is easy to see why the poor are almost its only subjects: since careless and dirty habits must manifestly favour its communication, and ordinary cleanliness render its spread almost impossible.

A careful review of all the facts of the case induces us therefore, to hold that favus on the human scalp is just as truly and simply a parasite as mistletoe is on the apple-tree, that the implantation of the one as of the other is a matter of accident, and that the rarity of both is accounted for by the difficulty with which such implantation is accomplished. Mistletoe will grow on the healthiest apple-trees, and prefers those which are moderately young. The fact that the favus crust is not viscid, but dry and powdery, and at the same time heavy, will go far to explain its infrequent transplantation, since it can neither be blown about in the air, nor does it adhere easily where it may chance to fall.

Circumstances which Facilitate the Spreading of Favus.

The communication of Favus must be regarded simply as a process of transplantation of a cryptogam. It is difficult under ordinary circumstances; its elements are not viscid, and have little power of fixing themselves in the cutaneous surface. Whatever favours the access of its sporules to the hair follicles assists its contagion; and we may here remark that if in any peculiar temperaments or states of health the follicles are

(b) It is not improbable that mice owe part of their disagreeable odour to their liability to favus. Some mice smell much more pungently than others. The odour of a favus scalp is exactly that of mice concentrated.

more open than usual, such conditions may be readily admitted to be likely to favour its spreading. Accidental inoculation, whether by the finger-nails or by the teeth of a comb, probably occurs not unfrequently, the surface being abraded, and the fungus thus implanted.

The very curious circumstance has been noticed by several observers (Hebra (c), Jenner, etc.) that true ringworm of the scalp (*tinea tondens*) favours the aggression of favus. Dr. Jenner states that he had a favus patient in one of his wards at the Children's Hospital for some weeks, without any instance of contagion occurring, until at length several cases of tinea tondens were admitted, when the latter at once became affected by favus also. That the one does really prepare the way for the other, is rendered additionally probable by the observation that the favus spots always showed themselves on the patches of ringworm. It has been alleged in explanation of this phenomenon, that the one vegetable growth probably prepares the soil for the other, just as a crop of oats is considered to prepare for a crop of clover. We doubt much, however, whether a simpler explanation is not amply sufficient, and whether to consider the tinea tondens in the light merely of a plough (to still borrow agricultural similes) would not be more correct. The latter destroys and breaks up the hair, thus exposing the scalp surface; and it also disturbs the epidermis, and thus renders the access of the favus sporules and their adhesion to the part more easy. Thistledown, which would not easily plant itself in a luxuriant meadow, will grow with ease if the sods be once disturbed by the plough or spade.

Other scalp diseases common in childhood, such as the common porrigo, impetigo, eczema, etc., do not appear to render their subjects liable to favus. The reason of this is obvious,—instead of exposing a clean scalp surface with its epidermic scales partially detached as tinea does, these affections coat the skin over with a more or less thick and protective scab. A clear proof is here that the favus fungus is not, as some have fancied, merely a growth of mould on the accumulated secretions of other eruptions.

Does Favus exert an Injurious Influence on the General Health?

In several of the cases in our series, the patients were stated to have had good health prior to the outbreak of the disease, and to have been ailing ever since. (See Cases 14, 15, and 16.) In several, also, in which the patients were girls, menstruation had been unusually delayed. Observers have adverted to the supposed fact, that its subjects are usually of dull intelligence; but this is surely explicable by the circumstance, that they are prevented by the loathsome nature of their disease from going to school, and to a large extent from free and equal association with other children. It may easily be granted as probable, that a disease which must almost wholly suspend the function of the tract of skin which it affects, and which often involves a large extent of surface, cannot possibly be without some deleterious influence on the general health. The measure of the prejudicial effect is probably in proportion with the extent of surface affected. In rare instances it may almost cover the body, and in such very serious consequences may be expected to ensue. There is in the Museum of St. Thomas's Hospital, a portion of favus skin preserved, said to have been removed from the body of a young man who had died of the disease. Several authors mention the occasional occurrence of death from favus, but we have not met with any recorded example of it. Our series abundantly proves that in a large majority of favus cases the general health of the patient is not materially interfered with.

Differential Diagnosis.

Eczema, Porrigo, and Impetigo are the only eruptive diseases with which Favus can possibly be confounded, and the circumstances are very infrequent in which there can be any difficulty in the diagnosis.

From *Eczema* Favus may always be distinguished—1st, By its mouse-like odour; 2nd, By its thick powdery crust, consisting of sporules instead of epidermal and inflammatory elements. It is only when, on the one hand, the eczematous crust is very thick, and, on the other, that of Favus is supposed to have ill-marked characters, that any chance of confusion can occur.

(c) In several of Hebra's magnificent plates this conjunction of the two diseases is shown.

Common Porrigo is the disease which is constantly confounded with true favus. Its crusts are, however, moist and viscid, instead of dry and powdery, and under the microscope they show pus and exudation cells, instead of sporules and thalli. Its odour is often very disagreeable, and almost fetid, but never pungent and mouse-like. It does not destroy or thin the hair, but mats it together. The duration of the case may often be used as a guide in diagnosis; a favus patient will usually tell you that he has had his eruption for many months, if not years, while the history of porriginous cases is usually one of a few weeks.

Impetigo very rarely simulates the characters of favus. When it does so, it approaches those of porrigo, and the above remarks will apply equally well to it.

Treatment.

The fact stated of the obstinacy of cases in our series, despite the most various plans of treatment, sufficiently indicates the intractability of favus. Almost all writers who have boasted of their ability to cure favus have committed one of two mistakes; either they have taken cases of porrigo for those of its far more severe and inveterate congener, or they have considered their patients "cured" as soon as the eruption ceased to appear. The majority of its vaunted remedies have, therefore, no claim to our notice. The following plans of treatment are those of different modern dermatologists well acquainted with the diagnosis and true pathology of the disease:—

Mr. Startin's plan of treatment, as adopted at the Hospital for Diseases of the Skin, is to clean away the scabs, either by poultices or careful washing, and then apply freely an ointment containing sulphur and the ammonio-chloride of mercury. The latter should be in proportion of about a scruple to the ounce of lard. By this plan we have often seen scalps which have been covered with favus got perfectly clean, and apparently cured in the course of a few weeks.

Dr. Jenner's treatment is, like Mr. Startin's, based on the principle of employing parasiticidal remedies, and consists in the free use of lotions or baths containing sulphurous acid.

Dr. Hughes Bennett endeavours to prevent vegetable growth by the exclusion of atmospheric air, applying with that object cod-liver oil, and covering the scalp with oil-silk.

Dr. Neligan employs an ointment of the iodide of lead, after having cleaned the scalp by poultices and alkaline washes (d).

We cannot think that it is a matter of any very great consequence in what manner the cryptogam-destroyer is used, or whether the drug chosen be creosote, mercury, or sulphur. Whatever plan is adopted, the secret lies in following it out perseveringly, and without suspending it, because the disease may appear for a time to be well. The removal of the hairs from the affected part by means of tweezers, is a measure which, if the patient will allow it, and the Surgeon has zeal enough to adopt it, is one likely to materially increase the chance of genuine cures being obtained.

Attempts have been made to calculate the average length of time required under different methods for the cure of this inveterate disease. Thus Dr. Hughes Bennett states that he found the average duration of his plan to be six weeks. But in truth, no case of favus ought to be counted as "cured" unless it has been watched for a full year. That after a month or two of medication in an Hospital, a favus scalp is got quite free from crust, and that it remains so for a few weeks, is a kind of fact which must go for nothing. If such cases are "cures," we might count most of the cases in our series many times over, since they had been discharged well for the time being from many Hospitals. Our own position, as attending the practice of many Hospitals, afforded us peculiar advantages for becoming acquainted with the inveterate character of favus, and its extreme liability to relapse. Over and over again we met a patient whose case we had observed with interest in one Hospital, and who had been at length dismissed as "cured," under treatment at some other Institution a few months later.

(d) It should be stated that Dr. Neligan, Dr. Hughes Bennett, and Mr. Startin, all employ constitutional treatment, and insist upon it as of importance. This, however, is, according to our own deductions, wholly needless, excepting in special cases where the patient may chance to be out of health. If relied upon as of efficiency in the cure, it may become worse than needless, leading to neglect of topical remedies.

SUMMARY OF CONCLUSIONS.

1. That favus is a disease wholly depending upon the implantation of a fungus.
2. That it is contagious, and, in fact, spreads solely by contagion; but that its fungus being difficult of transplantation, it is but rarely communicated.
3. That the conditions which favour its communication are neglect of personal cleanliness, the existence of tinea tonsurans, and any irritation such as the rough use of a comb, etc. which approaches to the performance of innoculation.
4. That the young only are liable to its outbreak, but that it may be produced by intentional inoculation in adults.
5. That the fungus developes chiefly in the hair-follicles.
6. That its crusts consist almost solely of fungus elements, and that it is thus easily diagnosed by the microscope.
7. That the state of the patient's general health has little or nothing to do with favouring its outbreak.
8. That it has no connexion whatever with struma.
9. That it usually attacks children between the ages of one and twelve, and that when once well established in the scalp is rarely got rid of before adult age.
10. That if it continues long unarrested it destroys the hairs and their follicles.
11. That it is a disease never seen among the better (*i. e.* more cleanly) classes.
12. That it is of infrequent occurrence, and that it papears to occur with almost equal rarity in proportion to population in London, Edinburgh, Dublin, and Paris.
13. That when it occurs on the naked integument it is easily curable, but when on the scalp it is most intractable; the difference probably being that in the latter position its spores spread deeply into the long hair-follicles, where they escape the influence of parasiticidal remedies.
14. That the only available treatment is by the persevering employment of one or other of the parasiticidal drugs, sulphur, creosote, or mercury, the action of which is greatly facilitated by epilation of the part.

JONATHAN HUTCHINSON.

Sir Ralph Anstruther has been appointed Rector of the University of St. Andrews.

Manchester Royal School of Medicine and Surgery.—The annual distribution of prizes and certificates to students in the above school took place on December 14, in the Lecture Theatre of the Royal Institution. Prizes for Third Year's Students: Scholarship, value £20.—No award. First Prize, value £5 5s.—Mr. Joseph Bancroft, Stretford; Second Prize, value £3 3s.—Mr. William Stanfield, Dukinfield; Third Prize, value £2 2s.—Mr. William L. Powell, Macclesfield. Prizes for Second Year's Students: Scholarship, value £15.—Mr. John Cockroft, Middleham, Yorkshire. First Prize, value £5 5s.—Mr. William H. Barlow, Manchester; Second Prize, value £3 3s.—Mr. Daniel J. Leech, Hulme. Prizes for First Year's Students: Scholarship, value £10.—Mr. Herbert Grove Lee, Thame, Oxfordshire. First Prize, value £5 5s.—Mr. George Huntstone, Broughton; Second Prize, value £3 3s.—Mr. James Allen, Macclesfield; Third Prize, value £2 2s.—Mr. Bath. C. Smart, Greenheys; Fourth Prize, value £1 1s.—Mr. A. F. Pennington, Warrington. Certificates of Merit for First Year's Students: Mr. Frederick J. Roberts, Hulme; Mr. Arthur Kidd, Chorlton-upon-Medlock; Mr. Robert Paton, Manchester. Prize for Animal Physiology.—Mr. James Yates, Oldham. Certificates of Honour: Messrs. William N. Hughes, Robert Paton, John Gregory, George Huntstone, John Holt, William Hoyle, T. P. Dean, Frederick Fairbank, F. Worthington, Daniel Taylor, Daniel Leach, Henry Cartmel, F. Roberts, F. A. Pennington, Thomas Hill, James Yates, James Allen, John Wells, Arthur Kidd, William Walls, James M. Rigby, George Howarth, W. H. Rayner, W. O. Jones, W. R. Powell, J. Bancroft, Octavius Dean, David Brown, W. H. Emmett, Hiram Utley, W. H. Barlow, J. G. Nicholson, William Hoyle, Robert Jones, W. J. Hunt, John Guest, Frederick Folkes, Thomas Martin, J. R. Bramwell, James Howson, Thomas Tweedale, William Bird, William Folkes, John Willett, Bath. C. Smart, George Clapperton, John Anderton, George Newton, John Cockcroft, Thomas T. Ker, E. R. Lever, Abraham Leach, J. W. Morris, H. C. Boutflower, John Watson, Samuel Rains, Dennis Meany, Herbert Lee, J. Hollinworth.

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Medical Times and Gazette.

SATURDAY, DECEMBER 31.

1859.

The publication of this number of our Journal brings us to the close of the year 1859. It began more hopefully for the Medical Profession than many that have gone before. A new order of things was being gradually set in operation; we had promise of enjoying the fruits of the leisure and clear-mindedness of a few years of peace, and a fair field for exertion in carrying out the duties of our calling lay before us all. We do not think that a brief review of the events that have happened, and of the work that has been accomplished, will do other than cheer us on to future efforts, and bring to light as little ground for regret as can be expected in the ordinary course of human affairs.

The new year opened upon us in all the bustle of registration, each one endeavouring to settle himself into his appointed place in the Professional ranks, and to prevent the intrusion of pretenders. Soon upon this, and as it were spontaneously, arose the general out-growth of Registration Societies; which, originally intended to aid the registrar in the production of a correct list of qualified persons, have since developed themselves into the more useful shape of district boards of guardians, watching the proceedings of impostors, and following out their practices to conviction and fine before the local tribunals. These societies now embrace the greater part of the kingdom, and many of them have become affiliated with the Central Association in London. It was not long before the new Act was proved to be no dead letter. The first case of prosecution to which it gave rise was that of Messrs. Prothero and Reeves, for conspiracy to defraud the Dublin College of Physicians; resulting in a plea of guilty. Many other charges of practising without qualification have since been substantiated, owing to the intelligent determination of the greater part of the magistracy to act in accordance with the intentions of the Legislature. The case of Henry Scott, however, as decided by Mr. Jardine, led to the discovery that no Register, properly so called, was in existence, and to the passing of an order by the Medical Council for a manuscript register to be prepared forthwith. This body, as constituted in the previous autumn, with Sir Benjamin Brodie, President, resumed its sittings in the month of August. Having already disposed of its formative arrangements, and provided for the publication of the Register, which took place early in July, it now proceeded to the more important business connected with the question of education and examination; confining attention, however, this year solely to one point, that of Preliminary Education. Full minutes of these meetings will be found in their proper place in this Journal.

The first gathering of the new Obstetrical Society of London came off at the beginning of January, and was chiefly devote

to an Inaugural Address by the President, Dr. Rigby. Its success has now been assured by the industry of its officers, and the steady increase in the number of its members. In connection with this subject we may note that Sir James Clark was in this month summoned to Berlin to be present at the accouchement of the Princess Frederick William; and about the same time the Profession was gratified by the appointment of Dr. Watson, as Physician Extraordinary to the Queen.

One of the first events of the year was the issuing of a memorandum by the President of the Poor-Law Board, suggesting modifications in the manner of furnishing Medical relief, by which he sought to ascertain the feelings of the Guardians and Surgeons as to some important changes of the present system. We are not aware that any good has hitherto arisen from the agitation this document occasioned, but we feel confident that it only requires full and temperate discussion to bring these matters to an equitable adjustment. The publication of this paper of proposals was speedily followed by that of the temporary bye-laws of the College of Physicians of London, regulating the admission of its Extra-Licentiates and Diplomated Physicians as Licentiates, and of its Licentiates to the Fellowship. The influx of new members commenced in April, but was for a time restrained by the anticipation of a remission of the stamp duty. This has since been granted, and the College is now gradually drawing into adhesion all those who take rank throughout the country as Consulting Practitioners. By a regulation just announced the title of Member has been substituted for that of Licentiate. The election of Fellows is not yet carried out to its full extent.

The discovery of the remains of John Hunter, in the vaults of the church of St. Martin's-in-the-Fields, by Mr. Frank Buckland, of the Life Guards, their public removal to Westminster Abbey, and the subsequent resolution to erect a statue of that great man, occurred in the spring; and roused the College of Physicians to inquire into the condition of the tomb of its most illustrious member, Harvey. A deputation visiting Hempstead found it in a disgracefully neglected state. It was not, however, thought advisable to move the body, but measures were taken to secure its decent conservation for the future.

In reference to the Army and Navy we may recall to the minds of our readers the promulgation by Lord Stanley, in May, of the Indian Army Medical Warrant, the most commendable points in which are the promotion of officers by merit, the compulsory retirement of those who are superannuated, and the complimentary designation of some of the most meritorious as Honorary Physicians and Surgeons to the Queen. In this month also came out the Warrant regulating the rank and pay of the Medical Service of the Navy, placing the officers upon a footing of equality with those of the Army. For this act of justice they are mainly indebted to Sir John Pakington, then First Lord of the Admiralty. The nomination of Honorary Physicians and Surgeons has since been gazetted. Nor should we overlook the boon to our brethren in the two services of the partial abolition of the practice of flogging the men; nor the gracious recognition of the noble deeds of some of them, by the presentation of the Victoria Cross to Staff-Surgeon Home and Assistant-Surgeon Bradshaw, of the 90th and 32nd Regiments, of Lucknow fame; nor the well-earned and hearty thanks of Admiral Hope to his Medical officers engaged in the Chinese expedition; all indications of a better estimation for the future of those who have till now been unfairly neglected.

The trials of Smethurst and a journeyman shoemaker on the charge of poisoning their reputed wives, took up a great share of public attention during the autumn. The case of Smethurst is a complete anomaly. He was condemned by a common jury; had the whole evidence upon which he was convicted by the common sense of his fellows re-opened, and, with much more, laid before the Home Secretary for judgment, without enabling that functionary to arrive at any conclusion; and finally found his fate left to the sole decision of Sir Benjamin Brodie. This appeal, which must be regarded as a compliment to our Profession, outweighing all the aspersions which have been thrown upon the value of Medical evidence, procured for the prisoner a pardon, not an acquittal. The study of the whole matter furnishes many useful lessons, and should stir up every one to a careful consideration of what is due, and rightly expected, from him in his position as Medical witness in criminal charges. The other case of poisoning opened up some curious toxicological questions, which have yet to be investigated. The decision in the Court of Queen's Bench established Dr. Storrar in his office; and declared the Senate of the University of London to be the proper body to elect a Member of the General Council of Medical Education, in pursuance of the 21 and 22 Vict. c. 90.

The legislation of the year bearing upon Medicine has not been important; and was chiefly directed to the amendment of Acts already in force. The Public Health Bill, the Medical Acts Amendment Bill, and the Scotch Universities Bill, only require notice. The new rules proceeding within the last few weeks from the Privy Council respecting Vaccination, are full of minute detail, but leave untouched the questions of remuneration and of vaccination in the colonies. Some recent occurrences also show the necessity of determining what provision ought to be made for the lunatics discharged from the public services.

Our Medical Schools opened at the usual time, well, in point of numbers; admirably, so far as we had opportunity of observing, in respect to the character and fundamental acquirements of the students. But, above all other things, it is worth noting the honest, manly, conscientious tone of the addresses which are now delivered on these occasions. Very little do we hear of jest or ill-timed humour. Man speaks to man in earnest. Work is sketched out, duties are enforced, and the true motives that should actuate us all are avowed with a total freedom from sentimentality, and with a plainness that bespeaks sincerity on the part of the teachers, and a well-founded confidence that they are appealing to minds and hearts already trained to a proper estimate of their responsibilities, and a determination to act up to them. The work of education undertaken in such a spirit must prosper. Among the principal novelties of the year are the inauguration of the Metropolitan School of Dental Science, and the organisation of the Practical Army Medical School. This latter Institution has a distinct and independent existence under the War Secretary, and is governed by its own Senate, consisting of its five Professors and the Director-General. The subjects of its special teaching are Hygiène, Clinical and Military Medicine and Surgery, Pathology and Chemistry; and all the instruction will be directed to the necessities of the Military Medical Service. Within the last month, the College of Surgeons have advertised their regulations relating to the preliminary examination of candidates for the diploma of Member, which will affect all persons who shall commence their Professional education on or after the 1st of January, 1861.

Such is a Summary, upon the whole gratifying, of the leading events of the year 1859 as affecting the economy and social relations of the Profession. The scientific proceedings and discussions must be more briefly enumerated. Sir Benjamin Brodie's first *Soirée*, as President of the Royal Society, was as brilliant a testimony to his philosophical reputation as could be desired. The presence of the Prince Consort, and an unusual assembly of eminent men, did honour both to him personally and to the Profession that he represents. At no former meeting of the British Association for the Advancement of Science have the Medical Sections been so well or ably supported as that held at Aberdeen in September. The

papers read were numerous and important, and the work undertaken promises to be of great utility. The meetings of the Association for the Promotion of Social Science at Bradford, also demonstrated no small degree of zeal and activity on the part of its Medical members. We must, however, confess that such displays are not much to our taste; though they may, perhaps, answer the purpose of stimulating a sluggish public curiosity and airing a little bustling vanity. If Sociology be a science, we do not see that its votaries require a Rotten-row for the social discharge of their energies. We have much more faith in individual effort and work done at home. The Medical aspect of the Ulster Revival, the state of the River Thames, the Influence of the Builders' Strike on the Mortality of the families of the men joining in it, the Award of the Swiney Prize to Dr. Taylor for his Work on Medical Jurisprudence, the retirement of Mr. Busk, and the succession of Mr. Savory, as Hunterian Professor at the College of Surgeons, and the Introduction of the Flesh of the Eland as an Article of Food, have all been matters of attention. Our columns have also more or less largely illustrated the questions of the Nature and Cause of Diphtheria, the Treatment of Aneurism by Position and Pressure, Ovariotomy, the Radical Cure of Hernia, the Castration of Epileptics, Tubular Drainage, the Result of the Fell Treatment of Cancer, the Chronometry of Life, and many other Medical problems. The publication of Dr. Simpson's Lectures, of our Hospital Reports and Statistics, of our Parliamentary Intelligence, of our accounts of the proceedings of the various Societies, and of the particulars of the Competitive Examinations at the Universities and the Indian Army Board, has gratified and instructed many of our subscribers. We can also refer with satisfaction to numerous leading articles, in which such important subjects as the following have been brought under notice:—The Health of the Army and Navy, the Prevalence of Venereal Disease in the Army, Flogging in the Army and Navy, the Pay and Usage of the Officers in the Queen's Indian Medical Service, Soldier Lunatics, Rifle Corps and their Medical Members, the Impolicy of Gratuitous Medical Services, Objection to Sanitary Trifling, Liebig's Views on Agriculture and Sewage, the Imperfections of the present System of Vaccination, the Duties of Medical Attendants in Cases of Suspected Poisoning, Advertising Quacks, Suburban and City Hospitals, Defects in Registration, the Controversy about the Edinburgh College of Physicians, the forthcoming Pharmacopœia, the New Fellows of the College of Physicians of London, and the Proceedings of the College of Surgeons. Even this partial enumeration of some of the topics we have discussed may be useful in refreshing the memory, and at any rate will show that we have not overlooked much that has happened of general interest.

The literature of the Profession has this year been copiously enriched. New books and new editions have been published incessantly. It is worth while recording the titles of some of the more valuable or remarkable. We may mention Richardson's "Life of Snow" and Snow "On Chloroform," West's "Diseases of Women," Skey's "Surgery," Hassal "On Urine," Nunn "On the Arteries," Gray's "Anatomy," Brown's "Horæ Subsecivæ," Ogilvie's "Master Builder's Plan," Bennett's "Physiology," Brinton "On Diseases of the Stomach," Maunder's Translation of "Ricord on Chancre," White Cooper "On Wounds and Injuries of the Eye," Tomes "On Dental Surgery," Bucknill's "Psychology of Shakspeare," Wilks's "Lectures on Pathological Anatomy," Bryant "On Diseases of the Joints," Fraser "On Penetrating Wounds of the Chest," Althaus "On Medical Electricity," and "Guy's Hospital Reports." The New Sydenham Society has also more than kept faith with its supporters; and the completion of Todd's "Cyclopædia of Anatomy and Physiology" calls for special record.

Neither has the hand of Death been stayed among us. With regret, but submission, we have registered a long list of the dead. Honour is due to such names as those of Dr. Lever, Dr. Cotton, Dr. John Scott, Mr. Squibb, Mr. Alexander, Jacob Bell, Dr. Allen of Portsmouth, Dr. Pring, Mr. Guthrie, Dr. Alison of Edinburgh, Dr. Barker of Dublin, Dr. Carnegie, Dr. Roots of Kingston, Professors Lawrie and George Wilson, and last, not least, Dr. Montgomery. Having before us their example, respecting their virtues, aspiring to fill the void they and others have left with equal benefit to our fellow-creatures, and assured that they have gone to their rest and their reward, let us all look forward humbly, but with courage, to the dawn of a new year, and the labours it will bring with it to us, as God's ministers of life and health upon earth.

THE WEEK.

We have on a former occasion alluded to the harsh treatment which Dr. Wall, of the Dunmanway Union, has experienced at the hands of the Irish Poor-Law Commissioners, who dismissed that gentleman, under sealed order, from his appointment of Medical Officer, upon grounds which are wholly insufficient to justify so severe a measure. The proceedings which have subsequently taken place are in the highest degree creditable to Dr. Wall and to the whole Medical Profession in Ireland. On Thursday, December 15, a numerous and highly-influential meeting of gentlemen belonging to the Medical Profession in Ireland was held at the Limerick Junction Hotel, for the purpose of considering the circumstances connected with Dr. Wall's case, and of preparing a petition to Parliament against the arbitrary conduct of the Irish Poor-Law Commissioners. It will be found that the hardship inflicted upon Dr. Wall is the greater, in proportion as the particulars are better known. It appears that a man, driving furiously when in a state of intoxication, received a comminuted fracture of his leg, and was eventually removed to the Dunmanway Union Hospital, of which Dr. Wall is the Medical officer. Dr. Wall announced to the patient and his friends that the only chance for saving life, was by amputation, but this proposition was met by a positive refusal from all parties. At the urgent request of the friends, the Chairman of the Board of Guardians of the Dunmanway Union consented to give an order for the admission of the patient into the Cork Infirmary, and, in the temporary absence of this gentleman, Dr. Wall signed the order. The document, however, for some reason, was not acted upon, and the patient was not removed, but he eventually died from the effect of the injuries he had received. No imputation of neglect was made against any one on the ground of improper Medical treatment; and, as far as we can understand, the only offence committed by Dr. Wall was his giving a provisional order for the man's removal, this step being taken at the request of the man himself and his friends. An inquest was held upon the body, but the evidence was so imperfect that the Grand Jury actually withheld the fees from the Coroner who made the inquiry. The Poor-Law Commissioners, however, called upon Dr. Wall to resign, and, upon his declining to do so, they dismissed him; and the office being thus vacant, a new election took place. To the infinite honour of the Medical Profession in Ireland, no Medical gentleman applied for the vacant post except Dr. Wall himself, who was consequently re-elected. The Board of Guardians being thus perfectly satisfied with Dr. Wall, and having re-elected him, it might be thought that the matter would drop; but the Irish Commissioners appear to have been actuated by some vindictive feeling, and, after a series of harassing annoyances, they at last dismissed Dr. Wall from office by sealed order, thus preventing him from holding any other appointment under the Poor-Law. Against this most harsh and cruel proceeding, the Profession

at once protested, and begged for a re-hearing of the case from the Irish Commissioners; but, as we represented on a former occasion, the remonstrances were met by an insulting and contemptuous refusal to re-open the question. It has now, therefore, been determined to petition the Imperial Parliament on the subject, and we cannot but hope and expect that the voice of the Irish Medical Profession, so loudly and unanimously expressed, will meet with an attentive response on the part of the Legislature.

Our readers will find in other columns an able letter from Mr. Steele, of Liverpool, and a report of a case of very considerable importance. Mr. John Hamilton, of Liverpool, was summoned before Mr. Mansfield, a stipendiary magistrate, for an alleged offence against the Medical Act, in practising as a Surgeon without being registered. It was proved that the defendant represented himself as a Surgeon of Boston College, that he attended a patient, and furnished Medicines for which he was paid; and his patient having died, that he gave a certificate of death, signed "J. Hamilton, Surgeon." A business-card issued by the defendant was also put in as evidence, in which he described himself as "Member of the Reform College of Surgeons, Boston, United States, Practitioner of Medical Botanic Dispensary," etc. Mr. Mansfield did not think that the statements put forth made it appear that the defendant was registered under the Act, as he was charged with representing himself, and, therefore, dismissed the summons. The case will, however, be referred to a higher Court to settle the question, which is one of much importance to the Profession, especially in reference to foreign degrees. Unless stopped by some authoritative legal decision, there is likely to ensue an inundation of such degrees, greatly to the detriment of qualified Practitioners, who will be undersold by all descriptions of nondescript Reform Colleges, and Backwood Universities.

A correspondent has forwarded us the following statement to show that the Admiralty offer all the opposition in their power to the effectual compliance with the Royal Warrant of the 13th of May last:—

"That Warrant runs thus: 'An Assistant-Surgeon after six years' service on full pay shall rank as a Captain in the Army;' also, 'a Surgeon shall rank as Major in the army;' and then it goes on to say, 'such relative rank shall carry with it all precedency and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters.'

"Such is the promise—now for the performance. An Assistant-Surgeon, serving on shore, having completed six years' time, applies for Captain's quarters. Application refused.

"A Surgeon of a ship is sent sick to hospital, the Medical officer of which, guided by the Warrant, gives him the quarters assigned to field officers—*i. e.*, officers holding the rank of major; the Captain in charge of the hospital is of opinion that the Surgeon is not entitled to these quarters, and refers the matter to our friends, the Board of Admiralty, who reply that a Surgeon is only entitled to the same quarters as the Lieutenant and Engineer of the ship.

"With regard to the precedency and advantages granted, *voilà!* Several Surgeons have been well snubbed for respectfully requesting that this clause should be acted up to; in one case the octogenarian Admiral tears up the Surgeon's letter, saying that the Admiralty had quite enough to do without troubling themselves about such matters; in another, the Surgeon is severely reprimanded, and threatened with a court-martial; the upshot of all this being, that except in the matter of pay, Surgeons are precisely in the same position as they have been in all along.

"The Army Medical officers have had a change made in their uniform since the issuing of their Warrant, but none has been, or seems likely to be made in that of their Naval brethren. One of the Lords of the Admiralty was not long since in the shop of one of our Naval outfitters, who asked him if any change was going to be made, and the courteous reply of the Admiral was, 'I'm ——— if they shall have it if I can prevent it.'

"The last mail from Australia gives an instance of the *animus* which some, though I believe few, Captains still entertain towards Medical officers. The Surgeon of a brig died at Sydney; the brig was to have gone to sea the following day. The Captain of the brig asked permission of a senior officer commanding another ship to remain until the funeral had taken place. The other Captain refused, saying, 'Oh, never mind him; we can get a hearse for him after you are gone.' The Military officers of the garrison then came forward and superintended the funeral, though there was a man-of-war in the harbour at the time."

Our readers who possess the interesting account given by our Paris correspondent of the doings of Dr. Mangeant, published in our number of December 17th, will be rather amused at the following letter published in the *Times* this week:—

"TO THE EDITOR OF THE TIMES.

"Sir,—A medical friend, residing in London having seen a letter in your paper on the above subject, requested me to call on Dr. Mangeant, No. 8, Faubourg St. Denis, to procure some of the virus for his professional use. Having called, I found Dr. Mangeant confined to his room, and at present quite incapable of moving from it. He showed me about fifty letters received from all parts of the United Kingdom, to all of which he is at present unable to reply, and his Medical adviser holds out no prospect of his being able to do so before the middle of next month, at the earliest. As soon as he can he promised me to attend to all those not already answered.

"With very few exceptions these letters are written in English, with which the Doctor is not acquainted; I would therefore suggest that all persons writing him should do so in French—never mind however bad.

"The price of the tube is five francs in Paris; if sent by post, the packing costs half-a-franc extra; and there is enough virus in each tube to inoculate three or four persons.

"I promised Dr. Mangeant to write to you on this subject, as he is quite unable to do so himself at present; and trusting you will have the kindness to insert my letter,

"I remain, Sir, your obedient Servant,

"JOHN SLATER.

"20, Rue de la Banque, Paris, Dec. 21.

"Many letters contain a 4d. stamp for an answer. I need scarcely say that English stamps are useless in the French post-office."

The death of the Special Envoy sent by Tuscany to this country as the representative of its new regime has naturally given a renewed stimulus to the public in their desire to see that nuisance called small-pox abated. We call this disease a nuisance, because it may very fairly be comprised under that head inasmuch as it is undoubtedly capable of being abated—if not absolutely removed—like ordinary nuisances. What has been said in reference to the spread of small-pox through the medium of street cabs and public conveyances is, no doubt, all very true; but those who have dilated on the enormity of the evil resulting from this misuse of cabs, etc., have not shown us practically how the custom can be stopped. It is, no doubt, very desirable that all public institutions whose business it is to treat diseases of a contagious nature should have some conveyance at their disposal for the removal from their homes to the Hospitals of persons afflicted with such diseases; but any one at all conversant with disease and its management, and with our great public charities must be well aware that it is utterly impossible to prevent the using of common cabs for the purpose. The sick must be conveyed to the Hospitals, and as they have not private carriages of their own, must necessarily resort to a public

conveyance. How is it possible for a cabman or for the friends to know whether the patient is or is not struck down by a contagious disease? Yet the gentleman—a Surgeon—writing in the *Times*, recommends "that it shall be made penal to let or hire a public vehicle for the conveyance of any person afflicted with contagious disease." A little consideration will show how utterly impossible it is for the Legislature to interfere in such a case. And then, again, such a regulation not only affects Hospital patients, but all classes of society who do not possess carriages of their own. But there is much that a wise Legislature may do indirectly in this matter. Inasmuch as contagious diseases are preventible diseases, it can direct its energies towards the sources from whence they spread; and can stifle the causes which give birth to them—it can, in fact, strike at the very root of such diseases. In the particular case of Small-pox there is a grand field still open for the exercise of its influence and its powers. If anything, indeed, can *à priori* be considered as demonstrable in matters Medical, it is this: that Small-pox and certain fevers might be eradicated from the face of the earth if men would only strictly follow out the prescribed laws which are founded on experience and have reference to these diseases. We are glad, indeed, to find that the Legislature has lately again turned its attention to the subject of vaccination, and has published a system of regulations regarding the organisation of our present system of vaccination—having for their chief object the more general secure and uniform system of performing the operation of vaccination. We would recommend, under this head, that the teachers of our Students should take this matter in hand, and satisfy themselves that every Student of Medicine, when he leaves his school, is fully able to perform this operation of vaccination. Without concurring in all that is said as to this very simple operation, it is possible that much of the ill success which has been attributed to vaccination has resulted from the circumstance that the operation has been often ill-performed. We are told that there are at present in London four Public Vaccinators who are authorised to give certificates of proficiency in the art of vaccinating. It is to means like these, and not by impossible interferences with cabs, that we hope to see this plague of Small-pox stayed.

Dr. Allen Thomson, Professor of Anatomy in the University of Glasgow, is the new representative of the Universities of Glasgow and St. Andrew's in the General Medical Council in the place of the late Professor Lawrie. The new member is known to have given great attention to the subject of Medical Education, and it is to be hoped that his former connection with Edinburgh will tend to bring about a cessation of the differences which have long divided the interests of the Universities of Glasgow and Edinburgh.

We last week noticed the fact that half-a-dozen schoolboys were very nearly fatally poisoned through the eating of Bath-buns, the poison being, as it was stated, chromate of lead, which the ambitious confectioner had mixed with his wares, for the purpose of imparting to them a superlative yellow colour. It now turns out that the yellow poison was neither more nor less than "orpiment," yellow sulphide of arsenic; and that many other persons besides the aforesaid boys ran the risk of destruction. One of the buns has been analysed by Dr. Griffin, of the Bristol School of Medicine, and he discovers in it this orpiment. It is hard to understand what more poisonings and deaths our Government can require in order that it may feel justified in interfering with what a Druggist would call his liberties and freedom of trade.

REVIEWS.

The Pathology and Treatment of Pulmonary Consumption. By J. H. Bennett, Professor of the Institutes of Medicine in the University of Edinburgh, etc. 8vo. Pp. 221. Edinburgh: 1859.

We are very glad to welcome a second edition of this work. It has already been stamped with the approbation of the Profession, as being a truly philosophic and practical treatise on the Nature and Cure of Pulmonary Tuberculosis. Professor Bennett, we find, is as sanguine as ever in the hope that consumption will one day become a less fatal disease than it now unfortunately is, notwithstanding all our efforts to arrest it. Bennett's hopes seem chiefly to rest, in the bringing about of this improvement, upon an increased attention on the part of the Medical man to physical diagnosis,—so that he may scotch the serpent before it has too closely wound itself around the victim's lungs; *principiis obsta* is his motto. "He trusts that the whole Profession will soon be prepared to admit that pulmonary consumption ought no longer to be considered as one of the *opprobria medicinæ*. At no distant day he hopes to see a repeal of those rules which, on the ground that their cases are incurable, have prevented the access of all consumptives to certain public hospitals, and other charitable institutions."—P. 7.

To this edition of his book Professor Bennett has added a chapter on Diagnosis; and he has besides inserted additional cases confirmatory of his views previously expressed concerning the success "of the analeptic or restorative treatment." Also, throughout he has seasoned his pages with new observations. He has substituted the term "consumption" for that of "tuberculosis," as thereby indicating more particularly a diseased condition which everyone understands, in ordinary parlance, to be connected with the lungs. The term tuberculosis has "been recently limited by pathologists to the blood-disorder, or constitutional origin of the local disease." Besides this, Dr. Bennett tells us something of Dr. Horace Green and bronchial injections, and insists upon the high importance of topical applications to pharynx and larynx. He also points out diseased conditions of the nasal passages, which he affirms sometimes produce symptoms which cause them to be mistaken for phthisis. He gives examples of such cases, in which, by local applications to the nasal passages of solutions of nitrate of silver, he has cured his patients of chronic coughs.

With regard to the novel proposition of bronchial injections, Dr. Bennett has had personal experience in their use, and considers that nitrate of silver, if it could only be fairly applied to the mucous membrane of the bronchi, ought to act as well there as we know it does in the case of other mucous membranes. He, however, recommends caution in its use: "The circumstances of his case—[one he is referring to]—are well calculated to produce caution, and induce us to wait for further facts before coming to a conclusion as to the benefits of this practice."

We particularly recommend attention to those parts of this book which speak of the local treatment of nasal, laryngeal, and bronchial affections, for we believe that many useful and original observations will be found there; and also to the chapter on Diagnosis, where is pointed out especially the diagnostic value of a microscopic examination of the sputum; and also of the *bruit de pot fêlé*. Dr. Bennett is very urgent upon this point of diagnosis; he feels, he says, "persuaded that the general notion of the incurability of pulmonary consumption is mainly attributable to the fact that it is not recognised until it be far advanced; and yet there is, perhaps, no disease which, in the great majority of cases, may be more readily detected by one practised in auscultation."

We are glad to be able to back the statement made by Professor Bennett in his preface, viz. That to him belongs the credit of having introduced the use of cod-liver oil into this country in cases of phthisis. It is only fair that this should be plainly stated, as Professor Bennett has not always received his due on this point.

Virchow's theory about tubercle, that it is the result of endogenous cell-growth, is stoutly rejected by Dr. Bennett.—Pp. 23 and 31.

As regards treatment, many very judicious remarks will be

found here well worthy of perusal. Our author, at p. 135, and again at 184, cautions the patient against taking *too much* exercise; and prescribes what amount and kind the exercise should be.

We have only alluded to the more important additions which have been made to this work; but, before concluding, feel bound to call attention to the excellence of the wood-cuts—to the care with which they have been executed; and have no hesitation in saying that here we have at once a most highly philosophic and very practical account of the pathology and treatment of pulmonary consumption.

Remarks on the Treatment of Consumption, with Notices of Successful and Unsuccessful Cases. By CHARLES THOMASON THOMPSON, M.D. Pp. 25. London: 1859.

Phthisis Pulmonalis and Tubercular Phthisis. By CHARLES JONES HUMPHREYS, Surgeon, etc. Pp. 32. London: 1859.

IF Dr. C. T. Thompson's pamphlet possessed no other charm, it certainly does possess that of novelty. The treatment recommended in the last stage of Tubercular Phthisis is simply to apply ice to the parietes of the thorax, and at the same time to sponge the whole surface of the body with cold water, and to repeat this operation every two or three hours. Under this treatment we are told that the most hopeless cases of phthisis have been cured. The author is candid enough to inform us that although twenty-seven desperate cases have been thus restored to health, yet that three have terminated unsuccessfully. The first death, however, is accounted for by the want of perseverance on the part of the patient, who would almost certainly have recovered if he had survived the treatment.

In Mr. Humphreys' pamphlet the chief novelties are the extraordinary notions of pulmonary pathology which he developes, and the curiously ungrammatical language in which his views are disclosed. All his cases, fourteen in number, were successful, although they presented such formidable symptoms as night-sweats, ægophony (?) whiffy pectoriloquy (?) etc. The style of Mr. Humphreys' *brochure* may be indicated by the following specimen, the meaning of which we confess our inability to understand:—"These organic changes continuing, the abscess or abscesses surrounding the morbid deposit being expectorated by the act of coughing, which being produced, and kept up by the irritation, the expectoration, which at first was scanty, becomes copious, contains pus (which is discernible by the application of liq. potassa, or by placing it between two pieces of plate-glass, and then applying it before a spirit-lamp, when it will, at least, show the prismoid colours.)"

Blood Disease. By J. VAUGHAN HUGHES, M.D. 8vo. Pp. 132. London: 1859.

ANY person who expects to find in this volume a scientific treatise on Blood Disease will certainly be disappointed. It might be supposed that an author who professedly writes upon this topic would at least allude to such well-known affections as anæmia, pyæmia, leucocythæmia, etc., to say nothing of purpura, scurvy, rheumatism, and other diseases in which the constitution of the blood is certainly altered, and without including the fevers, congestions, hæmorrhages, and scrofula, in which it may be presumed that the constituents of the vital fluid are in some measure changed. But Dr. J. Vaughan Hughes does not trouble himself with any of these matters. He fills his book with common-place remarks upon the influence exercised by the qualities of the blood upon affections of the stomach, liver, and bowels, upon the connexion between blood disease and gout, and upon its relation to diseases of the uterus. He is peculiarly emphatic upon the necessity of a due comprehension of the state of the blood in relation to the pathology and treatment of gout; but the fact is, that that disease is perhaps as well understood by the Profession, and is as well treated in the present day, as any other affection. The author also insists upon the connexion of blood disease with affections of the uterus, whereas that fluid no more affects the womb than any other organ of the body; while, on the other hand, it might be argued with perfect truth, that the morbid conditions of the womb affect all the other structures and fluids of the female system. In fact, alterations in the blood are indubitably the fertile sources of disease; but they are no more to be specially regarded as the causes of uterine ailments, than they are of diseases of other internal organs. Dr. Vaughan Hughes is very far from possessing any novel, or even correct views, of the real pathology of the blood.

Notwithstanding these remarks, we believe that the principles laid down as to the treatment of some diseases are correct, as far as they go, and appear to be founded on practical experience.

The Epidemics of the Middle Ages. From the German of J. F. C. HECKER, M.D. Translated by B. G. BABINGTON, M.D., F.R.S. Third Edition, completed by the Author's "Treatise on Child Pilgrimages." Pp. 360. London: 1859.

THE original volume containing "Hecker's History of the Epidemics of the Middle Ages," translated by Dr. Babington, was published by the old Sydenham Society; and the work having gone out of print, this new edition, which is the third, has been undertaken by the present proprietors of the copyright. It is unnecessary to do more than to make such an announcement in reference to a work so well known and so highly appreciated as the learned history of Dr. Hecker; and we are sure that many members of the Profession will gladly avail themselves of the opportunity of adding such a volume to their book-shelves.

A Guide to the Treatment of Diseases of the Skin: with Suggestions for their Prevention; for the Use of the Student and General Practitioner. By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin. Fourth Edition. Pp. 246. London: 1859.

THE present edition of this work has been revised and enlarged, and two new chapters have been added, one on the Vegetable Parasites of the Human Skin, and another on the Doctrine of Metastasis. In other respects the general features of the book remain the same. Mr. Hunt's views on the treament of Skin Diseases, and his high appreciation of arsenic in almost all these disorders, are already well known to the Profession.

Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary, for the Year ending June 1st, 1859. Montrose: 1859.

THIS report contains a satisfactory account of the proceedings of the Lunatic Asylum of Montrose, as well as of the Infirmary and Dispensary in the same city. In the latter establishment it appears that the number of patients labouring under pulmonary diseases has diminished, while the number of fever cases has increased.

WOORARA AND STRYCHNINE. — MM. Martin-Magron and Buisson deny the existence of any antagonism between these two poisons. If, they say, these poisons be not identical, they nevertheless differ only in slight modifications of their effects, which modifications almost always disappear when the doses and modes of their administrations are varied. The woorara, like the strychnine, causes convulsions, by rendering the spinal marrow more excitable; one condition, however, is indispensable to obtain this result, and that is, to poison the spinal marrow before the extremities; while, in order to have no convulsions with the strychnine, the extremities must be poisoned before the spinal marrow. From which it follows, that the woorara and the strychnine paralyses the extremities of the motor nerves. These results of MM. Martin-Magron and Buisson are most important; for, if correct, they directly contradict the *rationale* on which has been founded the treatment of tetanus by woorara; and they show that this poison ought to be altogether banished from therapeutics, as adding only another danger to the danger of the tetanus itself. In addition to this difficulty in the use of woorara, may also be added the observation of Bernard, that mutilated animals are only with great difficulty brought under its influence—the conditions of absorption being apparently altered in them. So many varieties of Woorara are met with, that no satisfactory results can be obtained until the alkaloid *Curarina* or *Woorarina* is obtained as a standard test.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, December 26, 1859.

Those of your readers who have been in the habit of seeing the *Journal of Physiology*, edited by M. Brown-Séquard, may remember a paper from the pen of M. Rouget, which appeared in that journal in the numbers for April, July, and October, 1858. In that highly interesting and curious paper, the author entered, at great length, on some of the leading points connected with the erectile organs of generation in woman; arriving at the following general results:—1st. That the body of the uterus presents the structure of a genuine erectile organ, or a veritable spongy body; and that to the ovaries also are attached erectile bulbs. 2nd. That in all the vertebrated animals, and especially in the mammiferous, there exists a special muscular apparatus which embraces the oviduct and the ovarium, so as to determine the adaptation of the former to the latter during the period of ovulation. 3rd. That the bands or bundles of muscular fibres of this apparatus have, with the spongy bodies of the uterus and ovaries, and particularly with their efferent sinuses, such relations that at the moment of their contraction the meshes of the network, so to speak, in the middle of which the veins pursue their course, contracting themselves in every direction, these latter become compressed, and their circulation is more or less stopped. 4th. That the contraction of the muscular apparatus which embraces the uterus and Fallopian tube persisting during the entire period of ovulation, the obstacle to the current of the blood, and the erection of the spongy bodies of the uterus and ovaries, which is the immediate result of this interruption, have the same duration. 5th. That menstruation coinciding with ovulation, it is natural to consider that the former is also the immediate result of the erection of the uterus; a genuine menstrual hæmorrhage never showing itself except in those animals in which this organ exhibits a real erectile tissue. 6th. That, if sexual excitement can, as is exceedingly probable, determine the erection of the uterus and ovaries, it is easy to account for its influence on the simultaneous production of menstruation and ovulation.

In illustration and confirmation of the views put forth in this remarkable paper, M. Rouget makes frequent reference to certain anatomical preparations deposited by him in the Museum of the Paris Faculty, sketches of which, in the form of plates, accompanied the paper in Brown-Séquard's Journal. These preparations—let me mention for the benefit of such of your readers as may visit Paris, and who may go to the Museum in search of them,—are not now to be seen in that place, having been lately removed by M. Rouget in consequence of the rough treatment they had been subjected to, either accidentally or through intention, at the hands of some of the guardians of the Museum. They are now at M. Rouget's own house, where any one interested in the subject which they illustrate, can see them and have them demonstrated by their author, whose affability to strangers I can vouch for. The preparations have, no doubt, been much injured, several of them having been broken to pieces; but, by placing the different parts in apposition the general effect is not interfered with. In comparing them carefully with the figures in the plates, accompanying the paper as they appeared in the journal, I can assure those who have examined the latter that what they have seen there is no exaggeration; in other words, that the plates showing the number, disposition, and course of the utero-ovarian veins and arteries, are exact and faithful counterparts of the original. The irregularity, or rather the want of uniformity, in the distribution of the utero-ovarian arteries and veins is exceedingly well illustrated in one of the preparations; it is there shown that while on a level with the body of the uterus, and at the points corresponding with the insertion of the Fallopian tubes, the branches divide suddenly into from twelve to twenty *bouquets*, twisted, interlaced, and distinctly spiral, while throughout the entire neck of the organ the branches given off are comparatively few in number, and can hardly be said to be spiral at all. A similar peculiarity is remarked in the distribution of the *ovarian* artery: it passes along the ligament, giving off in its course very few branches, until it reaches the body of the ovary, where numerous branches take their origin, and slip into its parenchymatous substance in the same spiral form as observed on the body of the uterus. As to the corresponding veins of the uterus and ovaries, they are represented as so numerous, so large, and so closely interwoven, that on examining the preparation you can hardly imagine space for the existence of any other tissue. The difference between the strictly spongy character of the uterus proper and its comparative absence in the neck of that organ, is exceedingly well illustrated in a preparation made from a little girl, ten years of age. In this preparation the body of the uterus is covered with a perfect network layer of veins, beautifully delicate, while the neck of the organ is comparatively free from them.

The peculiar muscular apparatus, alluded to in the paper in question—whose use is to bring about the adaptation of the fimbriated extremity of the Fallopian tube with the ovary during the erection of these organs, and which M. Rouget has the merit of having been the discoverer, and the first to demonstrate—cannot, of course, from the extreme delicacy of its fibres, be shown in a dried specimen; but M. Rouget is always ready and happy to show it to those interested in this highly important physiological question, if they only afford him the time necessary to secure a uterus and its appendages in a fitting condition. The organs of a woman who may have died during menstruation, or shortly after delivery, if they can be procured, are the most suitable for such a demonstration. The maceration of the tissues, in which the muscle exists, in acetic acid, or in very highly diluted nitric acid, will very materially facilitate the demonstration of the fibres, and their peculiar fan-like disposition.

Some three weeks ago, while in the female ward of M. Follin, at the Hôpital Necker, that gentleman called my attention to a case which he designated as one of *diabetic cataract*. This expression, although it sounded somewhat strange to me, I paid no particular attention to, believing that he simply alluded to a case of cataract occurring in connexion with diabetes, under which the patient was labouring. Whether M. Follin believes that there is a certain peculiarity in the form, character, and progress of cataract occurring in diabetic patients serving to distinguish it from other kinds of that affection, I do not know; but on reading the paper of Dr. France, of Guy's Hospital, which appeared in the *Medical Times* of Dec. 17, it struck me that perhaps M. Follin laid particular stress on the qualifying term, *diabetic*, when he pointed out the case to me. In referring to my Hospital memoranda, taken on the day in question, I find the following notice of the case:—"Case of Diabetes, with Cataract.—A woman, aged 45, unmarried; symptoms of diabetes commenced eighteen months ago, which have been steadily increasing in intensity. At present there is great debility, with much constitutional disturbance; on her feet are sundry sphacelated spots, each about the size of a shilling; the urine is excessive in quantity, and contains a great deal of sugar. For the last three months has complained of dimness of vision, both eyes being equally affected. Without the aid of the ophthalmoscope, no change in the lens can be detected, but this instrument reveals what appears to be a soft cataract in each eye." It is a matter of regret to me, that this patient is no longer in the Hospital, as, since reading Dr. France's paper, I feel a certain interest in the solution of the question to which his remarks have given rise. In the course of conversation with M. Sichel (perhaps the highest authority in France, and whose reputation is certainly European), he remarked to me that he had frequently met with cataract in connection with the diabetic constitution, but that he had never observed the peculiarities ascribed to it by Dr. France. M. Sichel, however, does not deny the probable existence of these peculiarities; but he candidly admits that, in examining a patient, he should be unable to say, simply from its appearance, form, and progress, whether a cataract was diabetic or otherwise.

Edinburgh Obstetrical Society.—At the election meeting, held on the 14th inst., the following gentlemen were appointed office-bearers:—President: Alexander Keiller, M.D. Vice-Presidents: T. Graham Weir, M.D.; George S. Keith, M.D. Secretaries: James A. Sidey, M.D.; Alex. R. Simpson, M.D. Treasurer: James A. Sidey, M.D.

GENERAL CORRESPONDENCE.

ON A PROBE-GORGET FOR MEDIAN LITHOTOMY IN CHILDREN.

Letter from Mr. Teale.

[To the Editor of the Medical Times and Gazette.]

Sir,—Since you did me the favour to publish my paper on "Stone in the Bladder," in your Journal of December 10, a little boy, aged two years and nine months, suffering from stone, was admitted into the Leeds Infirmary under my care.

Before operating I requested Mr. T. Eagland, of Leeds, to make me a probe-gorget, as a guide for the finger into the prostatic urethra. The blade of this instrument is three inches in length, and may be described as a hollow half-cone, three-fourths of an inch in diameter at its base, terminating at the apex in a bulbed probe half-an-inch long.

Probe-Gorget.—The proportion is exactly two-fifths of real size.

I operated on this child on December 17, and removed a stone the size of a chesnut, or, to speak more definitely, two and a-half inches in its smaller circumference, and three and a half in the larger.

The instrument easily glided along the groove of the staff so far as to allow the tip of my left forefinger to be lodged within the prostate. The finger was then pushed onwards while the guide was withdrawn. The tip of the finger readily touched the stone, which was seized and extracted with perfect ease, the operation being completed in little more than one minute. The child has not ailed anything since the operation, and at the end of a week is playing cheerfully in the ward.

As it is evident that the median operation will receive extensive trial, it is important to come to an early decision as to its details. In the hope of promoting this object, I venture to add another to the various instruments already submitted to the Profession by Mr. Bowman, Mr. H. Thompson, and Mr. Armstrong Todd.

The instrument, which I have now described, has been found practically efficient in the removal of a large stone from a young subject. My colleagues and others who were present at the operation have kindly expressed their full approval of it. It thus appears that a probe-gorget has been employed in median lithotomy both by Mr. H. Thompson and myself, quite independently of each other, and with a satisfactory result in both instances.

In conclusion, I beg to offer the two following remarks:—

1st. That the "probe-gorget" here recommended, as well as the instruments recently described by Mr. Bowman and Mr. H. Thompson for use in children, should be regarded less as dilators than as guides for the finger, which in young subjects is the real dilator.

2nd. That the name of "prostatic dilator" is more strictly applicable to the instrument described in my paper of December 10, and I presume also to Mr. Armstrong Todd's instrument described in the *Medical Times and Gazette* of Dec. 24.

Leeds. I am, &c. Thomas P. Teale.

THE NEW MEDICAL ACT A DEAD LETTER.

Letter from Mr. Steele.

[To the Editor of the Medical Times and Gazette.]

Sir,—I wish to direct attention to the case under the Medical Act, reported in your columns, which was heard before Mr. Mansfield, stipendiary magistrate for the Borough of Liverpool, in which it was proved that the defendant Hamilton had signed a Medical certificate of the cause of death, adding to his name the title, "Surgeon of the College of Boston, U.S.;" also, that he had acted as a Surgeon by visiting, giving medicine, etc., for which he was paid; and although these facts were not contradicted, the case was dismissed, on the ground that the defendant did not pretend he was registered under the Act, but on the contrary, that he had guarded himself against such an assumption by the addition of the title, "College of Boston." If Mr. Mansfield's interpretation of the Medical Act is sound, then that measure becomes a dead letter so far as quacks and unqualified persons are concerned, inasmuch as they can, in the easiest possible manner, evade the provisions of Sect. xl. No act of practice, no assumption of title, renders them amenable to the law, unless they expressly imply that they are registered under the Act.

Contrasting the decision in this case with that in Fitzpatrick *v.* Hallows, it appears that the operation of the Medical Act is to restrict the privileges heretofore enjoyed by qualified Practitioners; while, on the other hand, it affords protection to quacks and unqualified persons, permitting them to practise and use any titles they please so long as they do not pretend to be on the Register. Surely this anomaly cannot be suffered to continue. Unless the appeal which will be made to a higher Court reverses Mr. Mansfield's decision, no time should be lost in urging upon the Government the importance of so amending the Act that the intention of its framers can no longer be evaded by a mere legal quibble. If this case is a fair interpretation of the law, the public and the Profession would be far better without any Medical Act at all, than with such an ambiguous and vaguely-worded statute.

I am, &c. A. B. Steele,
Hon. Sec. Liverpool Medical Registration Association.

INOCULATION OF STRYCHNINE.

Letter from Dr. Reid.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following case may prove interesting to many of your readers should you deem it worthy of a place in your columns:—

December 9, 1859.—Mr. S——, a middle-aged, corpulent man, while mixing some strychnine with meal to poison rats, accidentally allowed the mouth of the bottle containing the poison to come in contact with a small abrasion of the cuticle on the last phalanx of the thumb. He took no particular notice of it at the time, but had good cause to remember it afterwards, as the sequel will show. In about half-an-hour he washed his hands, and immediately felt a sense of numbness extending from the thumb to the whole of the hand and wrist, and rapidly to the elbow and shoulder. He then became alarmed, being well acquainted with the deadly nature of the drug, and I was sent for at midnight. Two hours necessarily elapsed before I could reach him, as he lived many miles in the country. I found considerable swelling of the joints of all the fingers, and also of the wrist, but all numbness had passed off, and there was no appearance of inflammatory action about the wound (which, by-the-by, was so small as to be hardly discernible). He (Mr. S.) informed me, that at the time he despatched the messenger, his arm was "enormously swollen, and so dead that he could bang it against the wall without feeling it." There had been no rigidity of the muscles of the back, or any morbid symptoms but those already mentioned. On the following day the arm had recovered its normal size and appearance.

These particulars may be useful in causing those who manipulate with the drug to be careful that all scratches on the hands, however insignificant, be well protected.

I am, &c. Douglas A. Reid,
M.D. Edin.; M.R.C.S.; L.A.C.

Pembroke, December 11, 1859.

LIVERPOOL POLICE COURT.

December 21, 1859.

BEFORE J. S. MANSFIELD, ESQ., STIPENDIARY MAGISTRATE.

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION *versus* JOHN HAMILTON.

(*Mr. Deighton, Barrister, appeared for the Prosecution; Mr. Husband, Attorney, appeared for Mr. Hamilton.*)

Mr. DEIGHTON said: This is a prosecution for a breach of the fortieth section of the Medical Act, 20 and 21 Vict., cap. 90, and the defendant is charged with having falsely implied that he was registered under this Act, by having assumed and signed himself a Surgeon and thus pretended that he is recognised by law as a Surgeon whereby he has incurred a penalty of 20*l.*

Mr. HUSBAND: Before you go further we wish to know who is the prosecutor in this case.

Mr. DEIGHTON: The prosecutor is Mr. Arthur Browne Steele, Honorary Secretary to the Liverpool Medical Registration Society, and prosecutes on the part of the Society. It appears that on November 29 in the present year, a woman named Margaret Caldwell was ill, and her husband proceeded to 94, Mill-street, the residence of the defendant, and his place of business, to ask him to visit her. He told her husband he would come and he went to his house; he charged 1s. 6d. for the visit. He told Caldwell he was a Surgeon. Having looked at the woman, he gave instructions and said he would call again. The woman died that night; that was on the 29th of November. Next day her husband called upon him in relation to the burial, and the defendant undertook to give him a "medical certificate" of the cause of death, which was in these terms:—"I hereby certify that I attended Margaret Caldwell, late of Grafton-street, that died on the 29th day of November; immediate cause, effusion of blood on the brain, produced by excess in drinking rum. Signed, J. Hamilton. Profession, Surgeon of the Medical College, Boston, U.S. Residence, 94, Mill-street. 30th day of November, 1859." That was the case, and he apprehended that if he proved these facts in evidence, the court would have no doubt the defendant had assumed a name and description implying that he was registered under the Act referred to; that he falsely called himself a Surgeon under this Act, and had incurred a penalty of 20*l.* Mr. Deighton called Mr. A. B. Steele who said: I am hon. secretary to the Liverpool Medical Registration Association. I produce a copy of the Medical Register. I have carefully examined it, and I do not find the name of John Hamilton, the defendant, on it. The witness was not cross-examined.

JAMES CALDWELL examined: I am a boiler-maker and reside at 167, Grafton-street, in Liverpool. I know Mr. Hamilton, the defendant. I called at his shop in Mill-street to ask him to come and see my wife; he attended her the same day. He charged for his attendance; he charged 1s. 6d. for going to see her; I got medicine from him; I paid him, for attendance and medicine, 7s. 6d. He told me what to do, and she died at eleven on the same night, the 29th November. I went to him again, and got a paper from him. I went to him about the burial. I did not look at the paper, but I took it and folded it up and went to the Registrar of Deaths. I handed him the same paper I got from the defendant. He told me he was a surgeon. I heard him say that he was a surgeon of the College of Boston, United States. The certificate was produced, and

HENRY BUCKMASTER was examined: I am Registrar of Deaths for the Toxteth-park District, in which Grafton-street is situated. On the 30th November last Caldwell, the last witness, handed me this certificate. Certificate put in.

Mr. MANSFIELD: It appears to me doubtful whether this paper sustains a charge of having violated the Act. The section seems loose, though its intention may be plain enough. The question is, has he implied that he is registered under the Act.

Mr. HUSBAND: That is what we say.

Mr. DEIGHTON: I think myself the Act is very loose, and my opinion on reading it was like yours. But there is evidence of his calling himself a Surgeon.

Mr. MANSFIELD: He calls himself a Surgeon, but he does not hold out that he is registered under this Act. This certificate rather negatives the inference. Mr. Thomas, the bone-setter, and others not registered, do certain things, and no doubt may do good, but they do not violate the law.

Mr. DEIGHTON: The Section says that no one shall hold himself out to be a Physician, or Doctor of Medicine, or Licentiate in Medicine, or Surgeon, or Bachelor in Medicine, or General Practitioner, or any name implying—

Mr. MANSFIELD: The only disqualification seems to be that the person practising is not registered, and shall not imply that he is. Does the evidence show that he has?

Mr. DEIGHTON: The question is whether he is not acting as a Surgeon by giving that certificate. He is not registered under the Act.

Mr. MANSFIELD: Does he say so? I think not.

Mr. DEIGHTON: There is another case against him.

ELIZABETH KENYON called: I know Hamilton, the defendant. My husband was ill on the 8th December, inst., and I went to defendant's shop to ask him to come and see him. He came, and ordered me what to do. He said he was a Surgeon. He gave a certificate (paper handed to witness, who identified it). He said he was a Surgeon of Boston College. He charged for his visits. (Certificate not put in.) The following is a literal copy:—

"December 8, 1859.

"I certify that J. Kenyon is unable to attend his *imployment* in consequence of *an inflanation* of the *plura*."

Summonses dismissed.

Mr. DEIGHTON: I am instructed to ask your worship to grant me a case in this matter, to have the opinion of a higher tribunal.

Mr. MANSFIELD: Certainly. There seems no doubt that the Act has been evaded, and the opinion of a higher court should be taken.

Mr. HUSBAND: Not at all.

Mr. MANSFIELD: The intentions of the framers of the Act seem to be evaded.

Case granted as required.

In the course of the proceedings the following card was handed to the magistrate, but though put in was not read:—

"J. Hamilton, Member of the Reform College of Surgeons, Boston, U.S., Practitioner of Medical Botany, Proprietor of the Botanic Dispensary, 94, Mill-street. . . . . Mr. Hamilton may be consulted gratis daily on all Diseases of the Human System from 10 am. to 10 p.m. . . . . N.B.—Mr. H., being a qualified man, visits Patients at their residences, and can give Certificates when necessary, etc."

OBITUARY.

DR. MONTGOMERY.

LAST week we announced the death of the above distinguished member of our Profession, intelligence of his decease having reached us just as we were going to press. William Fetherston H. Montgomery, whose name, to use the words of Dr. Arneth of Vienna, "is known and honoured wherever midwifery is practised," received his education in the University of Dublin, having entered Trinity College in the year 1817 under the Rev. Dr. Wall, the present learned and venerable Vice-Provost of the University. In 1820 Mr. Montgomery obtained a scholarship, a prize within the reach only of those whose classical attainments are of the highest order. He graduated as A.B. in 1822, and took the degrees of A.M. and M.B. in 1825. He did not take the degree of M.D. until 1852. He became a licentiate of the King and Queen's College of Physicians in 1825, and in 1829 he was elected a fellow of that body. He subsequently filled the office of President of the College. At an early period of his professional career, Dr. Montgomery gave lectures on midwifery to large classes of pupils at his house in Cuffe-street, Stephen's-green. To his exertions the foundation of the Professorship of Midwifery by the College of Physicians was mainly due, and he was himself the first elected to the chair he so ably filled during the lengthened period of thirty years. As a lecturer, his style was particularly clear and pleasing, and he had peculiar facility in communicating to his hearers the copious inform-

ation he himself possessed. His address on the resignation of his Professorship is to be found in the pages of this Journal. Dr. Montgomery's contributions to Medical, and more particularly to obstetrical, literature were numerous and varied. They are to be met with chiefly in the first and in the present (or second) series of the *Dublin Journal of Medical Science*. In addition he contributed to the Cyclopædia of Practical Medicine the articles "Personal Identity," "Signs of Pregnancy and Delivery," "Rubeola," and "Succession of Inheritance-Legitimacy." But it is on his classical work on the "Signs and Symptoms of Pregnancy," and on his observations on the spontaneous amputation of the fœtal limbs in utero, that Dr. Montgomery's lasting fame must mainly rest. In the former especially he has erected to his own memory a "*monumentum ære perennius*." We have too recently recorded our opinion of this great work, to render it necessary to return to it on the present occasion. To his indefatigable zeal in the cultivation of science the extensive Obstetric Museum, the work of his own hands, formerly preserved in the College of Physicians, but now enriching Queen's College, Galway, will, it is to be hoped, long testify.

Dr. Montgomery was sixty-two years of age. His death, though not unexpected was rather sudden: he had for some time suffered from excruciating pains in the chest, and other symptoms of cardiac disease. His decease, as we have already stated, occurred on the morning of Wednesday, December 21st, 1859, at his residence in Merrion-square. Dr. Montgomery was an honorary member of several foreign Medical Societies.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Thursday, December 22nd, the following gentlemen, having undergone the necessary examination, were admitted members of the College:—

Bridges, John Henry, M.B., Victoria-square, Pimlico
De Grave, John Francis, M.D., Fetcham
Liveing, Edward, M.B., Park-terrace, Highbury

Also on Wednesday, December 28, the following gentlemen were admitted Members of the College under the temporary Bye-Laws:—

Andrews, John, Royal Navy
Barry, John O'Brien Milner, M.D. Tunbridge Wells
Blake, Charles Paget, M.D. Torquay
Budd, Samuel, M.D. Exeter
Bury, John, M.D. Chester
Carter, Thomas Albert, M.D. Leamington
Daly, Owen, M.D. Hull
Davidson, James, M.D. H.M.S. *Wellesley*, Chatham
Dolton, William Blucher, M.D. Upper Montagu-street
Evans, Thomas, M.D. Gloucester
FitzPatrick, John, M.D. Red-hill, Surrey
Foreman, Robert Clifton, M.D. Brighton
Frank, Philip, M.D. Manchester
Gurney, Henry Cecil, M.D. Nice, Sardinia
Hall, David James, M.D. Eastbourne
Hilliard, George Richard, Chelmsford
Kent, Benjamin Archer, M.D. Lower Berkeley-street
Knight, John Sladen, M.D. Rochester
Marsh, John Charles Lory, M.D. Nottingham
Menzies, Duncan, Elizabeth-terrace, Bayswater
Millington, William, M.D. Wolverhampton
Montgomery, James Barclay, M.D. Penzance
Nisbet, Alexander, M.D. Royal Hospital, Haslar
O'Bryen, John Roche, M.D. Liverpool
Oliver, Richard, County Asylum, near Shrewsbury
Ottley, Drewry. M.D. Pau, France
Phillips, Edward, Coventry
Power, John Arthur, L.M. Cantab. Burton-crescent
Shortt, John, M.D. Great Russell-street, Bloomsbury
Sim, Robert, M.D. Edinburgh
Smith, Henry Fowle, M.D. Whitehall-yard
Soltau, William Francis, M.B. Plymouth
Tate, William Barney, M.D. Nottingham
Thomson, Robert Dundas, M.D. York-terrace, Regent's-park
Timms, Godwin William, M.D. Holles-street, Cavendish-square.
Turnbull, James Muter, M.D. Liverpool
Wade, Willoughby Francis, M.B. Birmingham

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 22nd of December:—

Cumpstone, William, Market Rasen, Lincolnshire
Firth, Joseph Thomas Forbes, Cherry Garden-street, Bermondsey
Hayward, John Robert Samuel, Lodway, near Bristol
Hoyle, Richard Elkanah, Heighington
Lumsden, William, Hull, Yorkshire
Pout, Frank, Yalding, Kent
Pugh, Hugh Lewis, Dolgellau
Tebay, Michael James, Eastwell, Melton Mowbray, Leicester
Trotter, Charles John, Holmfirth, Yorkshire
Wigg, Thomas Carter, London

The following gentlemen also on the same day passed their First Examination:—

Fuller, William Francis, Bridgewater, Somerset
Lomas, Henry Wright, Swinton-street, Gray's-inn-lane
Owens, Henry, Croydon, Surrey
Tanner, Robert, Gloucester House, Ledbury
Williams, John, Doncaster, Yorkshire

As Assistants:—

Barkway, Walter Frederick, St. Bartholomew's Hospital
Lowe, John, 2, Clarence-street, Greenwich

ARMY OF INDIA.—List of Assistant-Surgeons passed for the Army of India, December, 1859, arranged in order of merit:—

Brotchie, A. R.
Emanuel, Leonard
Jameson, G. W.
Cookson, Henry
Cunningham, Robert W.
Carter, Robert
Moir, William
Skardon, T. G.
Williamson, George
Turnbull, William
Parker, C. R. G.
Ffalliott, John
Ronaldson, Hugh
O'Brien, Daniel
Taylor, J. Herbert
Alleyne, R. A.
Kearney, Daniel

APPOINTMENTS.

SCURRAH.—J. D. Scurrah, M.D. Lond. has been elected one of the Physicians to the Islington Dispensary, *vice* Dr. Burnie, resigned.

WOODWARD.—Mr. Wm. Woodward, formerly Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria-park, has been appointed to the office of Visiting Surgeon and Secretary to the Worcester Dispensary.

DEATHS.

BEDDOME.—December 26, at Romsey, where he had practised for half a-century, John Reynolds Beddome, M.D.

EVANS.—December 23, of rheumatic fever, Alfred W. A. Evans, Student of Medicine.

HISCOX.—December 25, at Grosvenor, Martin Thomas Hiscox, M.D., Fellow of the Royal Medico-Chirurgical Society, and F.R.C.S.

KIRKWOOD.—November 19, at Pictou, Nova Scotia, Dr. Edward F. G. Kirkwood, aged 51.

PYNE.—December 16, William Collard Pyne, Wellington, Somersetshire, aged forty-five.

SCOTT.—December 20th, at South Bush, Musselburgh, James Scott, M.D., Deputy-Inspector of Hospitals and Fleets.

THOMPSON.—December 15, at Dalkeith, from typhus fever, caught in the wards of the Royal Infirmary, James Thompson, Medical Student, aged twenty.

DR. DORAN relates that the Countess Von Platen—one of our George's mistresses—was in the habit of taking milk baths, and by way of utilising her extravagance presenting the milk to the poor.

IN Austria there are 330 Public Civil and 159 Military Hospitals, relieving about 400,000 persons a-year; 40 Lunatic Asylums, with their 6000 innabitants; 40 Maternity Hospitals, with their 60,000 births per annum; 33 houses for Enfants-Trouvés, with 24,000 infants.

GLYCERINE, says M. Demarquay, applied to diseased cutaneous surfaces may modify their vitality as in eczema, may remedy the state of painful tension of the skin which exists in erysipelas, and the dryness of the epidermis in pityriasis and ichthyosis; it opposes the thickenings and splittings of the tissues in lichen and psoriasis; it appeases the painful sensations of pruriginous affections; prevents the formation of scabs; acts favourably on the ulcerations of pemphigus and rupia; diminishes over-secretion from the skin, and destroys its bad odour.

THE PRACTICE OF MEDICINE IN CHINA.—Dr. Scherzer gives some interesting details on this head. Among their medicaments, alum is particularly mentioned as used for an emetic; arsenic serves for caustic; borax is employed

in the cure of ulcers. Infusions of camomile are common; camphor is added in large quantity to numerous remedies for abscess; castor-oil is only used externally, and especially in female complaints. Quinine is almost exclusively used as a means of combatting the passion for opium smoking; infusion of canella is administered in cases of asthenia and stomach complaints. Linseed is held to be a calminative in painful evacuations. Ginger is used against all sorts of pains; Glauber's salts as purgatives; chalk combined with other ingredients in hæmorrhages. Musk is frequently given as an abortive agent; opium to combat diarrhœa and abdominal pains; rhubarb is the favourite purgative. In cough, inhalations of datura are employed; and sulphur is prescribed for itch and the exanthemata. The Chinese, in general, grow quickly old; because they marry very young—being often grandfathers at forty. Puberty is later in the Chinese than in Europeans, and very often the menses do not appear until one or two years after marriage. Of fifty women, married between seventeen and twenty, and of whom one only had had children, two only had menstruated at seventeen; the rest at nineteen or afterwards. The wives of the upper-class Chinese are strictly watched; and it is said that the custom of compressing their feet is due to the jealousy of the husband, who thinks to find in the difficulty of locomotion thus produced a guarantee for the fidelity of the wife. Polygamy is rare in the lower classes. Generally speaking, the women are fruitful; but the men are so enfeebled by polygamy, that many of them who possess eight or ten wives are without children. Suckling of children is continued up to the third, fifth, and even tenth year. The barbarous custom of exposing children in the public roads, etc., still exists. The mortality of their infants equals or surpasses that of infantile mortality in Europe. Small-pox and tetanus carry off many at an early age; afterwards they succumb to cholera and dysentery. Syphilis is very common in both sexes, and often commits great ravages, little being done for its cure. Many, between eight and twenty, suffer from ague, for which the Chinese have no specific remedy.—*Clinique Europ.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 24, 1859.

BIRTHS.

Births of Boys, 961; Girls, 807; Total, 1768.
Average of 10 corresponding weeks, 1849-58, 1477·9.

DEATHS.

	Males.	Females.	Total
Deaths during the week	822	726	1548
Average of the ten years 1849-58	580·1	574·5	1154·6
Average corrected to increased population..	..	..	1270
Deaths of people above 90	..	..	6
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	15	12	2	6	..	3
North ..	490,396	11	..	23	..	7	3	9
Central ..	393,256	8	5	6	3	8	..	4
East	485,522	3	16	20	7	6	5	3
South ..	616,635	12	9	24	2	8	1	5
Total . ..	2,362,236	37	45	85	14	35	9	24

BOOKS RECEIVED.

Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Edited by Sydney Jones, F.R.C.S. London: 1859.

Lectures on the Development of the Gravid Uterus. By W. O. Priestley, M.D. London: 1860.

Essays in Medical Science. By James Cappie, M.D. Edinburgh: 1859.

On Excision of the Knee-joint. By Oliver Pembertou. Londou: 1859. (A reprint of a useful paper from the "British Medical Journal.")

Transactions of the Philosophical Institute of Victoria. Melbourne: 1859.

The Treatment of Aneurism by Compression. By S. A. Cusack, M.B., F.R.C.S. (A reprint of a practical paper from the last number of the "Dublin Quarterly.")

On Certain Popular Fallacies Concerniug the Production of Epidemic Diseases. By Daniel Noble, M.D. Manchester: 1859. (An important paper read before the Manchester Statistical Society.)

Causes of Irregularity of the Permanent Teeth. By James Robiuson, D.D.S. Londou: 1859. (A reprint of a useful paper from the "Dental Review.")

Deafness, its Causes and Cure. By T. R. Mitchell, M.D., F.R.C.S. Liverpool: 1859.

The Mineral Springs of Vichy. By A. B. Granville, M.D., F.R.S. London: 1859.

Delia Natura e dell' Arte nella cura del Morbo. Naples: 1859.

DIARIES FOR 1860.

Messrs. Letts and Co. have forwarded us three specimens of their Diaries. The "Medical Diary" and the "Appointment Diary" are both well adapted for Medical men.

Messrs. Smith have also sent their well-known "Visiting List." By successive improvements they have at length arrived at a standard form which is generally acceptable.

TO CORRESPONDENTS.

In the First Volume of the

Medical Times and Gazette

For 1860,

DR. SIMPSON'S

CLINICAL LECTURES ON THE DISEASES OF WOMEN

WILL BE CONTINUED, INCLUDING

OCCASIONAL CLINICAL LECTURES ON CASES IN OBSTETRIC SURGERY.
CRANIOCLASM—A NEW FORM OF CRANIOTOMY.
FIBROID TUMOURS AND POLYPI OF THE UTERUS.
NFLAMMATORY AFFECTIONS OF THE UTERUS AND VAGINA.
DISPLACEMENTS OF THE UTERUS.
DISEASES OF MENSTRUATION.
PHYSICAL DIAGNOSIS OF DISEASES OF THE UTERUS, OVARIES ETC.
SURGICAL OPERATIONS ON THE VAGINA AND PERINEUM.

ALSO, A COURSE OF LECTURES

ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED DURING THE PRESENT WINTER SESSION,

(Specially reported for this Journal, and corrected by the Lecturer,

BY PROFESSOR CLAUDE BERNARD,

Member of the Institute of France, Professor of General Physiology at the Faculty of Sciences.

AND OCCASIONAL LECTURES

BY

EMINENT LONDON TEACHERS.

In the same Volume,

A SERIES OF PAPERS WILL APPEAR

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL;

AND

II. CONSULTATIONS.

Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES.

Mr. Lizars' letter on the Treatment of Hydrocele is also delayed.

r. Aldis's case of Poisoning by Lead-lotion, shall appear next week.

Dr. Warwick's case shall appear. The delay has been purely accidental.

Mr. C. Thompson's letter on Fibrinous Clots in the Heart in Diphtheria shall appear next week.

Dr. Williamson's reply to Dr. Adams on Fœtal Auscultation is unavoidably postponed until next week.

Anti-Menthanodyne.—Such ridiculous puffy circulars are truly contemptible, but are hardly worth serious notice.

Balneum does not say if he wants a work on English or German baths.—Probably those of Dr. Granville, or Dr. Edwin Lee, might answer his purpose.

Mr. Hall.—The only book we can hear of likely to suit our correspondent is "Wood's Tourist's Flora," published by Reeve, price eighteen shillings.

J. G.—The puff appears to us to be very direct. If Dr. Wardrop sanctioned the paragraph, it was a mark of something more than indiscretion; but it must be remembered that these things are often done by well-meaning but mistaken friends.

Mr. A.—The Spanish cure for nymphomania to which we alluded some weeks ago, reminds us of a story told by M. Ricord, in his lectures. A father, anxious for the morality of his son, requested M. Ricord to give his son a sight of the "horrors" of the Hôpital des Vénériens. M. Ricord readily complied with his desire; and on asking of the son after his visit as to the moral impression made upon him, received the reply, "Sir, the patients here seem to me to be very happy and merry, and if they have had the misfortune to catch a bad disease, they appear to be all rapidly recovering under your treatment. What I have seen much lessens the dread which I have had of catching the disease."

Fatty Injunction.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can you inform me what is the manner in which simple ointment is supposed to act, when rubbed into the skin? I see that it is used in France to prevent peritonitis. In a late number of the *Gazette des Hôpitaux* M. Manec after operating in a case of hernia, ordered frictions to be made with warm unguents over the whole of the belly of the patient, which was then to be covered with flannel. M. Manec ordered these frictions with the idea of combating any disposition to peritonitis which might exist.

I am, &c. Philo.

French Orthography.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You sometimes amuse your readers by the orthography of our French friends, when they deal with our English names. In a late number of the *Gazette Médicale* I see a summary of papers, etc., which have appeared in your journal; and, in about as many lines, I find the following number of your friends and contributors thus interpreted; M. James Faget, M. Arnolt, M. Wordwortb, M. Dakers, M. Roberto, M. Jouis Snow, M. Payne Coton, M. Wharthon Jones, M. Crocker, M. Whilde, M. Grahause. There is really something curious in this determined method of ill-treating our names when the printed document from which they are taken lies before the scribe, who thus mal-scribes them.

I am, &c. Hic.

The Naval Medical Service.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I enclose for your information and that of your readers, an extract of a letter from the Australian Station, giving an account of the brutal conduct of Commodore Loring, of the *Iris*, respecting the burial of a Naval Surgeon under his command; and the handsome conduct of the military on that occasion. The letter needs no comment from

December 26th. A Naval Surgeon.

EXTRACT OF A LETTER FROM THE AUSTRALIAN STATION, PUBLISHED IN THE "UNITED SERVICE GAZETTE" OF THE 24TH OF DECEMBER.

"I have a sad story tell you of to-day's proceedings. The Surgeon of the *Cordelia*, D. H. Wright, M.D. (who was a very superior person, and much esteemed by all), died the night before last from consumption, and was buried to-day. Commander Vernon, of the *Cordelia*, called on the Commodore yesterday, and acquainted him of the death of his Surgeon, and was answered,—'Oh never mind *him*, we can get a hearse and bury him after you are gone;' and Commander Vernon received orders to sail the same evening, or at the latest to-day, for the Feejees.

"However, the officers of the Artillery heard of this, and, as the Commodore declined to do anything, they procured a gun-carriage and horses and their band. The Colonel of the 12th Regiment sent a large firing party, and all the officers who were not on duty, from the Colonel commanding the garrison down (about nineteen in all) attended. The naval Commodore pooh-poobed the whole thing, and actually went to a wedding party while the Surgeon was being buried! Nor was this all. He would not allow either the Surgeon or Assistant-Surgeon to attend their brother officer's funeral; he compelled one to remain on board, and would not send a single blue-jacket or marine, or in any way take official or private notice of the funeral of the Naval Surgeon of a ship under his command. The Artillery and the 12th Regiment did everything. These things are calculated to make one very much ashamed of one's service."

Poor-Law Medical Reform Association.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Not having, like Mr. Richard Griffin, the pen of a ready writer, I have failed to convey to the mind of that gentleman my ideas on the subject of Poor-Law Medical Reform; although he has evidently pretty well comprehended my views of his so-called Association, to the correctness of which he by silence seems to assent. Yet if he will bear with me this once also, I will try to explain to him, first, what I mean by "a real and simple organisation." I mean that we (the Poor-Law Medical officers) should organise ourselves into a genuine Reform Association, which should possess the characteristics of other associations. To wit—regular meetings, regular and definite subscriptions, elected office-bearers, laws and regulations for our guidance, and a settled plan of action. We could then, by means of local or branch meetings, after the fashion of those of the British Medical Association, thoroughly discuss our grievances and their remedy, and determine among ourselves what we really want and have a right to demand.

Secondly. When I say "Mr Griffin is just the man to do this if he will but set about it," I mean that from his energy, his activity, experience, and justly-acquired influence, he is the man to originate and consolidate such an organisation, and if he will at once sketch a short scheme of such an association and place it in the hands of fifty or sixty men in different localities, asking them to call together their brethren, each in his own neighbourhood, and endeavour to obtain their adhesion, etc., I have no doubt of his rapid and complete success in forming a large and substantial association,—a necessary and essential first step towards ultimate success.

Thirdly. I mean that from such an association we might expect would come forth, in due time, "a well considered and matured scheme" of Poor-Law Medical Reform, "acceptable to ourselves and reasonable and feasible too." Poor Paul Jones has no such "inestimable blessing" to lay before the public; he knows better than to try his 'prentice hand at a work in which the veteran Griffin has confessedly failed, and which he believes to be beyond the capabilities of any one individual mind.

Lastly. I cannot allow Mr. Griffin to judge for me in my own private affairs. I believe he is mistaken when he says I had better enter the lists fairly by signing my real name. I am sure we should not then be on equal terms, for Griffin *versus* Paul Jones would be as mastodon to mouse.

I have no personal claim to the confidence of the Poor-Law Medical Officers, and my suggestion must rest on its own merits alone. If he needs another reason, let me whisper in his ear that I am not permanently appointed, and he will then understand that were I publicly to appear as an agitator in such a cause my next grievance would probably be peremptory and arbitrary dismissal. I am, &c.

Dec. 21, 1859. Paul Jones.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Conolly; Dr. West; Mr. J. R. Martin; Dr. Hare; Mr. Teale, Leeds; Mr. Startin; Dr. Ogle; Mr. Henry Thompson; Dr. Richardson; Dr. Granville; Dr. Graily Hewitt; Dr. Tanner; Mr. Lizars, Edinburgh; Dr. Williamson, Aberdeen; Mr. France; Dr. Johnson; Mr. Haywood; Dr. Greenhow; Dr. Faye, Christiana; Dr. Sherlock; Dr. Aldis; Dr. Bainbridge; Mr. Heath; Mr. Amesbury; Mr. Dorington; Messrs. Letts; Mr. Smith; Mr. C. Thompson; Mr. Copney; Mr. Rivers; Registrar-General; Dr. Baines; Mr. Osborne; Mr. Hall.

APPOINTMENTS FOR THE WEEK.

December 31. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Professor Faraday "On the Various Forces of Matter."

January 2. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Entomological Society, 8 p.m.

3. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. General Meeting for Election of Officers.

Royal Institution, 3 p.m. Professor Faraday "On the Various Forces of Matter."

4. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 7½ p.m. Council Meeting.

Geological Society, 8 p.m.

Pharmaceutical Society, 8 p.m.

Obstetrical Society of London, 8 p.m. Annual Meeting: Election of Officers.

5. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Zoological Society, 4 p.m.

Royal Institution, 3 p.m. Professor Faraday "On the Various Forces of Matter."

Harveian Society of London, 7½ p.m. (Anniversary and Election of Officers.) Dr. Levison "On some Phenomena of the Nervous Life of Animalcules."

6. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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ERRATA

Page 248, line 33 from top, *vice* "pateut," *lege* "potent."
Page 270, line 19 from bottom, *vice* Ussher, "B.A., M.A." *lege* "M.B."
Page 346, line 29 from top, *vice* "Eroms," *lege* "Evans."
Page 404, line 24 from top, *vice* "found," *lege* "formed."
Page 466, line 3 from bottom, *vice* "volunt," *lege* "nolunt."

Page 518, line 17 from top, *vice* "segnus," *lege* "dignus."
Page 520, *vide* line 24 from the bottom.
Page 590, line 32 from top, *vice* "right" ovary, *lege* "left."
Page 592, line 45 from top, *vice* "Westerham," *lege* "Wittersham."

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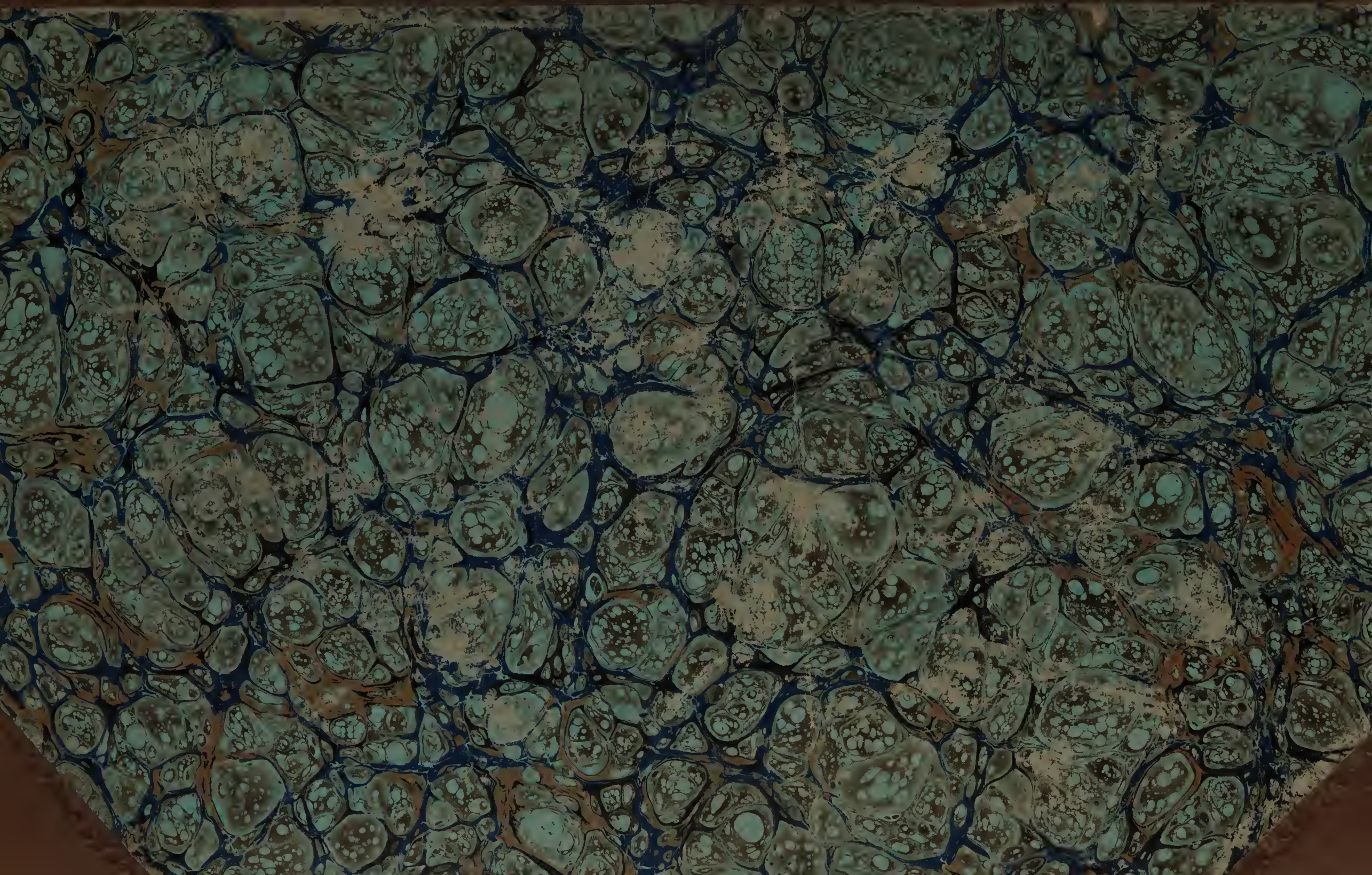
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